

The Lived Experience of College Faculty Following Student Suicide: A
Phenomenological Inquiry

A dissertation submitted

by

Michelle Summers

to

Bryan College of Health Sciences

in partial fulfillment of the requirement

for the degree of

DOCTOR IN EDUCATION

with an emphasis on

Nursing Education

This dissertation has been accepted for the faculty of

Bryan College of Health Science by:

We hereby certify that this dissertation, submitted by Michelle Summers, conforms to acceptable standards and fully fulfills the dissertation requirements for the degree of Doctor in Education from Bryan College of Health Sciences

Marilyn Moore, Ed.D
Chair

Ann Harms, RN, Ed.D
Committee member

June Smith, RN, Ph.D
Committee member

Copyright © (March 11, 2019)

Michelle Summers

Acknowledgements

This dissertation is dedicated first and foremost to my amazing husband, Jason, without whom this would have never been possible. I am eternally grateful for your patience and support, along with your amazing sense of humor, that helped get me through this research and writing process. I promise that I am done with school now!

To my children, Collin and Cora. I am so grateful for your patience and understanding as I spent countless hours in front of the computer over the course of many years. Please know that I want you to chase your own dreams, find your own happiness and live the life you imagined.

To my parents, Pam and Keith. God gave me the best parents anyone could ask for. I could not have completed this dissertation without your help and support. From the free childcare to the champagne celebrations, you've been there every step of the way. I will never forget that your help made this all possible.

To my amazing colleagues at Bryan College of Health Sciences. I have learned from each of you and I would have been lost without the support, comradery, laughs, and tears that we shared along the way. I work with the best and I'm lucky to call you my friends.

To Dr. Marilyn Moore, my dissertation committee Chair. Your insight has been invaluable, and our meetings never ceased to inspire me and calm my frazzled nerves.

To Dr. June Smith and Dr. Ann Harms, my dissertation committee members. I am grateful for the time spent reviewing my writing and offering suggestions and praise.

Lastly, this dissertation is dedicated to my students whose lives ended by suicide. Your lives impacted me and this research was born from my personal experience. I wrote

this in your honor and I think of you often. It is my hope that some good can come from your deaths.

Table of Contents

Abstract.....	xi
CHAPTER I: INTRODUCTION.....	1
Purpose of the Study.....	1
Background and Rationale.....	1
Research Questions or Aims.....	3
Assumptions	3
Delimitations.....	3
Definition of Terms	5
Significance of the Study.....	6
CHAPTER II: LITERATURE REVIEW	8
Suicide in Numbers.....	8
Historical Context: Suicide in the College Student Population.....	9
Educators' View on Suicide	10
Survivors.....	11
Impact of Suicide on Educators.....	13
Postvention	15
Death Response Teams.....	15
Crisis Plans.....	16
The Psychological Autopsy.....	16
Current Postvention Efforts and Recommendations.....	17
The Suicidally Bereaved.....	18

Grief.....	20
Types of Grief.....	21
Complicated Grief.....	22
Disenfranchised Greif.....	23
Stigmatization.....	24
Guilt.....	26
Blame.....	27
Shame.....	27
Support After Suicide.....	28
Support Services.....	28
Rituals.....	31
Resources Utilized.....	31
Barriers to Resources.....	33
Personal Growth.....	35
Gaps/Themes to Investigate.....	37
CHAPTER III: METHODS AND PROCEDURES.....	39
Introduction.....	39
Research Design.....	39
Population and Sample.....	40
Sampling Procedure.....	40
Demographics.....	41
Description of Setting.....	42
Instrumentation.....	42
Procedure.....	43

Data Collection Procedures.....	43
Analytical Procedures	44
Summary.....	46
CHAPTER IV: RESULTS.....	47
Introduction.....	47
Data Analysis	47
Validity and Reliability.....	49
Results.....	50
Themes.....	50
Missed Clues.....	51
Postvention.....	52
Awareness of Student Problem.....	59
Guns.....	61
Loss of Potential.....	62
Results Summary	62
CHAPTER V: DISCUSSION AND SUMMARY	64
Research Questions and Interpretation	65
Limitations of the Study	77
Implications/Recommendations for Education.....	79
Future Research	80
Summary.....	80
Conclusion	81
References.....	82
Appendix A: Letter of InquiryEmail.....	92

Appendix B: Invitation Email to Deans.....	93
Appendix C: Invitation for Participants Email.....	95
Appendix D: Paragraph to be Read	97
Appendix E: Open-ended, Semi-structured Interview Questions.....	98

LIST OF TABLES

TABLE	PAGE
1. Themes/Sub-Themes.....	50

Abstract

The purpose of this qualitative phenomenological study was to explore the lived experience of college faculty following student suicide. Doka's Theory of Disenfranchised Grief was used as a theoretical framework. The research methodology of phenomenology was utilized for this study. Six participants completed face-to-face interviews and shared their complete and personal experience with student suicide. Data were analyzed using Tesch's eight steps. The participants' stories yielded themes of missed clues, postvention, awareness of student problem, guns, and loss of potential. Faculty members who have experienced the suicide of a student are often faced with many challenges. Overall, the participants expressed a belief that they failed to notice clues of students' suicidal ideations, and the belief that they lacked formal training in the area of mental health. The participants also expressed a need for postvention, including debriefing, following a student suicide. A lack of available resources for students with mental health needs was highlighted, along with the challenges associated with being unable to force a student to engage in therapy. Based upon the findings of this study, there is a need to acknowledge the feelings and emotions of faculty members following student suicide. Grief is a unique and personal experience. The results of this study suggest that faculty members need training and support in suicide prevention, intervention and postvention.

The Lived Experience of College Faculty Following Student Suicide: A
Phenomenological Inquiry

CHAPTER I: INTRODUCTION

Purpose of Study

The purpose of this phenomenological study was to examine the lived experience of college faculty following a student suicide.

Background and Rationale

Each year a staggering number of Americans die by suicide. 47,173 Americans died by suicide in 2017 (American Foundation for Suicide Prevention, 2019). Suicide is the second leading cause of death for individuals ages 15-34 (National Institute of Mental Health, 2018). Each year nearly one million people die by suicide worldwide (Tal Young et al., 2012). Historically considered to be a taboo topic, adolescent and young adult suicide is now a major concern in postsecondary education, including efforts in both prevention and postvention. The reality is that most college faculty members will have to announce a student's death at some point in their academic career (McCusker & Witherow, 2012).

Suicide is a very highly personalized act (Rickgarn, 1987). Student affairs administrators at colleges and universities have become concerned about the number of suicides at institutions of higher education in the United States (Brandt Brown, 2014). Those exposed to an unexpected death have a high likelihood of developing complicated grief and depression (Sakinofsky, 2007). Just like suicide is personalized, so too is grief. Grief is unique and can be impacted by one's personal history, particular loss, personality traits, social relationships and their life situation (Hazen, 2009).

Institutions of higher education must create a comprehensive model to account for all stakeholders following a student suicide, including anyone affected directly or indirectly by the death (Swenson & Ginsberg, 1996). Those bereaved by suicide face unique challenges, often reporting feelings of guilt, confusion, rejection, shame, and anger (Tal Young et al., 2012). Additionally, those bereaved by suicide often experience social isolation immediately following the suicide (Cvinar, 2005; Sveen & Walby, 2008). The underlying blame, shame and judgment felt by those close to the deceased may result in the bereaved keeping the cause of death a secret (Peters, Cunningham, Murphy, & Jackson, 2016).

Suicide is one of the more disruptive causes of death that can occur on a college/university campus (Swenson & Ginsberg, 1996). McCusker and Witherow (2012) identified that faculty are experts in their own chosen field, and very few are schooled in grief and mourning, thereby doubling the impact when pushed out of the comfort zone of their expertise. Additionally, there is very little information to guide faculty through their own personalized response to the loss of a student (McCusker & Witherow, 2012). Hart and Garza (2013) found that when a student dies, school professionals step in to offer grief support services to the students affected by the death, and there is an expectation that teachers step in and help the grieving students. The equivalent support for teachers and faculty is lacking.

Andriessen and Krynska (2012) suggested that any discussion of suicide would be incomplete without taking into consideration the perspective of the bereaved, or those impacted by the suicide. Shneidman (1969) wrote, “a benign community ought routinely to provide immediate postventive mental health care for the survivor-victims of suicidal

deaths” (p. 22). There are many levels of need to address when a student has died, especially as a result of suicide (Knott & Crafts, 1980), and the needs of faculty should be included in this discussion.

Research Questions or Aims

This phenomenological study asked the research question, “What is the lived experience of college faculty following student suicide?” Two additional research questions were added to help provide direction to the study and to deepen the understanding of the participants’ experiences. The first research question examined was the lived experience of college faculty following a student suicide. The second research question examined the feelings and emotions identified by college faculty following a student suicide. Lastly, the third research question examined the needs and resources identified by faculty.

Assumptions

The underlying assumptions of this study were that: 1) The participants answered the questions honestly; 2) the inclusion criteria were appropriate and ensured that all participants have experienced the same phenomenon of the study; 3) participants voluntarily participated in the study; and 4) the study is generalizable to college faculty of all disciplines.

Delimitations

The first delimitation of this study was the use of Doka’s Theory of Disenfranchised Grief as a theoretical framework. Theoretical frameworks are not always used in qualitative research. According to Creswell (2014), the researcher must decide if theory is to be used in the qualitative research study and must identify how the theory will be used in the study, along with the location of the theory in the study.

Additionally, Corbin and Strauss (2007) suggested that theoretical frameworks are used differently in qualitative research than in quantitative research and are often used as a guiding approach to the research. Doka's Theory of Disenfranchised Grief was used as a background to this study from the study's inception. The use of this theory was designed to provide a theoretical lens to the phenomenon of faculty's lived experience following student suicide. In accordance with Creswell (2014), the use of this theory was intended to be used as a broad explanation for behaviors and attitudes that were encountered during this phenomenological study.

The second delimitation of this study was the selection of the participant sample. For this study the sample was composed of college faculty teaching at baccalaureate/post-baccalaureate colleges/universities who have experienced the suicide of a student in a face-to-face course. College faculty were employed in a variety of settings and in a variety of statuses (such as professor, instructor, and adjunct faculty). This study was designed to explore faculty teaching in a face-to-face course in a baccalaureate/post-baccalaureate college/university.

Another delimitation was the use of phenomenology in this research study. The decision to use phenomenology over grounded theory came from a desire to hear the stories of the participants and to embrace the lived experience of the participants' experience following student suicide. Phenomenology involves "listening to individuals and analyzing verbal and nonverbal communication in order to gain a more comprehensive understanding of their experiences" (Gray, Grove & Sutherland, 2017, p. 65). The focus of the approach of phenomenological research is on the lived experience, the focus of grounded theory research is on the social process (Gray, Grove &

Sutherland, 2017). Gray, Grove and Sutherland contend that in comparison with phenomenology, grounded theory is an inductive research technique where the data are interpreted at a more abstract theoretical level.

The last delimitation was the inclusion of only faculty members who have two, or more, years of teaching experience. Care was taken to avoid inclusion of faculty who were new to the role of teaching. Yeo, Bennett, McNichol, Stoneman, and Merkley (2015) reported that new faculty members experience significant stress while adapting to the demands of their new role as faculty. Myers (2015) stated that there is a fundamental assumption that transitioning into the role of a first-year faculty member is inherently stressful. Therefore, the decision was made to avoid including those faculty members who may have been experiencing a disproportionate amount of stress due to their recent transition into the role of faculty.

Definition of Terms

The following operational definitions were used in this research study:

- *Suicide Survivor*: Berman (2011) defined a suicide survivor as “those believed to be intimately and directly affected by the suicide” (p. 111). Synonymous with the suicide (or suicidally) bereaved (Dyregrov, 2011).
- *Complicated Grief*: Complicated grief (CG) is defined by Sakinofsky (2007) as having intrusive thoughts and yearning, excessive loneliness, disbelief, and excessive bitterness or anger lasting longer than six months.
- *Disenfranchised Grief*: Doka (1989) defined disenfranchised grief as “the grief that persons experience that cannot be openly acknowledged, publicly mourned, or socially supported “(Doka, 1989).

- *Postvention*: The term *postvention* was created in the 1970's by Edwin Shneidman to “describe the help and intervention of others that is needed by all survivors of suicide, attempters, families of suicides, friends, associates, etc.” (Brandt Brown, 2014, p. 38).
- *Psychological Autopsy*: A retrospective psychological investigation, often used in post-suicide studies (Dyregrov et al., 2011).
- *Peer Support*: Emotional support from, and interaction with, others who have knowledge and experience in situations similar to one's own (Saindon, Rheingold, Baddeley, Wallace, Brown, & Rynearson, 2014).

Significance of the Study

Deaths resulting from suicide bring a complicated dimension to the grief process for students and faculty (McCusker & Witherow, 2012). According to Cvinar (2005), the literature is clear that bereavement following suicide is different from other types of death, yet there are few empirical studies on the bereavement following suicide, including a lack of a coherent theory for the mechanisms of bereavement in suicide. Bereavement following suicide involves the experiences of guilt, shame, stigma, failure, isolation, and blame (Andriessen & Krysinaka, 2012; Gili, Delicato, Feggi, Gramaglia, & Zeppegno, 2016). And while the literature has identified these experiences in those bereaved by suicide, there is a paucity of literature examining how student suicide impacts college faculty.

When a student dies in a school setting the expectation is that teachers serve to help students grieve; however, the teachers are not afforded the same support (Hart & Garza, 2013). In a study that focused on grief in nursing faculty only, Dorney (2016)

identified the need to assess grief and bereavement beliefs of nursing faculty, including the need to explore the 'lived experience' of nursing faculty following the sudden death of a student. A student suicide evokes complex psychological reactions in both students and faculty (Cardell, Mealey, & Armstrong, 1999). And despite these reactions, Fitzpatrick (2007) found that little to no research on grief reactions has been conducted on university faculty in the workplace, and little is known about how grief affects the workplace (Hazen, 2009).

CHAPTER II: LITERATURE REVIEW

Student death from suicide is a reality at colleges and universities across the United States. The phenomenon of student suicide has many facets, including prevention, intervention, and postvention strategies. This review of the literature examines suicide as a public health concern, the experience of college faculty with student suicide, and the lived experience of individuals who have experienced a death from suicide, including the impact of grief on survivors.

Suicide in Numbers

Each year an average of 44,965 Americans die by suicide (American Foundation for Suicide Prevention, 2019). Suicide is the second leading cause of death for individuals age 15-34 (National Institute of Mental Health, 2018). Suicide is not a problem unique to the United States. Between 1997 and 2012 there were 94,922 suicide deaths in the United Kingdom (Farrell, Kapur, While, Appleby, & Windfuhr, 2017). Tal Young et al., (2012) reported that across the globe, nearly 1 million people die by suicide each year.

In an article on the problem of suicide on college campuses, Seiden (1971) stated that suicide in the adolescent and young adult population is no longer considered a taboo topic. The fact remains that suicide is very frightening to people (Rickgarn, 1987). Eskin et al. (2016) found that, in a cross-national comparison of attitudes towards suicide and suicidal persons in universities across 12 countries, the samples differed significantly from each other in their attitudes towards suicide. The results of this study confirm that suicidal attitudes are complex issues.

Historical Context: Suicide in the College Student Population

The first known study of college student suicide was published in 1928, and since that time the responses of the nation's colleges and universities have continued to evolve (Brandt Brown, 2014). The first dedicated mental health service for students was created in 1910 at Princeton University (Kraft, 2009). While historically institutions of higher education were able to deny that suicide was a problem, the tide has shifted to include prevention and thorough examination of the effects of suicide upon all members of the college community.

