JYU DISSERTATIONS 699

Yan Chen

Living in the Shadow of a Loved One's Suicide

Family Members' Suicide Bereavement Experiences and the Family-Level Impact of Suicide in China

UNIVERSITY OF JYVÄSKYLÄ
FACULTY OF EDUCATION AND PSYCHOLOGY

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ABSTRACT

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Surviving the suicidal loss of a loved one can be challenging and even devastating. Suicide has a great impact on the remaining family members and the entire family as a system. In the western cultural context, studies on suicide bereavement in several domains (including the themes covered in the three studies of this dissertation research) have largely been quantitative. In China, in turn, systematic and methodologically robust qualitative research on the suicide-bereaved and suicide bereavement experiences are wholly lacking. To address this gap in the literature, this qualitative dissertation research focused on suicide bereavement experiences in the Chinese cultural context in several understudied domains. Interview data were collected from 14 suicide-bereaved individuals from 12 families. The first published study, using assimilation analysis (which is based on the Assimilation of Problematic Experiences Scale), analyzed the initial-stage bereavement experiences of an individual bereaved by suicide at three months after his loss. The second published study illustrated the grief trajectories of two suicide-bereaved individuals during the first 18 months after their loss, and the third study investigated eight individuals' long-term suicide bereavement experiences at 10 to 41 years after their suicidal loss, along with the family-level impact of these suicides. The findings of this dissertation research may provide reference points for the provision of professional assistance and other social resources to bereaved family members, with the emphasis on intervention and support varying at different phases after suicidal loss. Different forms of assimilation analysis can enable a clear picture to be gained of the internal process of adjusting to suicidal loss at different post-loss stages. Moreover, the Assimilation of Problematic Experiences Scale may be further modified and developed to demonstrate the complex affect experienced by suicide-bereaved individuals. Future research could aim at creating an APES-based scale specifically for suicide bereavement.

Keywords: suicide bereavement, family members, family-level impact, qualitative research, assimilation analysis, China

TIIVISTELMÄ (ABSTRACT IN FINNISH)

Chen, Yan
Elämä läheisen itsemurhan varjossa – perheenjäsenten kokemukset itsemurhan aiheuttamasta surusta ja itsemurhan perhetason vaikutukset Kiinassa.
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Selviytyminen itselle merkityksellisen läheisen ihmisen itsemurhasta voi olla haastavaa ja jopa musertavaa. Itsemurhalla on suuri vaikutus jäljelle jääviin perheenjäseniin ja koko perheeseen. Länsimaiset itsemurhaan ja sen seurauksiin liittyvät tutkimukset itsemurhan aiheuttamasta surusta ovat olleet suurelta osin kvantitatiivisia. Kiinassa itsemurhan psyykkisten seurausten ja itsemurhasta kärsivien ja sitä surevien järjestelmälliset ja metodologisesti vankat laadulliset tutkimukset puuttuvat kokonaan. Tämän tutkimuskirjallisuudessa olevan aukon korjaamiseksi tässä laadullisessa väitöstutkimuksessa keskityttiin läheisensä itsemurhan kokeneiden surukokemuksiin kiinalaisessa kulttuurikontekstissa vähän tutkittuihin teemoihin kuten perhesuhteisiin ja omaan toipumiseen liittyen. Haastatteluaineisto kerättiin 14 läheisensä itsemurhassa menettäneeltä henkilöltä 12 perheestä. Ensimmäisessä osatutkimuksessa, jossa käytettiin assimilaatioanalyysia (Assimilation of Problematic Experiences Scale, APES), analysoitaessa kahden henkilön alkuvaiheen surukokemuksia kolme kuukautta läheisen henkilön itsemurhan jälkeen. Toisessa osatutkimuksessa tarkasteltiin kahden henkilön menetyskokemuksia ja surun käsittelyä ensimmäisten 18 kuukauden aikana menetyksen jälkeen, ja kolmannessa tutkimuksessa tutkittiin kahdeksan henkilön pitkäaikaisia, itsemurhasta johtuvia surukokemuksia 10–41 vuotta itsemurhan jälkeen sekä näiden itsemurhien perhetason vaikutuksia. Tämän väitöskirjatutkimuksen tulokset tarjoavat uusia näkökulmia oikein ajoitetulle ammatilliselle avulle eri vaiheissa itsemurhamenetyksen jälkeen. Avun ja tuen tulee vaihdella eri vaiheissa. Assimilaatioanalyysi mahdollisti selkeän kuvan saamisen itsemurhan aiheuttamaan menetykseen ja siihen sopeutumisen sisäisestä prosessista menetyksen jälkeisissä eri vaiheissa. Assimilaatioasteikkoa tulisi kehittää tulevissa tutkimuksissa läheisen itsemurhan jälkeisen surun ja kompleksisten vaikutusten havaitsemiseen ja huomioimiseen.