Deaths resulting from suicide bring a complicated dimension to the grief process for students and faculty (McCusker & Witherow, 2012). The reality is that most college faculty members will have to announce a student's death at some point in their academic career (McCusker & Witherow, 2012). Student death occurs frequently, approximately 18,000 per year (McCusker & Witherow, 2012). A suicide is one of the more disruptive causes of death on a college campus, devastating the campus community, and interrupting the school learning environment (Department of Education, 2017; Swenson & Ginsberg, 1996).

Moreira and Furegato (2013) performed a quantitative study with 88 participants to identify the presence of stress and depression among final year students in two nursing courses. Though the sample size was small and geographically limited, the study found that 73.9% of the participants presented a medium level of stress (as measured by the Perceived Stress Scale). The study found that the increased workload in the final year of college puts the student in a condition of vulnerability. Those participants who scored higher on the stress scale were noted to also present with dysphoria, moderate depression,

and severe depression. The authors concluded that there is a need for colleges to have programs in place to help minimize stress and identify depression among students.

Ennals, Fossey and Howie (2015) performed a meta-synthesis on the lived experience of students' views of studying in postsecondary education while living with mental illness. In their study, the authors found that three themes existed in the literature: knowing oneself and managing one's mental illness, negotiating the social space, and doing the academic work required for successful postsecondary education completion. Ennals et al. found that increasing numbers of students are entering postsecondary education with mental health illness and increased mental health needs.

Educators' View on Suicide

A quantitative study by Westefeld, Jenks Kettmann, Lovmo, and Hey (2007) examined the beliefs, knowledge, attitudes, and opinions of teachers concerning adolescent suicide. The sample consisted of 167 high school teachers at Midwestern high schools and utilized a Likert scale to measure data. The results of the study found that 61% of participants strongly or moderately agreed with the statement, "Suicide is a problem for high school students" (p. 35). Additionally, 78% of the teachers knew an adolescent who had attempted or completed suicide. Unfortunately, 46% of the respondents who had concerns about a student being suicidal reported doing nothing with those concerns. These numbers reflect that high school teachers were aware of the problem of suicidality in the student population but were unsure of how to respond. The authors recommended that teachers receive more training on working with suicidal students.

Similarly, Buchanan and Harris (2014) examined a sample of six junior and senior high teachers to identify what the teachers needed for themselves following a student suicide attempt, and to discern what the teachers needed to effectively help students feel connected, valued, and safe. Buchanan and Harris found that all participants expressed feelings that the role of the teacher has expanded, and the teachers believed that one of their roles dealt specifically with mental health issues of their students. Unlike the study by Westefeld et al. (2007), the participants in this study expressed feelings of uncertainty, and they worried that they had contributed to the suicide, or could have prevented it. The teachers in this study demonstrated a willingness to provide support to the suicidal students despite their high degree of uncertainty and feelings of anxiety. However, just like the study by Westefeld et al. (2007), the teachers that did not get involved reported they were unaware of resources and had a fear of legal repercussions.

Survivors

Suicide survivors do not choose to come into the field of suicide voluntarily; they are catapulted into the world of suicide, as a sudden, unwanted, unwelcome invasion (Myers & Fine, 2007). The literature is inconclusive as to the number of suicide survivors. This inconsistency can be attributed to the lack of definition as to who is identified as a suicide survivor. Historically it was believed that each suicide affected six survivors (Berman, 2011; Andriessen & Krysinaka, 2012; Tal Young et al., 2012). Recent literature has explored this belief and found that the number of survivors for each completed suicide is much higher.

Berman (2011) studied the number of suicide survivors, including an examination of how the closeness of the relationship affected the number of survivors, and an examination of how the age of the deceased and the frequency of contact with the bereaved impacted the number of survivors. Berman identified daily contact as a definition of a survivor, and found that the young deceased had the greatest number of estimated daily contacts, while older individuals had less. Using this method, Berman concluded that the median estimate of survivors per suicide is seven. The author attributed the historically lower number of six to be related to only the members of the nuclear family. Though this quantitative study was small, with 14 participants, it indicates the need for a clear and consensual definition of a suicide survivor.

A study by Crosby and Sacks (2002) attempted to better quantify the number of persons exposed to suicide. The study referenced Wroblewski's 1991 study that calculated 10 survivors for each suicide. Crosby and Sacks' quantitative study of 5,238 participants found that the number of persons exposed to suicide differs dramatically from historical findings. The majority of the participants reported being exposed to a friend or acquaintance's suicide, and there was a link noted between the closeness of the relationship and the development of suicidal ideation in the survivor.

Cerel, Brown, Maple, Singleton, van de Venne, Moore, and Flaherty (2018) affirmed the findings of previous studies in a quantitative study of 1,736 randomly selected participants via telephone survey. Of these participants, 795 individuals reported exposure to suicide during their lifetime. The results of this study found that for each suicide, 135 individuals are exposed to the death, resulting in 5.5 million U.S. residents exposed to suicide in a given 12-month period.

Impact of Suicide on Educators

The effect of a suicide on a college campus is felt by many individuals. Roommates, dorm mates, fraternity/sorority members, classmates, school counselors, faculty, and staff are all impacted when a student commits suicide (Cerel, Chandler, Bolin, & Moore, 2013). Cerel, Maple, Shemaski, Aldrich, and van de Venne (2013) investigated the prevalence of suicide exposure in the community and those affected by suicide deaths. The quantitative study of 302 participants found that 64.2% knew someone who had attempted or died by suicide. The data showed that up to half of all individuals that are exposed to suicide will feel a significant impact. The perceived closeness to the deceased correlated with the self-identification as a survivor. The results of this study can be applied to faculty who experience a student suicide, especially if the faculty and the student had established a relationship.

Fitzpatrick (2007) examined bereavement among faculty members in a university setting. Using phenomenology, the author examined the experience of seven faculty members who had returned to work following the death of a significant family member. Fitzpatrick indicated that the reason for this study was that little or no research had been conducted in the arena of grief reactions in the college workplace among faculty members. Building upon previous research that has found that grief does exist in the workplace, the author examined the university role expectations and found that employment strains and role conflict were present in the sample. The university environment was found to be stressful, with faculty feeling pressured to provide students with knowledge and meet course outcomes. The study identified that the role of the worker conflicts with the role of the griever. Additionally, the study found that though

some universities offer grief counseling services for students, very little is available for faculty and staff. When faculty's grief is unrecognized by colleagues and administration, they may develop disenfranchised grief.

Christianson and Everall (2009) examined the experiences of school counselors with client suicide. The qualitative study of seven individuals found that there was a sense of powerlessness, fear, and vulnerability associated with losing a client to suicide. As these feelings intensified, so did the counselor's desire for control. Some were noted to suppress their grief, putting the needs of others before themselves. While processing the personal and emotional experience, all participants eventually came to a place of acceptance of the loss, and some experienced constructive growth. Feelings of hopefulness were noted by each participant, and this theme was noted to increase as the individual progressed through the grief.

Postvention

The term *postvention* was created in the 1970's by Edwin Shneidman to "describe the help and intervention of others that is needed by all survivors of suicide, attempters, families of suicides, friends, associates, etc." (Brandt Brown, 2014, p. 38). Szumilas and Kutcher's (2011) systematic review on post-suicide intervention programs defined postvention as "prevention strategies that target individuals after (*post*) an event" (p. 18). In the case of suicide, postvention services are targeted towards individuals recently bereaved by the death, aiding in the grieving process and reducing the suicide contagion through counseling and education among family, friends, classmates, and others who are affected by the suicide (Szumilas & Kutcher, 2011).

Szumilas and Kutcher (2011) found that postvention programs are school-based, family-focused, and community-based. The systematic review by the authors found that the quality of existing research on suicide postvention is low, and most studies were conducted with a weak methodology or inadequate statistical analysis. Suicide postvention models are used in school-based settings, however, and involve the use of psychological debriefing and crisis training programs for school personnel. Postvention plans and resources vary by institution and are often dependent upon the size of the institution. According to Brandt Brown (2014) postvention models began to be developed on college campuses in the 1990s, focusing on plans and resources available to campus students, faculty, and staff after a violent death or suicide. Riba, Kirsch, Martel, and Goldsmith (2015) asserted that the goal of academic institutions is to train mental health clinicians to support the clinical demands of the evolving communities of college campuses.

Death Response Teams

In a systematic review, Streufert (2004) examined the literature to expand on E.S. Zimmers' postvention recommendations, and to describe how to develop a death response team (DRT) to be utilized after campus fatalities. Streufert (2004) identified the responsibility of a DRT to plan a "response to assist grieving family, faculty, students and community" (p. 153). DRTs were noted to be given other names across the literature, such as "trauma response" or "crisis management teams" (p. 153), and can be found in institutions from elementary through postsecondary education. Suggestions from the systematic review reflect that although DRTs may vary according to the type of death, and the size of the institution, they should consider the available resources at the

institution prior to developing postvention strategies. Developing clear practices in advance benefits students, faculty, and staff (Student Affairs Today, 2010). Additionally, the protocols created by DRTs and other crisis teams must be both specific and adaptable (Cardell et al., 1999). Current postvention research is focused on specific settings such as schools and the workplace, though the research is mostly atheoretical (Andriessen, Castelli Dransart, Cerel, & Maple, 2017).

Crisis Plans

Steeves, Metallo, Byrd, Erickson, & Gresham (2017) studied 46 individuals representing a sample of school staff in diverse roles. The purpose of the study was to determine whether staff felt prepared in the face of various crises, and to see if best practices in crisis prevention were utilized. The study found that the best prediction of school personnel's feelings of preparation correlated with whether or not they read their school's crisis plan, attendance at a training seminar, or the length of time working in the field. Surprisingly, less than two-thirds of participants reported reading their school's crisis plan. This study contained both a small sample and a small portion of participants who had actually experienced a crisis at their school. The results suggest, however, that there is value in preparing for a crisis.

The Psychological Autopsy

Grieger and Greene (1998) performed a case study research to examine ways to improve suicide-prevention and crisis intervention through the use of a psychological autopsy. A psychological autopsy is a retrospective psychological investigation, often used in post-suicide studies (Dyregrov et al., 2011). The study was in response to an increase in the rate of suicidal ideations and attempts in the college student population

over a three-year period at Iona College. The number of participants was not disclosed, however, due to the confidentiality of the students involved. Using a self-created “Suicide Review Sheet” the authors found a number of underlying problems. The problems discovered included the contagion factor, a lack of resources, and a need to enhance communication between the college campus security personnel and the local police. Another problem that was cited was the need for college administrators to review the institutional policies on campus emergencies. While the findings support the need for resources, it is difficult to prove a causal relationship without a quantitative study.

Dyregrov et al. (2011) conducted a phenomenological study of 97 participants in Norway to investigate how participation in a psychological autopsy (PA) was experienced by those bereaved by suicide. This study found that 62% of the participants reported a positive experience with the interview/experience, as they expressed that the psychological autopsy helped meet the needs of the participants. Themes expressed in the data include venting, insight, and helping others. The authors reported that the participants found meaning in participating in the PA, and that the participants hoped that by sharing their stories they could both help impact research and impact other bereaved individuals. This study confirms previous research that found that vulnerable populations do see participation in research as valuable, and that sharing narrative experiences is seen as therapeutic to the bereaved.

Current Postvention Efforts and Recommendations

In their investigation into suicide postvention as suicide prevention, Aguirre and Slater (2010) identified the need for increased postvention strategies and efforts for those bereaved by suicide. In this expert-opinion article, the authors also overviewed the

potential benefits of postvention programs and current postvention strategies in the United States, including a plan for creating, developing and expanding suicide postvention programs.

The primary benefit of suicide postvention is alleviating the psychological pain experienced by survivors, with a secondary benefit of engendering a feeling of belonging in a cohort of survivors (Aguirre & Slater, 2010). Aguirre and Slater noted that the U.S. Department of Health and Human Services Office of the Surgeon General created The National Strategy for Suicide Prevention (NSSP) with the intent to call attention to the alarmingly high number of lives lost to suicide annually. Despite this creation, however, there is no mention of postvention in the NSSP's aims, and the 47 created state plans were lacking in postvention components. A review of state plans found that only a little over half included efforts to expand services that are available to those bereaved by suicide. Four states identified the need to train first responders, clergy, and funeral directors on how to respond to survivors immediately following a suicide. The review of state plans also highlighted the fact that nine of the postvention plans focused solely on youth, creating a significant gap in services aimed at adult survivors.

The Suicidally Bereaved

Bereavement has been reported to be present in nearly 40% of college students (McCusker & Witherow, 2012). According to Cvinar (2005) the literature is clear that bereavement following a death by suicide is different, yet there are few empirical studies on the bereavement following suicide, including a lack of a coherent theory for the mechanisms of bereavement in suicide. Bereavement following suicide involves the

experiences of guilt, shame, stigma, failure, isolation, and blame (Aguirre & Slater, 2010, Andriessen & Krysincka, 2012; Gili, Delicato, Feggi, Gramaglia, & Zeppegno, 2016).

Similarly, a phenomenological study by Gall, Henneberry, and Eyre (2014) of 11 bereaved individuals and four mental health workers found that the study of the bereaved individuals produced six themes: grief experience, coping, interpersonal concerns, struggle for meaning, self-reflection, and moving forward. The grief experience consisted of intense emotions of disbelief, numbness, and also feelings of guilt and blame. Coping reflected the wide variety of cognitive and behavioral strategies that the bereaved utilized to move forward in their grief. Interpersonal concerns included that the bereaved were sensitive to the social stigma of suicide, and they tended to isolate themselves from others. In their struggle for meaning, the bereaved attempted to make sense of the loss. In self-reflection the bereaved noted that the suicide triggered deep self-thought on issues of meaning, understanding, and yet they experienced a sense of personal growth. Lastly, moving forward reflected how the bereaved came to realize that they need to accept the unacceptable and let go of the guilt.

Suicide is a serious public health problem (Dyregrov, 2011; Nic an Fhaili, Flynn, & Dowling, 2016). Dyregrov (2011) made the argument in a literature review that suicide bereavement should be considered a public health issue. Dyregrov discussed the needs of the suicide bereaved, and identified the perceived needs of this population, finding that peer support is wanted, social network support is wanted, and professional help is wanted. Furthermore, these wants coexist with the need for the bereaved to have different types of information (medical aspects, grief process, and effects on family) and the need for various types of help.

Grief

Ringold, as cited in Hazen (2009) defined grief as “the emotional and physical response to the death of a loved one” (p. 79), adding that grief is a process in response to a major loss, including emotional, physical, and social responses. Hart and Garza (2013) performed a study to explore the phenomenon of grief and loss as it applies to teachers who have experienced death of a student. The purposeful sampling of eight participants identified themes in the participants’ responses to the question, “What are teachers’ experiences of having dealt with the death of a student?” (p. 306). The identified themes were releasing feelings; resources; lost academic time and redirection; and honoring the memory. The results of the study indicated that educators need support through the time of grief following a student death. Teachers in the study reported feelings of despair and helplessness, along with an overwhelming grief experienced by both teachers and students. Though this was a small, purposeful sample, the authors’ findings add to the scant amount of published literature on the subject of teachers dealing with loss.

Similarly, Dorney (2016) examined the grief experiences of nine university students, in a phenomenological study, following the sudden death of a nursing school classmate. The theme of emotional pain and grief was expressed by all nine participants after learning of the death of their peer, and was expressed as a variety of different feelings. Sadness, anguish, shock, guilt, regret, and anger were expressed by the participants. Dorney (2016) found that the feelings of grief were more than “just a mere outpouring of these described emotions, but an experience greater than just feelings, as evidenced by their continuous struggle with the reality of death.” (p. 175). The experience of grief was not unique to only those students who were close to the deceased.

Participants who were not as close to the deceased still experienced grief, including the sense of loss and mourning, which was present in participants who were not as close to the deceased class member.

Carton and Hupcey (2014) performed a systematic review to examine the services available to address healthcare provider grief. Grief interventions were developed and evaluated in ten of 12 studies, though the measures used to evaluate the interventions varied greatly. The results of this review indicated that healthcare provider grief does exist, in many contexts, and is more profound following the death of a younger patient. The authors reported that there was a lack of research using controlled experimental studies on this topic, and that research lacked a full representation of all health disciplines. Lastly, because healthcare providers' grief differs from that of close friends and family members, the tools used to measure grief may not be generalizable.

Faculty members are employees of colleges and universities. In response to the lack of research examining how grief affects the workplace, Hazen (2009) published a paper to increase knowledge about grief in the workplace and to suggest individual and institutional responses to employees dealing with grief. Hazen (2009) stated that grief is hidden in the workplace, and that each person's grief is unique. And while Kubler-Ross (1969) identified the theory of five stages of grief as denial, anger, bargaining, depression, and acceptance, Hazen identified that although grief is unique, there are discernable themes demonstrating similarities among the grieving.

Types of Grief

Grief is a natural and normal reaction to loss (Hall, 2014). The resolution of grief typically occurs within two to six months, but it can last longer (Hazen, 2009). Hall

(2014) described grief as a response to a loss that involves physical, emotional, cognitive, behavioral, and spiritual manifestations. Tal Young et al. (2012) defined grief as the universal, instinctual and adaptive loss that occurs following the death of a loved one. Grief can be subcategorized into acute grief (the initial painful response), integrated grief (the ongoing, attenuated adaptation of the death), and complicated grief (prolonged and unresolved grief) (Tal Young et al., 2012).

Complicated grief.

Complicated grief (CG) is defined by Sakinofsky (2007) as having intrusive thoughts and yearning, excessive loneliness, disbelief, and excessive bitterness or anger lasting longer than six months. CG has been reported to be present in 10%-20% of bereaved individuals (Tal Young et al., 2012). The feelings associated with complicated grieving can go on for years and can result in the development of depression and Post Traumatic Stress Disorder (PTSD) (Harvard Health Publications, 2009).

A quantitative, cross-sectional study by Burke and Neimeyer (2014) examined outcomes associated with losing a loved one to a violent death. The study attempted to identify whether a specific death differentially predicted levels of complicated grief. Prior to this study, the research was not unanimous in linking CG to violent death. The quantitative study of 150 participants found that a spiritual struggle was present in the nearly half of the sample. Feelings of anger towards God, a distance from God and church, feeling punished by God, and questioning of faith were identified in the participants. The data from the study found that CG predicts the occurrence of complicated spiritual grief (CSG).

The findings from Tal et al (2017) were consistent with the study by Burke and Neimeyer (2014). Tal et al. examined CG after suicide compared to accident/homicide bereaved and natural death in a quantitative study of 395 bereaved individuals as participants using a randomized control trial. The study found that the suicide bereaved reported greater impairment than the accident/homicide and natural death bereaved in general, when measured with the Work and Social Adjustment Scale. The study also examined whether those with CG bereaved by suicide had higher rates of comorbid disorders, or more severe symptoms compared to those with CG bereaved by other types of death. Differences between the two groups were noted to be in degrees, and not in types of comorbid disorders. The authors reported that this was the first study of its kind, so empirical evidence was not able to be determined from the data. It was recommended that future research confirm these findings.

Disenfranchised grief.

Kenneth Doka first proposed the concept of disenfranchised grief in his 1989 book “Disenfranchised Grief: Recognizing Hidden Sorrow.” Doka defined disenfranchised grief as grief that persons experience that cannot be openly acknowledged, socially validated or publicly observed (Doka, 2002). Doka (1989) further categorized disenfranchised grief into three types: the relationship is not recognized, the loss is not acknowledged, and the griever is excluded. Fitzpatrick (2007) defined disenfranchised grief as “the existence of unrecognized losses and grief that is repressed and not able to be expressed; or acknowledged, publicly mourned, or socially supported” (p. 100). When others ignore a loss, the resolution of grief cannot be complete (Hazen, 2009). The relationship between a student and a faculty member may

not be acknowledged, causing the faculty member to experience disenfranchised grief. When this occurs the faculty member may experience a sense of “get over it” by others, thereby prohibiting their resolution of grief (Hazen, 2009).

Stigmatization

The survivors of suicide are highly stigmatized according to the literature (Feigelman, Gorman, & Jordan 2009). In a study to determine whether more stigmatization from significant others was associated with more grief difficulties, depression, and suicidal thoughts following suicide bereavement, Feigelman, Gorman and Jordan (2009) found that 66% of the participants in the study reported experiencing depression. The qualitative responses from the participants reflected that the survivors experienced a “wall of silence,” absence of caring, and unhelpful advice. The authors surmised that when the survivors encounter more stigma and grief difficulties, their need for support group participation rises. The results of this study offer empirical confirmation that stigmatization contributed to problems in the mourning process after suicide.

Similarly, in a literature review examining the state of research on suicide bereavement, complicated grief in suicide survivors, and grief treatment for survivors of suicide, Tal Young et al. (2012) found that unlike other modes of death, death by suicide is stigmatized. The review of literature also identified that the stigma of suicide can pose as a barrier to the healing process for survivors.

The results of a literature review by Tal Young et al. (2012) are similar to the review of literature by Cvinar (2005) that found stigma and avoidance are central issues in those bereaved by suicide. According to the Surgeon General’s Report, as cited by

Cvinar (2005), stigma is “manifested by bias, distrust, stereotyping, fear, embarrassment, and/or avoidance” (p. 15). However, Cvinar (2005) reported that an initial review of the literature found a small number of articles focusing on bereavement after suicide, and that the small number of articles point to different conclusions. Even with the limitation of size, the review identified several articles that support that bereavement experiences following suicide are unique in that the survivors experience stigma, including a study by Reed that found that the grief symptoms were greater when an individual experienced social stigma and isolation following suicide.

Sveen and Walby (2008) performed a systematic review to examine suicide survivors’ reactions compared with survivors of other modes of death. The review identified 41 articles that were eligible for review, and results were categorized under the concepts of “Mental Health Variables.” The authors found that shame, stigma and guilt were measured in 15 studies, and that higher levels of rejection, shame, stigma, and guilt were noted among the survivors in comparison to other bereaved controls. The differences in these variables were noted when suicide-specific instruments were used but were not present when general grief instruments were used.

Peters et al. (2016) performed a qualitative study of ten participants to examine how individuals felt stigmatized after the loss of a loved one to suicide. Peters et al. (2016) built upon existing research that has found that the bereaved contend with social stigma. Additionally, the authors identified that feeling stigmatized by others is “complex and all-consuming, further inhibiting the recovery process” (p. 253). Feeling blamed, shamed, and judged was one of the themes identified in the study, demonstrated by the participants desire to keep the cause of death a secret. The authors noted that

'historically' suicide was viewed as a sinful, and even criminal act. And, although society's attitudes may have changed, there remains a constant theme of shame, guilt, rejection, judgment, and blame in survivors' experiences.

Sudak, Maxim, and Carpenter (2008) examined the literature with an aim to educate mental health practitioners regarding the issues of stigma and suicide, and how stigma impacts individuals representing a diverse population. The authors stated that mental health therapists who have lost clients to suicide represent a disenfranchised group. Additionally, these therapists were rarely involved in peer suicide survivor groups, and therefore they did not receive the support and help needed. Blame may be present towards the therapist from the institution of employment.

Guilt

Feelings of guilt are common following a death (Knott & Crafts, 1980). These feelings are not unique to only family and close friends of the deceased. Feelings of grief and guilt are experienced by therapists who have lost a client to suicide (Hendin, Pollinger Hass, Maltsberger, Szanto, & Rabinowicz, 2004). In a study of 34 participants, examining factors contributing to therapists' severe distress after the suicide of a patient, Hendin et al. (2004) cited their earlier work showing that clinicians resemble family members and friends in the emotions that they experience following the suicide of a client. The study found that 38.2% of the participants experienced severe distress after their patient's suicide. Severe distress was found to have four sources: failure to hospitalize a suicidal patient; a treatment decision; negative reactions by the therapist's institution; and fear of a lawsuit. The authors found that gender, training status, and years in practice all affected the therapist's vulnerability to severe distress, indicating that those

with more years of experience were less likely to experience severe stress. Feelings of guilt often reflected the close relationship with the patient, and the authors noted that the close relationship made the participants vulnerable to experiencing other emotions as well.

Blame

Kalish and Reynolds (1990) performed a mixed-methods study to investigate community responses toward persons bereaved by suicide, accident, homicide, natural anticipated death, or natural unanticipated death, from the perspective of those persons who had experienced the loss. The analysis of the 57 participants (divided into three groups) was performed using Chi square and univariate analysis and found that there were significant differences in how participants were treated by their friends following the death. All participants, regardless of type of death, reported hurtful feelings when blame was attributed for the death. The participants who lost someone to suicide were unique in saying that they had lied about the nature of the death. These lies can be attributed to the blame and shame experienced by suicide survivors. The authors noted that their findings were in contrast with finding from Pennebake and O'Heeron's study in 1984, where it was reported that there was no difference between accidentally and suicidally bereaved individuals' coping skills.

Shame

Tal Young et al. (2012) reported that suicide survivors face unique challenges associated with the stigma of suicide. Feelings of shame have been identified in those bereaved by suicide (Sakinofsky, 2007; Harvard Health Publication, 2009; Tal Young et al., 2012; Andriessen & Krysinaka, 2012; Silos-Rooney, 2015; Tal et al., 2017). A suicide

survivor's feelings of guilt and shame may prohibit them from seeking out professional help (Dyregrov, 2011).

Begley and Quayle (2007) investigated the experiences of adults whose relatives had died by suicide, and explored the challenges faced in coping with the deaths. The qualitative study of eight participants identified four master themes: 1) Controlling the impact of the suicide; 2) Making sense of the suicide; 3) Social uneasiness; and 4) Purposefulness. The results showed that in terms of social uneasiness, survivors viewed the suicide as a private family matter, and they feared judgment from other people. The feelings of shame were heightened by the participants' experience of friends abandoning them, and self-imposed social isolation. The study identified what emotions the bereaved can expect, likening them to the emotions associated with posttraumatic stress disorder, and suggested that this research be used to further examine adaptive coping skills and stress management techniques.

Support After Suicide

Those bereaved by suicide are far more vulnerable unless they receive support during the period of intense stress that follows the suicide (Cvinar, 2005). Support following a suicide can take a number of different approaches. Every individual impacted by a suicide will present unique needs that require different interventions. Andriessen and Krysinaka (2012) suggested that a wide-variety of psychosocial needs should be met by postvention programs.

Support Services

Suicide creates a need for social support, however, many survivors are met with animosity and glib reassurance. Myers and Fine (2007) summarized the different ways in

which professionals and survivors come to an understanding of suicide. The authors surmised that survivors want a path to follow, allowing them to form some order in the chaos. In a struggle to find meaning and understanding, survivors search for answers. Survivors of suicide often possess a need to answer the question, “Why did s/he choose suicide?” (Aguirre & Slater, 2010, p. 531). Often survivors seek out professional guidance to help keep themselves and their family together, as a means of trying to maintain physical health, faith, and mental health. Professionals can assist survivors in regaining faith and meaning in their lives. Additionally, many survivors share personal stories with other survivors, helping to ease others’ grief.

Ward-Ciesielski, Wielgus, and Jones (2015) published their results from a quantitative study examining the extent to which bereaved individuals’ attitudes toward therapy and therapists were impacted by whether or not their loved ones were in therapy at the time of death. The online survey of 243 participants found that participants whose loved ones were in therapy at the time of death reported more negative feelings of blame towards the therapist than those whose loved ones were not in therapy, or who had an unknown history of therapy. The study suggested that suicide survivors may be reluctant to seek out a therapist during the period of grief, and that it may be helpful for therapists to know if the survivors’ loved ones were in therapy at the time of death.

Saindon, Rheingold, Baddeley, Wallace, Brown, and Rynearson (2014) examined the effectiveness of restorative retelling (RR), a structured 10-session intervention for adult survivors of violent deaths. The quantitative study of 51 participants found that individuals who attended support groups tended to be more distressed than individuals who did not attend support groups, and they also benefitted from professionally led

support groups that provided both peer support and professional leadership. The literature has shown that professional support groups have been found to reduce the symptoms of grief and emotional distress. The results of this study found that RR assisted with stabilization and relaxation, along with less prolonged grief reactions. The authors note that these results were consistent with previous research and suggest that RR may be an effective treatment approach for those distressed by loss.

Peer support was also noted to be effective for suicide survivors in a mixed-methods study by Barlow, Waegemakers Schiff, Church, Rawlinson, Hides, and Leith (2010). The authors studied 16 individuals; they reported on the outcome of the evaluation of a pilot program designed to assess the impact on grief and healing, and the ability of the program to meet the participants' personal goals, the helpfulness of the meetings, and the level of comfort experienced by the participants at the meetings. All participants reported becoming peer supporters for altruistic reasons and stated that they believed that talking to someone with a similar experience was helpful to the healing process. The individuals reported being motivated by a desire to further their own healing. The participants reported that the meetings in the program were helpful, and they expressed a feeling of being listened to. Interestingly, both the supporters and the clients in the program reported benefits from the intervention of the pilot program. This study illustrates the helpful nature of professional and peer support groups in the suicide survivor population.

Rituals

In their review of bereavement on college campuses, McCusker and Witherow (2012) examined an interdisciplinary group to support grief and bereavement on campus.

The group was formed after a student at Middle Tennessee State University completed suicide in 2010. After the student's death, the faculty and students were deprived of the chance to attend the funeral as the student was buried before the students and faculty could be informed. After recognizing that there were few rituals on campus, except for the administrative policies and procedures, the group Working Group on Bereavement was founded. The Working Group on Bereavement prepared a communication plan to assist in supporting faculty when news of a death was reported; the plan included helping to create an effective support system for those who are responsible for sharing the news with students, a reminder of the availability of services through an Employee Assistance Program, and the support of the group's "coaching staff" who can assist the faculty in a myriad of ways while dealing with the student death. The authors determined four main conclusions of their review of the Working Group on Bereavement: 1) An established ritual is needed for college campuses; 2) Utilize the experts that are available on campus; 3) Be accommodating to the various types of grief that exist; and 4) The information must be available to faculty at all times.

Rituals play an important part in moving through the grief process. A public funeral or memorial service can assist those in mourning as it offers the opportunity for everyone to offer tribute (Kinder & Cooper, 2009). Zinner (1987) published a case study examining the school's response to a suicide of a sixth-grade student. In the case study, group rituals, such as planting a weeping willow tree, tend to be long and positively remembered. Group rituals allowed the students to shift the focus from the immediate pain of the loss to the actions taken. Those mourning a loss from suicide should engage

in the same rituals they would use to grieve any death (Harvard Health Publications, 2009), though the bereavement from suicide is qualitatively unique (Gall et al., 2014).

Resources Utilized

A qualitative approach was used by Nic an Fhaili (2016) to investigate the lived experiences of those bereaved by suicide and the involvement of the individual's General Practitioner (GP) following the loss. The participants, recruited through voluntary bereavement support groups, were adults who were placed into one of three focus groups for interviewing purposes. The audio recorded sessions explored the sources of support at the time of loss and the experiences of interaction with the GP at that time, the needs at the time of the loss along with the continued care and needs identified, and any difficulties that were encountered with the GP, along with suggestions for improvement for the GP in the future. Themes included the participants' need for acknowledgement, a deep sense of stigma perceived by the participants, and the need for the GP to provide direction and support. All participants agreed that a proactive approach from a GP would be appreciated, and that there is a therapeutic value to being listened to. Though this study included a small group of participants in Ireland, the authors acknowledged that the findings were congruent with the existing literature, and that the responses of the participants reflected the complex grief patterns that are reported in the literature.

A systematic review of data from controlled studies of interventions for people bereaved by suicide was conducted by McDaid, Trowman, Golder, Hawton, and Sowden (2008). The authors searched over 30 databases, ultimately identifying eight studies that met the inclusion criteria, including four randomized control studies, one controlled study, and three observational studies with a control group. The review of the studies

found that there was some evidence of a positive effect of interventions compared with no interventions however the findings from studies comparing two or more interventions were equivocal. The authors noted that the differences between studies and methodological limitations make it difficult to accept the assumption that some kind of intervention is better than none. It remains unclear, due to the paucity of data, exactly which interventions are most helpful and if the interventions are helpful for all individuals. The authors suggested that obtaining the views of participants in future studies would be helpful to identify effective interventions and sources of support.

Barriers to Resources

It is estimated that only one in four survivors seeks the help that is desired following suicide (Aguirre & Slater, 2010). Aguirre and Slater (2010) identified that postvention strategies take one of two forms: the traditional model and the active model. The traditional model, which waits for the survivor to reach out to service providers, results in an average of four and a half years for the survivor to find services. The active model, on the other hand, involves the provider actively reaching out to the survivor in hopes of educating them on feelings they may experience and where to seek help. The active model results in an estimated one month between initial contact and the survivor receiving services. The stigma of suicide can be barrier to the healing process for many (Tal Young et al., 2012).

Additionally, a lack of evidence for efficacious treatment of the suicidally bereaved has been documented (Foggin, McDonnell, Cordingley, Kapur, Shaw, & Chew-Graham, 2016, Sakinofsky, 2007). Tal Young (2012) identified a “paucity of treatment

studies in survivors of suicide” (p. 182) and indicated that initial treatment should focus on an individual’s traumatic distress.

Similarly, Carton and Hupcey’s (2014) systematic review of the literature identified that the optimal length of time for grief interventions, and the most effective means of treating grief in health care providers, remains unknown. The authors reported that the availability of grief services for healthcare providers in the United States is low. In addition to a lack of services, Tal Young et al. (2012) found that few survivors of suicide seek help. Suggestions were made by Carton and Hupcey (2014) that future research examine the existing availability of services to address health care provider grief in all settings.

Another barrier to resources may be health care providers’ lack of knowledge on the available resources to support patients who are experiencing grief following suicide. A study by Foggin et al. (2016) examined the experiences of GPs dealing with parents bereaved by suicide. The themes identified after interviewing 13 GPs indicated that although mental health is integral to general practice, GPs struggle with facing the bereaved, helping the bereaved, and also helping themselves with their own grief. Participants reported feelings of helplessness and being unaware of services to support bereaved parents. Many of the GPs reported that they do not have the resources to provide bereavement support, some cited a lack of time, and some cited a lack of preparation concerning available resources. And while the GPs expressed unease in working with the bereaved parents, all of the GPs interviewed reported that they were able to access informal support from their colleagues, allowing them to address feelings of grief and guilt.

The results of Foggin et al. (2016) were aligned with a mixed methods study by Pitman, Stevenson, Osborn, and King (2018) that examined the stigma associated with bereavement by suicide and other sudden deaths. Pitman et al. (2018) identified two main themes in relation to the stigma described during the interviews of 27 participants. The first theme was specific negative attitudes, and the second theme was social awkwardness. The authors noted that the qualitative findings complimented the findings of Foggin et al. (2016), in that the participants that were interviewed reported avoidance by others and failure to offer support post suicide. The absence of support, in terms of social abandonment and inequitable access to resources, reinforced the participants' feelings of stigmatization. The quantitative work by the authors indicated there are delays in receiving support after a suicide.

Personal Growth

A qualitative study by Dransart (2017) examined the patterns of reconstruction after the suicide of a loved one. The author interviewed 50 survivors of suicide, 39 female and 11 male, using Grounded Theory, and identified four core categories: impact, quest for meaning, clarifying responsibility, style of reaction and coping. The author found that all of the survivors stated that the suicide of their loved one had drastically altered their life and identified the suicide as a major turning point. Four major challenges experienced by the survivors were identified: "dealing with the impact of the suicide, the quest for meaning, clarifying responsibility issues, and finding one's own style of adjusting and coping" (p. 997). The participants journeyed through the process of reconstruction in different manners, in one of four patterns of reconstruction. The four patterns are vulnerability, transformation, commitment, and hard blow.

Those who displayed the vulnerability pattern displayed fragility and felt responsibility for the suicide. Transformation pattern involved a distinctive pattern of growth. Individuals in the transformation pattern were able to find a personal meaning in the suicide, and in turn, found an increased presence with themselves. The survivors who displayed a commitment pattern identified that the suicide marked the beginning of a reorientation to their life and believed that the suicide became a driving force, especially for the involvement in suicide prevention. Lastly, those individuals who displayed the hard blow pattern identified that the suicide caused suffering, and yet signified the end of a painful time. These individuals did not feel responsible for the death, but instead continued on with their lives, often being discreet with the discussion of the suicide.

In a personal narrative on the lived experience of college faculty following a student suicide, Scudera (2014) expressed feelings of personal growth, accompanied by the realization that the focus must be on life, not on death. Tal Young et al. (2012) identified that personal growth occurs during the time in which a survivor experiences integrated grief (after transitioning from acute grief over the course of several months). After moving forward in their grief, suicide survivors are often able to reframe the suicide as having positive implications on their life, resulting in a sense of personal growth (Gall, Henneberry, & Eyre, 2014).

Feigelman, Jordan, and Gorman's (2009) correlational study on the growth experiences of parents following the loss of a child to suicide revealed that personal growth correlated negatively with mental health problems. The finding suggests that as time passes after a suicide loss, the survivor experiences higher personal growth. Religious activities were also linked to personal growth, suggesting that religious

participation may enhance meaning and personal growth. The authors concluded that the high numbers of participants who experienced personal growth indicates that there is a transformative potential in grief. Additionally, the study found a link between those with higher personal growth scores and the desire to “give back” to others who are grieving, especially those in peer support groups. While this study was not longitudinal, the large sample size (N=540) could be considered fairly representative of the general public. And, though this study examined only parents who have lost children to suicide, personal growth has been noted in the literature among other types of suicide survivors.

Supiano (2012) explored the impact of group participation on changes in self-reported grief distress, along with the participants’ process of finding meaning in the loss. The nine participants reported responses of anger, disbelief, shame, and doubt upon hearing of a loved-one’s suicide, and the author identified that these feelings represented the starting point of the grief process. The participants expressed periods of insight and personal growth during the grief process, suggesting that grief takes time. The use of support groups was noted to be beneficial in achieving personal growth. Some participants in the study reported experiences of intense insight, dubbed as “life changing.” These moments were noted to be in the realm of personal and/or spiritual awareness. Each participant in the study was able to identify moments of transformation involving positive change and personal growth.

Gaps/Themes to Investigate

Postvention was mentioned throughout the literature on the topic of suicide. Postvention strategies in postsecondary education are mainly focused on the students’ wellbeing. Fitzpatrick suggested that college faculty’s schedules may not allow for

frequent interaction and support following a student suicide. Andriessen et al. (2017) questioned if specific subgroups of bereaved individuals are affected differently, and the question could be further narrowed to examine how college faculty members are affected by student suicide. Lastly, while it was noted throughout the literature that survivors of suicide share the unique experiences of guilt, blame, shame, and stigma, the bereaved faculty member's experiences following student suicide have not been examined. Exploring college faculty's experience with student suicide could identify the feelings and emotions that occur following student suicide and assist in identifying the resources needed for postvention in higher education.

CHAPTER III: METHODS AND PROCEDURES

Introduction

This chapter presents the methods and procedures that were used in this study. In addition, the sample size, data collection procedures, analysis of the data, and a summary of the significant findings will be discussed.

Research Design

The research design used in this study was phenomenology. According to Creswell (2014), phenomenology is a design evolved from philosophy and psychology in which the researcher describes the lived experience of individuals who have experienced a particular phenomenon. Gray, Grove and Sutherland (2017) suggested that, in phenomenology, the experiences cannot be explained with causal relations, but need to be studied for the very things that they are. Tesch (1990) suggested that phenomenology illuminates the intersubjective human experiences due to the essence of the subjective experience. Additionally, to fully describe the experience the researcher must be open to the participant's world-view and allow meaning to emerge. The relationship between the researcher and participant is reflective in phenomenology, thus acknowledging that the researcher is an important component in the research process (Wimpenny & Gass, 2000).

Bracketing allows the researcher to identify and set aside their personal beliefs during qualitative research. According to Gray, Grove and Sutherland (2017), bracketing occurs when the researcher identifies personal preconceptions and beliefs and consciously sets them aside throughout all phases of the research study. There must be a process of critical reflexivity to improve the rigor and credibility of the research. Most qualitative researchers will engage in some form of reflexivity. One form of reflexivity is

to examine the feelings of the researcher in qualitative suicide research (Boden, Gibson, Owen, & Benson, 2016).

Population and Sample

The population and sample of this study consisted of full-time, or part-time, college faculty (of any discipline) employed in a baccalaureate/post-baccalaureate college or university, who have experienced the suicide of a student in the last five years. The anticipated sample number was between six and ten participants.

The inclusion criteria consisted of full-time or part-time college faculty employed in a baccalaureate/post-baccalaureate college or university who were actively teaching in a face-to-face course, with a minimum of 2 years teaching experience. Participants must have experienced the suicide of a student who was enrolled in the course taught by participant in the last five years. Participants must speak and read fluent English.

The exclusion criteria of this study consisted of those faculty members serving as student advisor only, not as teaching faculty, and faculty members whose only contact with student was working in student services or counseling center.

Sampling Procedure

Purposive sampling was used in this study to help the researcher best understand the lived experience of college faculty following student suicide. Etikan, Musa and Alkassim (2016) stated that purposive sampling is “the deliberate choice of a participant due to the qualities the participant possesses” (p. 4). Additionally, Etikan et al. suggested that because the researcher decides what needs to be known, and then sets out to find individuals who are willing to provide the desired information through sharing

their personal experiences, there is not a set number of participants that are needed for purposive sampling.

The recruitment plan began with emails sent to the Deans of the baccalaureate/post-baccalaureate colleges and universities (Appendix A & Appendix B). Email addresses for the Deans were obtained via public information on the school's website. The emails requested that the Deans forward the email invitation for participation to the college faculty in the respective departments (Appendix C). The Deans were also informed that an email reminder would be sent three weeks following the original email, reminding them to forward the email invitation for participation to the college faculty members in their respective departments.

Participants were invited to contact the researcher via email if they were interested in participating in the study, and if they met the inclusion criteria. The adult consent form was emailed to all interested participants. Interviews were then scheduled with interested participants.

Demographics

Demographic data were not collected from participants in this research study. To promote the highest level of anonymity of the participants and the deceased students, no specific demographic information was collected. Six participants were interviewed for this research study to discuss their lived experience following student suicide. The participants all taught at private baccalaureate and post-baccalaureate colleges and universities in a midwestern state. All six participants presented as female. The participants taught in the fields of mathematics, education, and health sciences. Teaching experience of participants ranged from two to 23 years.

Description of Setting

Face-to-face interviews were conducted at private, mutually-agreed upon sites. Interviews were conducted in-person and via Skype. Four interviews occurred in the participants' private offices, one in a private conference room, and one was conducted via Skype from the primary researcher's home and the participant's home, both in private settings.

Instrumentation

The interviews with each participant were designed to be comprised of open-ended, semi-structured interview questions (Appendix E). The interviewer refrained from offering opinions during the interview; however, prompts were given, if needed, to continue the thread of conversation between the interviewer and the participant.

The questions asked of each participant are listed here:

1. Tell me about your role as a faculty member.
 - A. Sub questions/Prompts: What subject do you teach? How long have you been teaching?
2. Describe your complete personal experience of a student suicide.
 - A. Sub questions/Prompts:
 1. How did you hear of the death? How well did you know the student?
 2. Did you experience any emotions and/or feelings following the student suicide? What happened in the days following the suicide?

3. Did you have any needs following the student suicide?
 4. Did you utilize any resources following the student suicide?
 5. Were there needs that were unmet? Were there resources that were lacking?
3. What else would you like to share about your experience following the student suicide?

Procedure

An interview protocol was developed to use while asking questions and recording participants' answers. Handwritten notes were taken during the interview, as recommended by Creswell (2014). According to Creswell, "Data analysis in qualitative research will proceed hand-in-hand with other parts of developing the qualitative study, namely the data collection and the write-up of findings" (p. 195). In qualitative research it is typical for a researcher to conduct interviews while concurrently analyzing earlier interview transcripts, reviewing notes, and organizing data (Creswell, 2014).

Data Collection Procedures

The participants were read a passage prior to the beginning of the interview (Appendix D), stating that anything said during the interview would be kept confidential and that the audio recordings of the interview would only be shared with the study's transcriptionist. Additionally, participants were reminded to avoid sharing student's names, and to maintain FERPA guidelines during the interview. In the case of accidental disclosure of student name, the student name was removed from the transcripts. A

student pseudonym was provided for transcripts when necessary. Lastly, the participants were asked if they had any questions prior to the start of the interview.

Participants were asked to select a pseudonym to be used during the interview and transcription process. Following the interviews, and prior to publication, the pseudonyms were changed by the primary researcher to further deidentify the participants.

Interviews were recorded on two digital audio recorders. At the conclusion of the interviews, the recordings were immediately uploaded to a secure encrypted flash drive. The audio recordings were securely delivered to a transcriptionist and were transcribed into written documents. All written documents were securely transported to the researcher and were kept in a locked box. All written and audio transcripts/data were stored on a password-protected laptop and encrypted flash-drive kept in locked box accessible only to the researcher, in a locked file cabinet located inside of the primary researcher's locked office.

Data Analysis Procedure

Once the raw data were obtained, and the audio recordings were transcribed into written transcripts, the validation technique of member checking was utilized. Each participant was emailed a copy of their written transcript (using encrypted email) to check for accuracy and resonance with their experiences (Birt, Scott, Cavers, Campbell, & Walter, 2016). Following the confirmation that the transcripts were accurate, the data from all interviews, including the accompanying field notes, were organized and examined by the researcher.

According to Creswell (2014), coding involves organizing the data by bracketing chunks and assigning a word that represents a category. Codes were formed using Tesch's Eight Steps in the Coding Process (Creswell, 2014, p. 198).

1. Get a sense of the whole. Read all the transcriptions carefully. Perhaps jot down some ideas as they come to mind as you read.
2. Pick one document (i.e. one interview)- the most interesting one, the shortest, the one on the top of the pile. Go through it, asking yourself, "What is this about?" Do not think about the substance of the information but its underlying meaning. Write thoughts in the margin.
3. When you have completed this task for several participants, make a list of all topics. Cluster together similar topics. Form these topics into columns, perhaps arrayed as major, unique, and leftover topics.
4. Now take this list and go back to your data. Abbreviate the topics as codes and write the codes next to the appropriate segments of the text. Try this preliminary organizing scheme to see if new categories and codes emerge.
5. Find the most descriptive wording for your topics and turn them into categories. Look for ways of reducing your total list of categories by grouping topics that relate to each other. Perhaps draw lines between your categories to show interrelationships.
6. Make a final decision on the abbreviation for each category and alphabetize these codes.
7. Assemble the data material belonging to each category in one place and perform a preliminary analysis.

8. If necessary, recode your existing data (p. 198).

Using Tesch's eight steps, themes in the data were identified, described, and then interpreted. Reliability was performed by carefully reviewing the transcripts and constantly comparing the data with the codes. Member checking was completed when the participants were emailed a list of themes identified from the transcripts.

Bracketing was utilized throughout the data analysis procedure to avoid any researcher bias. Bracketing allows the researcher to identify and set aside their personal beliefs during qualitative research. According to Gray, Grove and Sutherland (2017), bracketing occurs when the researcher identifies personal preconceptions and beliefs and consciously sets them aside throughout all phases of the research study. Care was taken to avoid any influence of the researcher's personal and/or professional experiences involving student suicide.

Summary

The processes and methodology of this research study were identified and explored in this chapter. This qualitative phenomenological study examined the lived experiences of college faculty following a student suicide. Purposive sampling technique was used to obtain a sample of faculty teaching in baccalaureate/post-baccalaureate colleges and universities in two midwestern states. Data were analyzed using Tesch's Eight Steps, along with the analysis of field notes and by the use of bracketing by the researcher.

CHAPTER IV: RESULTS

Introduction

This chapter will discuss procedures or tests used to analyze the data, data results, and a summary of significant findings.

Data Analysis

Data were coded using Tesch's eight steps as a guideline to develop an organizing system for unstructured qualitative data (Theron, 2015). According to Theron (2015), a code is a descriptive construct designed by the researcher to capture the primary content or essence of the data. Additionally, because coding is an interpretive activity, the codes identified by the primary research may be different than other researchers may have attributed to the same data (Theron, 2015).

According to the eight steps created by Tesch, the primary researcher carefully read through all transcripts multiple times. Ideas were written while reading the transcripts along with underlying meanings of the participants' responses to the questions. A list of all topics was created, and topics were then clustered together. From the list of clustered topics, the primary researcher identified "major," "unique," and "leftover" topics, in addition to quantitatively examining the frequency of the topics in the interview transcripts.

After creating the list of clustered topics, the topics were then color coded next to the appropriate segment of the participants' responses. Care was taken to see if any new categories or codes emerged aside from those previously identified. The codes that were identified were then given the most descriptive wording and turned into categories.

Categories were reduced by grouping topics that relate to each other into a singular theme.

Bracketing, along with reflexivity, was used throughout the data analysis procedure to maintain the integrity of the research and to allow the primary investigator to set aside any personal beliefs or biases. Journaling thoughts, feelings and experiences during the research process allowed the primary investigator to look at the data outside of the context of an educator who has experienced student suicide.

Themes were identified using Tesch's eight steps, as previously discussed. Sub-themes were also identified and listed under the overarching theme. The themes were identified with the goal of understanding, from a phenomenological perspective, the lived experience of college faculty following student suicide. The identified themes were:

1. Missed Clues
2. Postvention
 - a. Support After Suicide (Informal Talks, Positive Resources After Death, Religion, Fundraiser)
 - b. Psychological Autopsy
 - c. Lack of Knowledge of what to do after death
 - d. Increased Awareness
3. Awareness of Student Problem
 - a. Lack of Resources Before Death
 - b. "Can't make them go"
4. Guns
5. Loss of Potential

Validity and Reliability

Validity.

Member checking.

Member checking is based upon determining whether the findings are accurate from the viewpoints of the researcher and the participants (Creswell, 2014). According to Creswell (2014), member checking is used to determine the accuracy of the qualitative findings by taking the final report back to the study participants and determining if the participants believe the report to be accurate. Member checking was performed by emailing participants the identified themes along with the transcripts of their interview.

Triangulation.

In addition to member checking, triangulation was also used to provide validity to the study. Using triangulation, the data from multiple sources were examined to provide justification for the creation of themes. Data from the transcripts, including the identified themes, were compared to the themes identified in the literature.

Peer debriefing.

Lastly, peer debriefing was used to enhance the accuracy of the account (Creswell, 2014). Themes and supporting data were reviewed with the primary researcher's Dissertation Chair. All three validity strategies were used in order to enhance the researcher's ability to assess the accuracy of findings (Creswell, 2014).

Reliability.

To assure reliability in this study care was taken to follow and document all steps listed in the research procedure (Creswell, 2014). Transcripts were scrutinized for

mistakes and misspellings. Additionally, care was taken to make sure that codes were consistently compared to the data.

Results

Themes

Five themes emerged while analyzing the data related to the participants' lived experience following student suicide. Additionally, several sub-themes were identified for three of the themes. The themes identified were: missed clues, postvention (subthemes of support after suicide, psychological autopsy, lack of knowledge and increased awareness), awareness of student problem (sub-theme of lack of resources before death), guns, and loss of potential. (Table 1)

Themes of Research Study

Themes	Sub-Themes
Missed Clues	
Postvention	Support After Suicide, Psychological Autopsy, Lack of Knowledge, and Increased Awareness
Awareness of Student Problem	Lack of Resources Before Death, "Can't Make Them Go"
Guns	
Loss of Potential	

Missed clues.

Guilt is commonly expressed by those who are affected by suicide. The loss of a student to suicide caused almost all of the participants to express the belief that they missed clues that the student was at risk of suicide. When participants were asked to tell their complete personal experience of student suicide, many expressed feelings that they did not pick up on clues. Candace noted, “I had no idea that he was contemplating suicide the whole time he was with me, so there must have been some cues”.

Participants also expressed concern that the clues were missed not only by themselves, but also by other faculty. Taylor stated:

She was not on anyone’s radar...how did we miss this? And, if you would ask anybody within the faculty, there were 11 of us, none of us had her on the radar. Out of 11 faculty plus multiple staff and all of the classmates...there wasn’t anybody that had any inclination that this was on her radar, or was thinking, or something was so bad that this seemed like the only possible solution.

Several participants noted that there were no signs of the student’s suicidal thinking. Bridgett noted:

There were no signs, should I have done something different? Should I have seen something? I didn’t see anything, like he came to class and he kind of said funny things, you know he seemed, you know, like he seemed decently adjusted...but I didn’t see one thing.

Kate echoed this sentiment stating, “It seemed like he was going fine in his classes...there were no signs, like no one saw any signs”.

The feelings of personal blame for missing the clues were discussed by some of the participants. Iona shared, “Was there anything that I missed in him that could have been more helpful? I missed the fact that he would actually have a handgun”.

Adding to the theme, Taylor noted:

Now I always have that question because I did miss something in regards to my connection and relationship with her, so I just always have that in the back of my mind...I had no idea.

Some participants believed that they may have missed the clues due to their lack of education on suicide Candace noted, “I feel like I am pretty naïve, that I missed some clues and if I would be more educated or had more information or insight, I maybe could have picked that up.” Candace went on to reflect upon questions that she experienced following the student suicide, “How to pick up on the cues, what to do with the cues, what to say, what not to say, um you know, actions I should take or shouldn’t take? You know I just feel like I have no tools”.

Postvention.

The participants each shared unique experiences of their own personal thoughts and feelings following a student suicide, and were asked the following questions, “Did you experience any feelings and/or emotions following the student suicide? What happened during the days following the student suicide?” The questions were broad enough to elicit individual experiences, and while no two participants experiences were identical, themes were identified during the analysis of the data.

The data collected from this phenomenological study were analyzed, and the overarching theme of postvention was identified. As previously defined by Schneidman,

postvention encompasses the help and intervention of others that is needed following suicide. Inside the theme of postvention, several sub-themes emerged. The subthemes were support after suicide, psychological autopsy, lack of resources before death, and increased awareness.

Support after suicide.

Individuals find support after suicide in a variety of activities. Informal talks between the faculty member and another individual was the most common type of support after suicide in this study. None of the participants sought out professional counseling or psychotherapy following the suicide of their student. Instead, many sought out informal talks with their teaching peers. Candace reported talking to a faculty member who taught in mental health, adding that the informal talk “gave me a little more insight into this.” Similarly, Bridgett noted that she “needed reassurance from my colleagues,” adding that she needed other colleagues to hear her and tell her that the suicide was due to a lot of different things going on in the student’s life.

Informal support was also received from campus pastoral staff. Kate recalled that the “campus pastor and campus counselor came around and said ‘Are you doing okay?’, or something like that, and I said ‘Yes.’ I was happy that they asked about that.” Kate noted that the visit from the campus pastor and counselor occurred while the class was doing group work, with the pastor and counselor standing outside of the classroom door. She stated, “They waved to me and said we know that your student passed away; are you doing ok? Do you need anything?”

Not all participants found the informal discussions with other colleagues to be beneficial. Nancy noted that there was a lot of informal discussion among faculty

following the student suicide, but noted that it was more of a “told you so” type of interaction. Iona reported mentioning the suicide to the school’s nurse practitioner, but did not elaborate on what was shared or if it was helpful.

Two participants sought out informal talks with their family members, friends and/or support from a religious official. Bridgett shared:

I just talked to some of my friends. I didn’t go to counseling or anything like that. I didn’t feel like I needed that. I just wanted to hear from my friends who are good teachers, like should I have noticed something? I am hoping that I didn’t do anything wrong.

Taylor also reported informally talking to both her family and a Rabbi, noting that it was helpful to talk to someone outside of the campus.

I was born and raised Christian...but my husband is Jewish...I am really close with his Rabbi. I actually met with him multiple times. We typically meet a couple of times a month for coffee and stuff, but I contacted him and we met as soon as I got back just to kind of help me process it through.

Additionally, Taylor noted that she reached out to her parents and her sister who works in academia, stating “she could see it from the academic side, just so I had all of these different outlets to help me process it and to help me guide through all of the different stages.” Kate also found informal support through prayer and bible study in the days following the suicide, stating “My usual routine is to spend some time in prayer/bible study...so of course that was a topic of my prayers.” Kate noted that “I do believe that

God is a loving God, and I know that he of course loved the student who passed away, and it wasn't a time for mourning because God is in control.”

Psychological autopsy.

Dyregrov et al. (2011) defined psychological autopsy as a retrospective psychological investigation, often used in post-suicide studies. The majority of participants in this study identified the need for a psychological autopsy following the student suicide. Nancy questioned why the college was not brought together to examine the events surrounding the student's suicide. Nancy noted:

Why didn't we ever do a “let's look back on this?” Kind of not a debriefing, but kind of like an after-action report. People were never brought together to discuss some warning signs, some things that maybe we should have intervened, because I think there could have been some things done that might have helped the student.

Candace echoed this sentiment, sharing that her experience, too, lacked a psychological autopsy. Candace recalled:

There was never anyone who said, ‘do you want to bring us together to talk?’, like at the children's hospital when a child dies there is a care team. So, it brings nurses and doctors and people together...there was none of that. There was no debriefing for any of us.

Additionally, Candace emphasized the need for a psychological autopsy, stating, “I would really like to emphasize the debrief as a team is a very necessary part of education these days.” Kate reported that the Dean of her program did not check in to see how the faculty were doing, adding, “It seems like that it would be something where she would

check in and say ‘how are you doing?’” Kate denied that debriefing was offered, either individually or as a group.

Not all participants experienced a lack of a psychological autopsy or debriefing. Taylor expressed a feeling of strength that came from the communication initiated by campus administration. Taylor reported:

The college as a whole really rallied around not just the students, but also the faculty and staff and helped with our processing of the situation, as well as what do we do in the future, which I thought was really nice. The president of the college did a really nice job checking in with the faculty, with the students, and helping with the development of different programs, as well as ways and different forms of communication so that we all felt like our voices were being heard.

Taylor also shared that following the student suicide, the campus developed tools to assist faculty working with students in crisis. She shared that following the suicide, the school has had faculty assemblies, or in-services, to discuss the role of faculty as, she stated, “we don’t have the training as counselors.”

Additionally, participants found comfort and strength in the response of their teaching institution to the news of the student death. Kate shared that her organization sent out a campus email sharing news of the student’s death and the details for a planned memorial service at school the following night. Kate recalled, “The service was really nice, and it was nice it was so soon. When they came in, they had a place for students to sign a note to the family or maybe the deceased. I think they were very thoughtful about

caring for the campus.” Concerning these actions, Kate stated, “I feel like I was well taken care of.”

Similarly, Taylor shared the recollection of her college chartering a bus to bring students, faculty and staff to the student’s funeral. This was in addition to the counselors on site after news of the suicide was shared with students, faculty and staff. Taylor noted that the administration “were encouraging all the faculty to attend as well.”

Bridgett shared a similar recollection of a campus email letting all know that the student had passed away. Bridgett chose to have the campus minister and counselor come to her class (after seeing them outside of her building on campus), but also chose to reach out to the students in her class, stating:

I don’t know, I just tried to send an email to let them know if they need to talk to me, please do. Please email me. You know I kind of reiterated, I think I copied and pasted the information about the counseling center is open, the minister’s office is open...it was like please, don’t not get help if you need to talk to someone.

Bridgett also shared that she felt “like our counselors and our counseling center stepped it up, I mean they offered more hours, they made sure to be available.”

Lack of knowledge.

Some of the participants expressed feeling unprepared for what to do after the student suicide. There were two participants who reported feeling fearful they might say

the wrong things, and were unsure of their exact role following the suicide. Bridgett expressed concern about how to handle addressing her students, stating:

I had to figure out, okay, how am I going to address this? What am I going to say? And, I didn't know, so I had out counseling center and our minister, because they are the people, who basically I call them and was like, 'What do I do? Can you come to my class?'

Bridgett added, "I don't know what to say, I'm not equipped to deal with this...I don't know if I am supposed to tell the students that he actually committed suicide." She expressed that she questioned the campus counselor, asking, "Are you supposed to say this or not?", allowing herself to rest upon the guidance of the counselor. Bridgett also reported feeling "awkward" when faced with student questions following the suicide. She also explained, "I felt like I had to lead them and be the leader. I was like, I don't know what I am doing, all I know is that I am supposed to go to this (the fundraiser following the suicide) and it felt awkward."

Increased awareness.

There was a positive aspect of the postvention activities following the student suicide. Half of the participants reported an increased awareness in overall student wellness and the fact that suicide is more common than they had previously thought. Iona noted that the student suicide, "made me think more about my other students...it makes me look at my students in a different eye." Additionally, Iona added, "It opens

your eyes to look at the students, even if they are not your students, to get to know them a little bit more and really look.”

Taylor reported an increased awareness of other students who may be struggling. Taylor noted, “We really started watching those individuals who we knew who were originally on our radar...it is a little higher on all of our radars, I think we are all still very sensitive. It really puts into focus that we all know that everybody goes through stuff.” She also expressed an awareness that students may be dealing with other issues, adding, “So I don’t look at why aren’t they participating, like I start thinking is there something else going on?”

Candace reported an overall increased awareness of the problem of suicide on college campuses. Candace stated, “I think this probably happens, and is more widespread, than we even know. I think looking back in hindsight, I would say that I am more aware.”

Awareness of Student Problem.

Many of the participants were aware of the student’s need for mental health services prior to the suicide. Nancy noted that she experienced issues with the student but was unable to get anyone to believe her. Nancy recalled, “We all kept saying he will kill himself, and there was nothing we could do about it.” She added, “Every faculty member

who had interactions with this student reported concerns, and there was just nothing anybody could do about it.”

Other concerns centered around the student’s aggressive behaviors, causing concern for the student safety, but also the safety everyone at the school. Nancy shared:

There were several students that stated they were afraid of him, and I think that information should have precipitated a discussion by the Dean, or by somebody including the mental health professional...but because he wasn’t choosing therapy, they didn’t want to. I just don’t think that they saw the seriousness of it.”

Iona stated that the same student, “was just a little bit more, maybe aggressive or assertive.” She also described the student as labile, while Nancy expressed a belief that the student was “clearly unstable.” Iona recalled the process for recommending counseling to a student in need, stating the report, “goes to their advisor, it would go to our chaplain...it goes to the licensed mental health therapist, it goes through administration, and it goes to the team lead of whatever courses that student is in.” Both Iona and Kate reported filling out a report on the student prior to the student’s suicide.

Lack of resources before death.

The sub-theme of ‘lack of resources before death’ emerged within the theme of awareness of student problem. Several participants expressed frustration at the lack of resources prior to the suicide. Nancy identified a “general lack of resources,” adding that the college has a counselor hired for 20 hours a week, and that “often times when you refer students to her, they come back and say that ‘I cannot get in.’” Iona reported that faculty had requested to have a mental health therapist available to the students for “a long time,” adding that the college now has a licensed mental health therapist provided

free of charge to the students, but at the time of the suicide “we didn’t have that resource available.”

In addition to the lack of resources, several participants reported feelings that today’s students are entering college with emotional and psychological needs. Iona reported feeling that students today are less prepared for the academic and personal stress of college, stating, “Students are coming into the college and they are less prepared. They have less ability to problem solve, they are coming in with more psychosocial issues. They are trying to work way too many hours and go to school. They are not realistic about the time.” Bridgett expressed a feeling that resources seem to “continuously not be enough,” and added that the college is seeing “more and more students with more and more needs.”

“Can’t make them go”.

Another sub-theme that emerged was that faculty cannot force students to engage in psychotherapy. A concern for some participants was the frustration associated with being unable to force students to undergo counseling or treatment. Nancy recalled the experience of referring students to the college counselor, but added, “you cannot make them go if they refuse.” Nancy also added, “you can offer mental health support...but you cannot make them go. You cannot force people into therapy.” Nancy recalled that the student was not choosing therapy. Taylor shared this sentiment, stating, “It is really up to them if they go, or not.”

Guns.

Although no questions were asked concerning weapons or cause of death, several participants discussed guns. Iona shared that her college/university “had a completed

suicide with a handgun.” Taylor noted, “She completed suicide by gun shot, which out of all the research I have read in regards to suicide, especially females, is typically not that dramatic.” Additionally, Bridgett shared that her student “killed himself at home with a gun.” Candace briefly noted that police involvement occurred after reports of the student possessing a gun while on campus, which was a violation of campus policy.

Loss of Potential.

Some of the participants expressed feeling that the student’s suicide resulted in a loss of future potential. Nancy shared that the student was “very bright and would have made a good [healthcare professional], he seemed to be caring and he seemed to like the interaction with patients. I think he would have been an attentive [healthcare professional]. She added, “It is just a waste. Waste of potential, people, talents, skills. It is just a waste.” Iona echoed this, sharing, “He was a very, very bright student. I think that he had a great future ahead of him”.

Results Summary

Chapter Four identified the results of the phenomenological study of college faculty’s lived experience following student suicide. Interviews were conducted with six faculty participants who taught at private baccalaureate and post-baccalaureate colleges and universities in a midwestern state.

Using Tesch’s eight steps, themes and sub-themes were identified after a thorough analysis of the transcripts. The following themes and sub-themes were identified:

- Missed Clues
- Postvention

- Support After Suicide (Informal Talks, Positive Resources After Death, Religion, Fundraiser)
- Psychological Autopsy
- Lack of Knowledge of what to do after death
- Increased Awareness
- Awareness of Student Problem
 - Lack of Resources Before Death
 - “Can’t make them go”
- Guns
- Loss of Potential

CHAPTER V: DISCUSSION AND SUMMARY

The purpose of this qualitative phenomenological research study was to examine the lived experience of college faculty following student suicide. Suicide is a reality on college campuses. As the second leading cause of death for individuals ages 15-34 (National Institute of Mental Health, 2018), suicide has a large impact in the college age population. Additionally, suicide is a very personal experience, reflected in the stories of the study participants. Those bereaved by suicide face emotional challenges, including feelings of guilt, anger and grief. College faculty members are often excluded in the examination of a completed suicide on a college campus.

Because there is very little information to guide faculty through their own personalized response to the loss of a student (McCusker & Witherow, 2012), this study was designed to examine the lived personal experience of a college faculty member following student suicide. This is aligned with Adriessen and Krsysinka's (2012) assertion that any discussion of suicide is incomplete without taking into consideration the perspective of all of those impacted by suicide. Faculty's experience with student suicide is also complicated by the fact that although faculty are experts in their chosen field, very few have experience with suicide, death, grief, and counseling. Another challenge comes from the lack of grief services offered to faculty after student suicide, as the colleges and universities often step in to offer grief and support services to the students affected by the death (Hart & Garza, 2013). This research study reflects Knott & Craft's (1980) contention that there are many levels of need to address when a student has died, especially as a result of suicide. The experience of college faculty should be

included in the discussion of student suicide.

This study utilized a phenomenological, qualitative design to explore the lived experience of college faculty following student suicide. Rich data were obtained by interviewing six participants, all teaching at baccalaureate and post-baccalaureate colleges and universities in a Midwestern state. Transcripts of each interview were analyzed, and themes were identified using Tesch's eight steps for data analysis. Five major themes were identified, along with sub-themes for two of the themes. This chapter will discuss the purpose of this study, research design, interpretation of results and correlation to the literature and correlation to the theoretical context, as well as implications for education and future research.

Research Questions and Interpretation

The findings related to each of the identified research questions of this study are discussed in this section.

Research Question Number One: What is the Lived Experience of College Faculty Following Student Suicide?

Participants were asked to describe their complete personal experience of a student suicide. Suicide is a pivotal event in one's life that can trigger deep self-reflection (Gall, Henneberry & Eyre, 2014). Sub-questions were asked to encourage participants to share thick, rich data of their personal experience with a student suicide. The following sub-questions were asked:

1. How did you hear of the death? How well did you know the student?

2. Did you experience any emotions and/or feelings following the student suicide? What happened in the days following the suicide?
3. Did you have any needs following the student suicide?
4. Did you utilize any resources following the student suicide?
5. Were there needs that were unmet? Were there resources that were lacking?

Missed clues.

The first theme identified from the participants' stories was that of missed clues. Many of the participants expressed the belief that they missed some clues or cues that the student was contemplating suicide. This belief mirrors the sense of personal blame Begley and Quayle (2007) identified in their phenomenological study of adults bereaved by suicide. The authors noted that the participants "grappled with a sense of personal blame for not having prevented the death and they had felt guilty" (Begley & Quayle, p. 29). The participants in this study expressed personal feelings of having missed obvious clues. In addition to feeling that they had missed clues as an individual, several expressed the belief that no one in the organization saw clues prior to the student suicide. These beliefs reflect the findings of a qualitative study by Peters et al. (2016) that found that suicide survivors experience feelings of blame and judgment.

Those bereaved by suicide may feel direct responsibility for not noticing the suicidal signs, or they may feel indirect responsibility for their own skills as a faculty

member (Gall, Henneberry & Eyre, 2014). Buchanan and Harris (2014) noted that the role of the teacher has expanded, and several of the current research study participants expressed concern that they were not equipped to deal with the student suicide. The participants in the current research study felt both direct and indirect responsibility, represented by the expressions of missed clues and at the lack of knowledge relating to students' mental health needs.

Lastly, Hendin et al. (2004) found that close involvement with the deceased resulted in feelings self-blame for therapists working with clients who completed suicide. This finding could be applied to the participants who expressed a close relationship with the deceased student, as those participants were noted to have more statements reflecting the belief of missed clues. Several of the study participants shared stories of meeting with the student on a regular basis, both personally and professionally, indicating a closer relationship than the participants who did not have frequent interactions with the deceased student.

Postvention.

The second theme identified through thorough analysis of the data was that of postvention. Postvention is defined by Rickgarn (1994) as, "the help and intervention of others that is needed by all survivors of suicide (attempters, families of suicides, friends, associates, etc.)" (p.165). Swenson and Ginsberg (1996) suggested that poor coordination of postvention interventions can result in a lack of debriefing, delays in service delivery, and can cause at-risk groups to be overlooked. All six participants of the current study identified types of postvention that were used following the students' suicides.

Several sub-themes were identified inside of the theme of postvention. The sub-themes of support after suicide, psychological autopsy, lack of knowledge, and increased awareness were identified.

Support after suicide.

College faculty need support after the suicide of a student. McCusker and Witherow (2012) concluded that an established ritual is necessary for college campuses following the death of a student on campus. Rituals, the authors added, act as anchors when students, faculty and staff feel vulnerable and unstable. Two participants in the current research study recalled that memorial services for the deceased student were held on campus in the days following news of the suicide, and one of those participants reported attending the service, finding it to be a positive experience. Another participant explained that their college had chartered a bus to take students, faculty and staff to the student's funeral. These examples are in agreement with Kinder and Cooper's (2009) assertion that attending a funeral can help those affected by the death, as it gives the opportunity to offer tribute to the deceased. Another ritual noted by a participant was the creation and participation in a suicide awareness fundraiser. The participation in the fundraiser, by the faculty and students, illustrates the assertion of Zinner's (1987) statement that group rituals shift the focus from the immediate loss to the group action.

Most participants sought out informal talks with either colleagues, family or friends following the student suicide. Dyregrov et al. (2011) found that participants in their phenomenological study found talking about the suicide "gave something meaningful to the meaningless" (p. 695). Additionally, Barlow et al. (2010) found that

those bereaved by suicide believed it to be helpful to talk to others who had also experienced a similar loss. All six participants in the current research study reported talking to someone after the student suicide, both in formal and informal settings. Half of the study participants reported talking informally to colleagues at their educational institution. Some of the study participants reported asking the campus pastor and/or college counselor to come and talk to their class, and in doing so had brief interactions with these individuals, allowing the pastor and counselor to ask the participants if they were doing okay following the death. Lastly, one participant found it helpful to talk to her family, expressing the need to talk to someone outside of the campus circle.

Religious support was also utilized by two participants. Burke and Neimeyer's (2014) quantitative, cross-sectional study found that spiritual beliefs and religious practices can be significant coping resources in dealing with a loss. One participant sought out informal meetings with a Rabbi, and another engaged in daily prayer and bible study following the student suicide. Another participant spoke of her belief that the suicide was not a time for mourning, because God is in control. This statement is congruent with Krynska, Andriessen and Corveleyn's (2014) finding that suicide survivors found comfort in their belief that the death was God's will. However, the participant's statement does contradict the findings by Burke and Neimeyer (2014) that found that those grieving the loss of a loved one also struggled with feeling angry and distant from God.

Communication is a key component of suicide postvention. Some of the study participants learned of the student suicide from either a member of administration (such as the Dean or Program Director), or from a campus email. Other participants were

informed of the death from another faculty member. Additionally, a couple of the participants reported communicating with their students via email following the suicide, encouraging the students to utilize the grief support resources available on campus.

Psychological autopsy.

A psychological autopsy is a retrospective psychological investigation, often used in post-suicide studies (Dyregrov et al., 2011). Debriefing, as part of a psychological autopsy, is a form of communication that many of the participants felt was lacking. Psychological autopsies are common in the medical field and have been used to help counselors work through self-doubt and examine the policies and procedures surrounding student suicide, so that all members are better prepared for potential future events (Christianson & Everall, 2009). Several of the participants expressed frustration, and even some anger, at the lack of any formal debriefing by administration following the student suicide. Zinner's (1987) seminal work on postvention asserted that it is helpful to intervene with those affected by the suicide loss as soon as possible and before the funeral, noting that the early actions of leaders (including mental health professionals) can bring the appearance of strength and reassurance to an otherwise overwhelming situation. One participant expressed concern that the department head did not check in with faculty to see how they were doing after the suicide, while two other participants noted that there was no debriefing offered to the department at all.

Lack of Knowledge.

Some participants of this research study felt that they lacked knowledge of what to do following the student suicide. Faculty members are experts in their chosen field of study they are not trained as mental health providers. Few teachers receive training in

crisis intervention as a part of their formal coursework, yet they are expected to perform crisis intervention while working with students (Hart & Garza, 2013). McCusker and Witherow (2012) found that there is little information available to assist faculty members in navigating their own grief and to enable them to provide accommodation and intervention to students in their time of grief. This was demonstrated by the participant who chose to look towards the college counselor for guidance of what to say to students following the suicide. She acknowledged that she was not equipped with the knowledge to deal with the situation and reported feeling “awkward.” This finding is similar to Hart and Garza’s (2013) phenomenological study that found teachers felt inadequately prepared to deal with the death of a student. The participant also expressed feeling pressured to lead the students, though she was experiencing personal feelings of inadequacy. Another participant questioned if other faculty were waiting for her to initiate some debriefing, but added that it was “so far out of my ballpark” that she was not equipped to perform this task.

Increased awareness.

Suicide is often described as a life-changing event for those left behind. Supiano’s (2012) phenomenological study found that some survivors of suicide experienced intense insight and personal awareness. For some of the participants of the current research study, awareness came as a realization that suicide is indeed a problem on college campuses. Cerel et al. (2013) contended that suicidal ideations and suicide attempts are not uncommon for college students. Other participants identified an increased awareness of their students’ needs, including a realization that students are often dealing with many issues outside of the classroom. Several participants noted that

following the student suicide, they kept a more watchful eye on students who appeared to be struggling.

Awareness of student problem.

The third theme identified from this research question was the theme of awareness of student problem. Several of the participants expressed a recollection of the student exhibiting some warning signs prior to suicide. These participants, referencing the same student, were aware of the student's emotional lability and aggressive tendencies. Kraft (2009) reported that the problems of campus violence and suicide have led to discussions about violence as a public health problem for colleges. Additionally, Kraft speculated that most colleges have a higher proportion of severely disturbed students than in years past.

Lack of resources.

Several participants expressed the belief that there was a lack of available resources at their college/university prior to the student's suicide. A case study by Grieger and Green (1998) utilized a psychological autopsy to examine a sharp increase in one college's number of suicide attempts over a three-year period. The authors found that there was a definite lack of resources available on the campus, including inadequate training for professionals working with suicidal students, a lack of peer educators, poor communication between campus security and local police, and a need for institutional policies and procedures regarding campus emergencies to be reviewed by administration.

None of the participants mentioned the policies and procedures of their educational institutions. The participants did, however, indicate their beliefs that there was a lack of counseling available on campus. One participant noted that the counselor

worked only part-time, and that even if students were sent for counseling, they were often unable to get an appointment. Another participant noted that faculty had been requesting that the college fill the position of a counselor for students for quite some time. Steeves et al. (2017) noted that schools should have provisions for not only intervention in the face of a crisis, but also prevention and preparation. Campus mental health services should be considered an integral part of a college/university's prevention and preparation in the event of a student suicide.

“Can't make them go.”

The second sub-theme of “can't make them go” was also identified as the participants described the frustration of their inability to force a student to engage in therapy. A quantitative study by Farrell et al. (2017) found that 16% of those who completed suicide between 1997 and 2012 had been in contact with a mental health professional at some point in the 12 months prior to their suicide.

Additionally, students may be reluctant to add therapy to a schedule that is already overly scheduled with academic and personal responsibilities. Riba et al. (2015) asserted that college students' schedules are highly impacted by the academic calendar. Several of the current study participants noted that students are balancing many different responsibilities while enrolled in school. Additionally, some of the participants shared the belief that more and more students are entering college with mental health issues. This is reflective of the findings of Ennals et al. (2015) who found that the number of postsecondary students with mental health needs are increasing.

Guns.

The fourth theme that was identified from the research data was that of guns. While no question was asked concerning weapons or cause of death, most participants commented on guns during their description of their complete and personal experience of student suicide. This finding was in contrast to much of the literature that contends that those bereaved from suicide often try to conceal the cause of death. In her personal narrative, Silos-Rooney (2015) recalled that she did not disclose the cause of death following her husband's suicide, noting that it is a common response among suicide survivors. Peters et al. (2016) also recognized this behavior in a phenomenological study of suicide survivors, sharing that many of the study participants kept the cause of death a secret. Additionally, a systematic review by Sveen and Walby (2008) found that suicide survivors felt a need for concealing the cause of death.

Loss of Potential.

The last theme identified from the thorough analysis of the data was the theme of loss of potential. Suicide creates loss in many different forms. Several participants noted that they felt that the student had a great future ahead of them and that the suicide was a loss of potential. McCusker and Witherow (2012) contended that faculty see students' potential, including what they will become; the loss of that potential due to the death of a student can be devastating.

Research Question Number Two: What are the Feelings and Emotions Identified by College Faculty Following a Student Suicide?

Suicide causes a multitude of emotions in those left behind. The participants in this research study reported experiencing several feelings and emotions following the

suicide of their student. The literature has identified that those bereaved by suicide often experience feelings of guilt, shame, stigma, failure, isolation, and blame (Andriessen & Kryszynska, 2012; Gili, Delicato, Feggi, Gramaglia, & Zeppegno, 2016, Tal et al., 2017). Tal Young (2012) identified that anger is a common emotion among those bereaved by suicide.

The feelings of guilt and failure expressed by the participants were attributed to the belief that they missed the clues prior to the suicide, or that they could have done something different, either personally or as a college/university. One participant noted a perception of stigma associated with the student's suicide, recalling that the faculty discussed it only behind closed doors, and she felt pressured to avoid discussing the event. Several participants expressed attributes of blame in their assertions that the college did not do everything possible to prevent the suicide. This was especially true for one participant who shared that the faculty's reports of concern for the student were not believed by administration.

Dorney's (2016) phenomenological study of nursing students following the sudden death of a classmate identified that the emotional pain of grief encompassed feelings of deep sadness, anguish, shock and disbelief among other emotions. One participant recalled feeling sad after learning of the student's suicide. This is consistent with the finding by Buchanan and Harris (2014), who reported that teachers often reported an initial feeling of sadness when informed of a student suicide attempt. Shock was noted in a couple of participants, but alternately several other participants shared that they were not at all surprised by the suicide. Buchanan and Harris (2014) also found that shock was experienced by teachers after learning of a student's suicide attempt,

especially when the teachers did not believe the student to be at risk. Additionally, one participant from the current research study noted that her feelings and emotions increased when classes resumed, upon her realization that the student was missing from class conversations and group work. All study participants expressed unique feelings and emotions, demonstrating a lack of identical reactions following student suicide.

The emotion of grief was not identified by the participants. While some of the participants expressed feeling sad, there was no mention of experiencing grief, complicated, disenfranchised, or otherwise. Some researchers have suggested that the responsibilities of teaching do not accommodate a faculty members' grief following a student death. Fitzpatrick (2007) asserted that grief and mourning are often overshadowed by the demands placed upon faculty by teaching and research. In a study on bereavement among faculty members in a university setting, Fitzpatrick (2007) found that the participants experienced indifference to their personal grief due to the nature of faculty responsibilities and the need to focus on providing students with the knowledge for the course requirements. Hart and Garza (2013) discovered that, after a student's death, teachers were focused on lost academic time and the importance of redirecting academic tasks. Additionally, Buchanan and Harris contend that because of the many stressors teachers work with on a daily basis, the request to assist with student mental health could create stress and burnout.

Research Question Number Three: What Needs and Resources did Faculty Members Identify Following Student Suicide?

Grief is unique (Hazen, 2009). Because grief is different for each individual, each person will have unique needs and various needs for resources following a student

suicide. All participants were asked if they had any needs following the student suicide (including met and unmet needs). Additionally, all participants were asked if they utilized any resources following the student suicide.

The participants of this research study did not identify any specific needs that they experienced following the student suicide. One participant commented that attending the campus memorial service and the funeral led her to feel that she was well taken care of. The needs for debriefing and additional education on how to work with students following a campus suicide were identified as unmet needs.

None of the participants attended any grief support or professional counseling sessions. Sakinofsky (2007) reported that in a study of psychiatric residents who experienced a suicide during their residency, the participants were reluctant to utilize employee assistance programs for their emotional disturbances secondary to concerns for confidentiality. Additionally, a phenomenological study by Fitzpatrick (2007) suggested that despite the availability of grief and counseling services for students, there remain a lack of resources available for faculty members. Begley and Quayle's (2007) phenomenological study found that the feelings of guilt, felt by those bereaved by suicide, can lead to a hesitation to seek out professional help. And, while several of the current study's participants noted that grief/support services were offered to them immediately following the student suicide, none of the participants engaged in any of these services.

Limitations of the Study

The first limitation of this study is the small sample size. While a sample size of six participants is acceptable in a qualitative phenomenological study, a larger sample

group could have increased the generalizability of this study. Achieving saturation was not an aim in this phenomenological study, as the focus of this study was to gather full and rich personal accounts from each participant. Saturation is not considered necessary in phenomenological studies (Saunders et al., 2018). This study was limited to faculty teaching at baccalaureate and post-baccalaureate colleges and universities. Sample size could be increased by adding faculty from community colleges or trade schools.

All participants in this study presented as female. And, while no demographic data were collected, there appeared to be a lack of male participants. The profession of college faculty is not unique to females however there was a distinct lack of male respondents. Because there were no male participants, the data could be skewed to reflect feelings and emotions that are unique to females. The findings may not be easily generalized to male faculty members.

The last limitation to consider is that the participants were discussing a sensitive subject matter. Because of the sensitivity of the subject, and the need to protect the identity of the college/university, the faculty, and the deceased student, participants may have withheld some of the feelings and experiences following a student suicide. Additionally, because the student suicides occurred in the past (up to 5 years prior), the participants may not have accurately recalled the exact details of the event, lending to a more subjective recollection. There is also a possibility that the participants may have

feared identification, litigation, or retribution by sharing their experiences for this research study.

Implications/Recommendations for Education

Suicide is a concern at all colleges and universities. The results of this qualitative phenomenological study can be generalized to faculty in all disciplines of education. This study serves to illustrate the need for prevention, intervention, and postvention in the event of a student suicide. Faculty members are a key stakeholder at colleges and universities, and when a student dies from suicide, the death has a large impact on the faculty member.

Faculty members experience emotions and feelings following a student suicide. These emotions and feelings often echo what the literature has identified as common feelings in suicide survivors (or those bereaved by suicide). Because grief is unique, faculty members may benefit from different resources and support following a student suicide. Postvention, including debriefing, is seen as a valuable tool following a student suicide. Postvention allows for faculty to express their feelings and emotions, as well as examine the entirety of the event. Policies, procedures, resources, and prevention plans should all be reviewed following a student suicide. Faculty members should not be overlooked following a student suicide, as they are often placed in a position that requires them to continue to lead the students, but many faculty feel unprepared to do so.

Faculty members need education and training concerning students' mental health needs. While no one ever expects a student suicide to happen, preparation can help decrease the stress of unpreparedness on top of feelings of guilt and sadness. Professional development in the area of crisis response training would benefit faculty by

providing guidance and preparation. The development of both suicide prevention and suicide response plans would also benefit faculty by allowing them to reference the college/university plan when a situation occurs on campus. Many faculty feel unprepared while working with students following a student suicide, and a suicide response plan could help alleviate some of the feelings of uncertainty. The absence of a clear crisis plan can further complicate issues of grief for college faculty following a student suicide. Training before a crisis occurs provides guidance for faculty. Professional development training in coping skills and stress management could also help faculty deal with feelings of stress that could occur immediately following the student suicide.

Additionally, colleges and universities need to continue to provide mental health services to students. Students are entering post-secondary education with more mental health needs than in years past. Faculty members should be able to make referrals for campus mental health services without worrying about if there are enough counselors or therapists available.

Lastly, college/university administrators have a duty to provide acknowledgment and leadership for all faculty following a student suicide. Faculty need to know that administration is there to provide support in the event of a student suicide. Listening to faculty's experiences and exploring their needs should be key components of any college or university postvention plan. Administration must acknowledge that faculty are important stakeholders on the campus, and that many faculty members need support and guidance following a student suicide. The suicide of a student is a shock to any college or university; however, the reality is that suicides occur on campuses nationwide.

Normalizing postvention efforts by college administrators affirms the efforts of all college stakeholders.

Future Research

The study could be replicated with a larger sample. Including a larger number of participants would help to generalize the knowledge to all college faculty members. Additionally, expanding this study to several different geographical regions in the United States would also serve to highlight the nationwide problem of student suicide.

Future research could also include a comparison of the experiences of male versus female faculty members following student suicide. Research could also be conducted to examine the lived experience of college faculty members following a student suicide in a specific field of education. A future study on the experience of working with students with suicidal ideations would also benefit an educator's understanding of suicidology.

A quantitative, or mixed-methods, study would benefit future research concerning faculty members' experience with student suicide. Several quantitative tools exist to measure levels of grief in the bereaved. The quantitative design would allow for a larger sample and may provide more generalizability to college faculty as a whole.

Summary

Chapter five discussed the purpose of this study, research design, and interpretation of results. The results of this study were correlated to the literature and correlated to the theoretical context. Implications for education were identified and discussed. Lastly, future research ideas were critically examined and suggestions for future research were offered.

Conclusion

This qualitative phenomenological study examined the lived experience of college faculty following student suicide. The participants' recollections of their complete personal experience of a student suicide illustrated the unique feelings and emotions that occurred following the suicide of their student. Themes of missed clues, postvention, awareness of student problem, guns, and loss of control were identified from the participants' stories. Challenges, including the lack of available resources, the inability to force a student to engage in therapy, and a lack of formal training in mental health, were identified by the study participants. The findings of this study demonstrate that college faculty need training and support in suicide prevention, intervention and postvention.

References

- Aguirre, R.T. & Slater, H. (2010). Suicide postvention as suicide prevention: Improvement and expansion in the United States. *Death Studies, 34*(6), 529-540.
- American Foundation for Suicide Prevention. (2019). *Suicide statistics*. Retrieved from: <https://afsp.org/about-suicide/suicide-statistics/>
- Andriessen, K., Castelli Dransart, D. A., Cerel, J., & Maple, M. (2017). Current postvention research and priorities for the future. *Crisis, 38*(3), 202-206.
- Andriessen, K., & Krysiniska, K. (2012). Essential questions on suicide bereavement and postvention. *International Journal of Environmental Research and Public Health, 9*(1), 24-32. doi:10.3390/ijerph9010024
- Barlow, C. A., Waegemakers Schiff, J., Church, U., Rawlinson, D., Hides, E., & Leith, J. (2010). An evaluation of a suicide bereavement peer support program. *Death Studies, 34*, 915-930.
- Begley, M., & Quayle, E. (2007). The lived experience of adults bereaved by suicide. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 28*(1), 26-34.
- Berman, A. L. (2011). Estimating the population of survivors of suicide: Seeking an evidence base. *Suicide & Life-Threatening Behavior, 41*(1), 110-116. doi:10.1111/j.1943-278X.2010.00009.x
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: a tool to enhance trustworthiness or merely a nod to validation?. *Qualitative Health Research, 26*(13), 1802-1811.

- Boden, Z. V., Gibson, S., Owen, G. J., & Benson, O. (2016). Feelings and intersubjectivity in qualitative suicide research. *Qualitative Health Research, 26*(8), 1078-1090.
- Brandt Brown, P. (2014). College can be killing: United states college and university responses to student suicide during the 20th century and early 21st century. *Journal of College Admission, (222)*, 34-48.
- Buchanan, K., & Harris, G. E. (2014). Teachers' experiences of working with students who have attempted suicide and returned to the classroom. *Canadian Journal of Education, 37*(2).
- Burke, L. A., & Neimeyer, R. A. (2014). Complicated spiritual grief I: relation to complicated grief symptomatology following violent death bereavement. *Death Studies, 38*, 259-267.
- Cardell, R., Mealey, A., & Armstrong, M. (1999). When a student commits suicide: A protocol for colleges of nursing. *Nurse Educator, 24*(5), 33-36.
- Carton, E. R., & Hupcey, J. E. (2014). The forgotten mourners. *Journal of Hospice & Palliative Nursing, 16*(5), 291-303.
- Cerel, J., Brown, M. M., Maple, M., Singleton, M., van de Venne, J., Moore, M., & Flaherty, C. (2018). How many people are exposed to suicide? Not six. *Suicide and Life-Threatening Behavior*.
- Cerel, J., Chandler Bolin, M., & Moore, M. M. (2013). Suicide exposure, awareness and attitudes in college students. *Advances in Mental Health, 12*(1), 46-53.

- Cerel, J., Maple, M., Shemaski Aldrich, R., & van de Venne, J. (2013). Exposure to suicide and identification as survivor. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 34(6), 413-419.
- Christianson, C. L., & Everall, R. D. (2009). Breaking the silence: School counsellors' experiences of client suicide. *British Journal of Guidance & Counselling*, 37(2), 157-168. doi:10.1080/03069880902728580
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Sage Publications.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage Publications.
- Crosby, A. E., & Sacks, J. J. (2002). Exposure to suicide: incidence and association with suicidal ideation and behavior: united states, 1994. *Suicide and Life-Threatening Behavior*, 32(3), 321-328.
- Cvinar, J. G. (2005). Do suicide survivors suffer social stigma: A review of the literature. *Perspectives in Psychiatric Care*, 41(1), 14-21
- Doka, K.J. (1989). *Disenfranchised grief: Recognizing hidden sorrow*. Lexington, MA: Lexington
- Doka, J.J. (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice*. Champaign, IL: Research Press.
- Dorney, P. (2016). The empty desk: the sudden death of a nursing classmate. *Omega: Journal of Death & Dying*, 74(2), 164-192.
- Dransart, A.C.D. (2017). Reclaiming and reshaping life: Patterns of reconstruction after the suicide of a loved one. *Qualitative Health Research*, 27(7), 994-1005.

- Dyregrov, K. (2011). What do we know about needs for help after suicide in different parts of the world? A phenomenological perspective. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 32(6), 310-318.
- Dyregrov, K. M., Dieserus, G., Jelmeland, H. M. H., Straiton, M., Lyberg Rasmussen, M., Loa Knizek, B., & Leenaars, A. A. (2011). Meaning-making through psychological autopsy interviews: the value of participating in qualitative research for those bereaved by suicide. *Death Studies*, 35, 685-710.
- Ennals, P., Fossey, E., & Howie, L. (2015). Postsecondary study and mental ill-health: A meta-synthesis of qualitative research exploring students' lived experiences. *Journal of Mental Health*, 24(2), 111-119.
- Eskin, M., Kujan, O., Voracek, M., Shaheen, A., Carta, M. G., Sun, J. M., ... & Mechri, A. (2016). Cross-national comparisons of attitudes towards suicide and suicidal persons in university students from 12 countries. *Scandinavian journal of psychology*, 57(6), 554-563.
- Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1-4.
- Farrell, S., Kapur, N., While, D., Appleby, L., & Windfuhr, K. (2017). Suicide in a national student mental health population, 1997-2012. *Crisis*, 38(2), 82-88.
- Feigelman, W., Gorman, B. S., & Jordan, J. R. (2009). Stigmatization and suicide bereavement. *Death Studies*, 33, 591-608.

- Feigelman, W., Jordan, J. R., & Gorman, B. S. (2009). Personal growth after a suicide loss: cross-sectional findings suggest growth after loss may be associated with better mental health among survivors. *Omega*, 59(3), 181-202.
- Fitzpatrick, T. R. (2007). Bereavement among faculty members in a university setting. *Social Work in Health Care*, 45(4), 83-109.
- Foggin, E., McDonnell, S., Cordingley, L., Kapur, N., Shaw, J., Chew-Graham, C.A. (2016). GPs' experience of dealing with parents bereaved by suicide: A qualitative study. *British Journal of General Practice*, 66(651), e737-e746
- Gall, T. L., Henneberry, J., & Eyre, M. (2014). Two perspectives on the needs of individuals bereaved by suicide. *Death Studies*, 38, 430-437.
- Gili, S., Delicato, C., Feggi, A., Gramaglia, C., & Zeppego, P. (2016). Who is a survivor of suicide loss? A systematic review. *European Psychiatry*, 33S, S290-S643.
- Gray, J. R., Grove, S. K., & Sutherland, S. (2017). *The practice of nursing research: Appraisal, synthesis and generation of evidence*. St. Louis, MO: Elsevier Health Sciences.
- Grieger, I., & Greene, P. (1998). The psychological autopsy as a tool in student Affairs. *Journal of College Student Development*, 39(4), 388-92.
- Hall, C. (2014). Bereavement theory: Recent developments in our understanding of grief and bereavement. *Bereavement Care*, 33(1), 7-12.
- Hart, L., & Garza, Y. (2013). Teachers perceptions of effects of a student's death: A phenomenological study. *Omega: Journal of Death & Dying*, 66(4), 301-311.
- Harvard Health Publications. (2009). Supporting survivors of suicide loss. *Harvard Mental Health Letter*, (November), 4-5.

- Hazen, M. (2009). Recognizing and responding to workplace grief. *Organizational Dynamics*, (October), 78-86.
- Hendin, H., Pollinger Haas, A., Maltsberger, J. T., Szanto, K., & Rabinowicz, H. (2004). Factors contributing to therapists' distress after the suicide of a patient. *American Journal of Psychiatry*, 161(8), 1442-1446.
- Kalish, R. A., & Reynolds, D. K. (1990). Death and ethnicity: A psychocultural study. *Omega: Journal of Death & Dying*, 21(4), 311-320.
- Kinder, A., & Cooper, C. L. (2009). The costs of suicide and sudden death within an organization. *Death Studies*, 33, 411-419.
- Knott, E., & Crafts, R. (1980). The realities of college student death. *NASPA Journal*, 18(2), 29-34.
- Kraft, D. P. (2009). Mens sana: the growth of mental health in the American college health association. *Journal of American College Health*, 58(3), 267-275.
- Krysinska, K., Andriessen, K., & Corveleyn, J. (2014). Religion and spirituality in online suicide bereavement. *Crisis*, 35(5), 349-356.
- Kubler-Ross, Elisabeth. (1969). *On death and dying*. New York, NY: Simon and Schuster.
- McDaid, C., Trowman, R., Golder, S., Hawton, K., & Sowden, A. (2008). Interventions for people bereaved through suicide: Systematic review. *The British Journal of Psychiatry*, 193, 438-443.
- McCusker, K. M., & Witherow, L. B. (2012). Bereavement on the college campus: Establishing an effective ritual for the classroom and beyond. *About Campus*, 17(1), 12-18.

- Moreira, D. P., & Furegato, A. R. F. (2013). Stress and depression among students of the last semester in two nursing courses. *Revista Latino-Americana De Enfermagem*, 21 Spec No, 155-162.
- Myers, Meredith. (2015). *Navigating multiple liminalities: an exploration of how first-year faculty construct relationships of support* (Doctoral Dissertation). Case Western Reserve University, Cleveland, OH.
- Myers, M. F., & Fine, C. (2007). Touched by suicide: bridging the perspectives of survivors and clinicians. *Suicide and Life-Threatening Behavior*, 37(2), 119-126.
- National Institute of Mental Health. (2018, May). *Suicide*. Retrieved from: <https://www.nimh.nih.gov/health/statistics/suicide.shtml>
- Nic an Fhaili, M., Flynn, N., & Dowling, S. (2016). Experiences of suicide bereavement: A qualitative study exploring the role of the GP. *British Journal of General Practice*, 66(643), e92-e98.
- Office of Safe and, Healthy Students. (2017). *Youth suicide in the united states: A fact sheet for schools*. Office of Safe and Healthy Students, US Department of Education.
- Olinger
- Shneidman, E. S. (1969). *On the nature of suicide*. Jossey-Bass.
- Steeves, R. M., Metallo, S. A., Byrd, S. M., Erickson, M. R., Gresham, & Frank M. (2017). Crisis preparedness in schools: evaluating staff perspectives and providing recommendations for best practice. *Psychology in the Schools*, 54(6), 563-580.
- Peters, K., Cunningham, C., Murphy, G., & Jackson, D. (2016). 'People look down on you when you tell them how he died': qualitative insights into stigma as experienced by suicide survivors. *International Journal of Mental Health Nursing*, 25, 251-257.

- Pitman, A.L., Stevenson, F., Osborn, D.P.J., King, M.B. (2018). *Social Science and Medicine*, 198, 121-129.
- Prepare now for responding to student death. (cover story). (2010). *Student Affairs Today*, 13(6), 1-5.
- Riba, M., Kirsch, D., Martel, A., & Goldsmith, M. (2015). Preparing and training the college mental health workforce. *Acad Psychiatry*, 39, 498.
- Rickgarn, R. L. V. (1987). The death response team: Responding to the forgotten grievers. *Journal of Counseling & Development*, 66(4), 197.
- Rickgarn, R. L. (1994). *Perspectives on college student suicide*. Baywood Publishing Co.
- Saindon, C., Rheingold, A. A., Baddeley, J., Wallace, M. M., Brown, C., & Rynearson, E. K. (2014). Restorative retelling for violent loss: an open clinical trial. *Death Studies*, 38, 251-258.
- Sakinofsky, I. (2007). The aftermath of suicide: managing survivors' bereavement. *The Canadian Journal of Psychiatry*, 52(1), 129S-136S.
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., ... & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893-1907.
- Scudera, D. (2014). When a student commits suicide. *Chronicle of Higher Education*, 60(44), A24-A25.
- Seiden, R. H. (1971). The problem of suicide on college campuses. *The Journal of School Health*, 243-248.
- Silos-Rooney, J. (2015). A dark secret worth sharing. *Chronicle of Higher Education*, 62(11), 12-12.

- Streufert, B. J. (2004). Death on campuses: Common postvention strategies in higher education. *Death Studies, 28*(2), 151-172.
- Sudak, H., Maxim, K., & Carpenter, M. (2008). Suicide and stigma: A review of the literature and personal reflections. *Academic Psychiatry, 32*(2), 136-142.
- Supiano, K. P. (2012). Sense-making in suicide survivorship: A qualitative study of the effect of grief support group participation. *Journal of Loss and Trauma, 17*, 489-507.
- Supporting survivors of suicide loss. family, friends, co-workers, and mental health clinicians are all affected. (2009). *The Harvard Mental Health Letter, 26*(5), 4-5.
- Sveen, C., & Walby, F. A. (2008). Suicide survivors' mental health and grief reactions: A systematic review of controlled studies. *Suicide & Life-Threatening Behavior, 38*(1), 13-29.
- Swenson, D. X., & Ginsberg, M.H. (1996). A comprehensive model for campus death postvention. *Journal of College Student Development, 37*(5), 543-549.
- Szumilas, M. & Kutcher, M. (2011). Post-suicide intervention programs: A systematic review. *Canadian Journal of Public Health, 102*(1), 18-29.
- Tal Young, I., Iglewicz, A., Glorioso, D., Lanouette, N., Seay, K., Ilapakurti, M., & Zisook, S. (2012). Suicide bereavement and complicated grief. *Dialogues in Clinical Neuroscience, 14*(2), 177-186.
- Tal, I., Mauro, C., Reynolds III, C. F., Shear, M. K., Simon, N., Lebowitz, B., . . . Zisook, S. (2017). Complicated grief after suicide bereavement and other causes of death. *Death Studies, 41*(5), 267-275.
- Tesch, Renata. (1990). *Qualitative research: analysis types and software tools*. Bristol, PA: The Falmer Press.

- Theron, P. M. (2015). Coding and data analysis during qualitative empirical research in Practical Theology. *In die Skriflig*, 49(3), 1-9.
- Ward-Ciesielski, E. F., Wielgus, M. D., & Jones, C. B. (2015). Suicide-bereaved individuals' attitudes toward therapists. *Crisis*, 36(2), 135-141.
- Westefeld, J. S., Button, C., Haley, James T. Jr, Kettmann, J. J., MacConnell, J., Sandil, R., & Tallman, B. (2006). College student suicide: A call to action. *Death Studies*, 30(10), 931-956.
- Westefeld, J. S., Jenks Kettmann, J. D., Lovmo, C., & Hey, C. (2007). High school suicide: Knowledge and opinions of teachers. *Journal of Loss & Trauma*, 12(1), 31-42.
- Wimpenny, P., & Gass, J. (2000). Interviewing in phenomenology and grounded theory: is there a difference? *Journal of Advanced Nursing*, 31(6), 1485-1492.
- Yeo, M., Bennett, D., McNichol, J. S., & Merkley, C. (2015). New faculty experience in times of institutional change. *Canadian Journal of Higher Education*, 45(4), 283-297.
- Zinner, E. S. (1987). Responding to suicide in schools: A case study in loss intervention and group survivorship. *Journal of Counseling & Development*, 65(9), 499.

APPENDIX A: Letter of Inquiry Email

Dear (Insert Name),

My name is Michelle Summers, and I am a doctoral candidate in the EdD program at Bryan College of Health Sciences. I am conducting a study that will examine the lived experience of college faculty following student suicide. The study will be conducted in the Fall of 2018 and will be qualitative in nature.

I am interested in including your institution in my study and would like permission to recruit from your faculty. Upon your approval, participant recruitment would begin when all necessary IRB approvals have been obtained.

The IRB of Bryan College of Health Sciences is federally registered with the Office of Human Research Protections and complies with the rules of the Code of Federal Regulations 45 Part 46 as evidenced by Federal Wide Assurance compliance. I am also inquiring as to if this study would also require IRB approval at your institution.

Please feel free to email me with any questions at michelle.summers@bryanhealth.org. I appreciate your time and consideration.

Sincerely,

Michelle Summers

Michelle Summers, MSN, RN

Bryan College of Health Sciences Graduate Nursing Program

402-481-8765

michelle.summers@bryanhealth.org

APPENDIX B: Request for Invitation Email to Deans

Dear (Insert Name),

My name is Michelle Summers, and I am a doctoral candidate in the EdD program at Bryan College of Health Sciences. I contacted you in April, 2018 to inquire about the possibility of recruiting faculty from your institution for my qualitative study on the lived experiences of college faculty following student suicide. The study will begin in Fall of 2018.

I am requesting that you forward my attached email to all faculty in your department. Your faculty will be invited to respond to my email if they are interested in participating in the study.

IRB approval from Bryan College of Health Sciences was obtained on (insert date). The IRB of Bryan College of Health Sciences is federally registered with the Office of Human Research Protections and complies with the rules of the Code of Federal Regulations 45 Part 46 as evidenced by Federal Wide Assurance compliance.

Please feel free to email me with any questions at michelle.summers@bryanhealth.org. I appreciate your time and consideration.

Sincerely,

Michelle Summers, MSN, RN

Bryan College of Health Sciences Graduate Nursing Program

Michelle.summers@bryanhealth.org

APPENDIX C: Invitation for Participants Email

Dear Faculty Member,

My name is Michelle Summers, and I am a doctoral candidate in the Ed.D. program at Bryan College of Health Sciences. I would like to invite you to participate in a very important study on the lived experiences of college faculty following student suicide. Each year an average of 44,965 Americans die by suicide (American Foundation for Suicide Prevention, 2019). Suicide is the second leading cause of death for individuals ages 15-34 (National Institute of Mental Health, 2017). Suicide is a reality among college students and many faculty are affected by this. I am inviting you to share your lived experience with student suicide. This qualitative study will begin in Fall of 2018.

The inclusion criteria for this study is as follows:

Full-time, or part-time, college faculty employed in a baccalaureate/post baccalaureate college or university who are actively teaching in a face-to-face course, with a minimum of 2 years teaching experience. Participants must have experienced the suicide of a student who was enrolled in the course taught by participant. Must speak fluent English language.

The exclusion criteria for this study is as follows:

Faculty members serving as student advisor only, not as teaching faculty. Faculty members whose only contact with the student was working in student services or counseling center.

This study will involve a 60-minute, or longer, private, face-to-face, in-person interview to be held at a mutually agreed upon site.

If you meet the inclusion criteria and would like to participate in this study, please respond via email. My email address is michelle.summers@bryanhealth.org. The deadline for responding to this invitation will be (three weeks from date of initial email).

I thank you for your consideration and I look forward to hearing from you.

Michelle Summers, MSN, RN

Bryan College of Health Sciences Graduate Nursing Program

**APPENDIX D: Paragraph to be read to each participant prior to beginning
interview**

“Anything said during this interview will be kept confidential. The audio recording will only be shared with the study's transcriptionist who has signed a confidential disclosure agreement. FERPA guidelines will be upheld during this interview and the student identity should not be revealed. In the case of accidental disclosure of student name, the student name will be removed from the transcripts. Additionally, a student pseudonym will be provided for transcripts if necessary. Do you have any questions before we start?”

APPENDIX E: Open-ended, Semi-structured Interview Questions

1. Tell me about your role as a faculty member.
 - a. Sub questions/Prompts:
 - i. What subject do you teach? How long have you been teaching?

2. Describe your complete personal experience of a student suicide.
 - a. Sub questions/Prompts:
 - i. How did you hear of the death? How well did you know the student?
 - ii. Did you experience any emotions and/or feelings following the student suicide? What happened in the days following the suicide?
 - iii. Did you have any needs following the student suicide?
 - iv. Did you utilize any resources following the student suicide?
 - v. Were there needs that were unmet? Were there resources that were lacking?

3. What else would you like to share about your experience following the student suicide?