Avainsanat: itsemurhan aiheuttama suru, perheenjäsenet, perhetason vaikutukset, laadullinen tutkimus, assimilaatioanalyysi, Kiina.

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Changsha, China, 4 April 2023
Yan Chen

LIST OF ORIGINAL PUBLICATIONS

I Chen, Y., & Laitila, A. (2022). Initial-stage suicide bereavement experiences : A case study. *OMEGA – Journal of Death and Dying*. https://doi.org/10.1177/00302228221095905

II Chen, Y., & Laitila, A. (2023). Longitudinal changes in suicide bereavement experiences: A qualitative study of family members over 18 months after loss. *International Journal of Environmental Research and Public Health, 20*(4), Article 3013. https://doi.org/10.3390/ijerph20043013

III Chen, Y & Laitila, A.(2023) Long-term suicide bereavement experiences of immediate and extended family members at 10-41 years after suicide. Submitted manuscript.

Taking the comments of her co-author and supervisors into account, the author of this dissertation wrote the original research plan, designed the research questions, and made decisions on research methods used. The author independently collected all the data in China, transcribed the data verbatimly, and translated the transcripts into English. The author then analyzed the data under the supervision of her main supervisor. Finally, the author wrote the original three publications and this summary and revised them in light of her supervisors' comments.

TABLES

CONTENTS

1 INTRODUCTION

1.1 Suicide globally and in China

Suicide is a significant public health issue globally that, according to the World Health Organization (WHO), leads to the deaths of over 700 000 people annually (WHO, 2021). From 1990 to 2019, the world witnessed an increase of 19 897 deaths (from 738 799 to 758 696) due to suicide, although the global suicide rate by age declined considerably (from 13.8% to 9.8% per 100 000) during this period (Yip et al., 2022). Moreover, despite the significant decrease in the global suicide rate, not all countries experienced a decline in their own suicide rate. For example, America, Japan, and South Korea are experiencing an increasing trend in suicide rates (Chen et al., 2012; Curtin et al., 2016).

In the 15-29 age group, suicide takes second place among the top causes of death (WHO, 2014). Furthermore, given that in most countries of the world the highest suicide rate occurs among the elderly (70 years and older) (Yip et al., 2022), the rapid global trend towards population aging will, in the decades to come, render achieving the aim of reducing the worldwide suicide rate even more difficult. In addition, owing to the lack of sufficient, comprehensive and timely mental health resources and support for people in need, the numbers of suicidal deaths in countries with low and middle incomes accounted for 77% of all suicides (Yip et al., 2022).

In China, recent decades have seen a sharp fall in suicide rates. There are various reasons for this, including China's fast economic development, mass migration from rural to urban areas, the adoption of modernized social values, the one-child-per-family policy, surveillance-based counseling for college students, and governmental control of media (J. Zhang, 2019). From

1995 to 1999, the alarmingly high suicide rate of 23 per 100 000 people (Phillips et al., 2002) drew widespread attention. However, from 1990 to 2017, China's suicide rate declined by 65% from 20.9 to 7.2 per 100 000 (J. Zhang et al., 2022). The decrease in China's suicide rates has lasted for more than two decades, and China currently has one of the lowest suicide rates in the world. There has also been a dramatic change in suicide rates by age and gender, and in rural/urban differences in recent decades (Sha et al., 2017; Wang et al., 2014). From 1995 to 1999, suicide rates in rural areas were three times higher than in urban areas, and 25% higher among females than males, the main reason of which was the huge number of suicides by young rural women (Phillips et al., 2002; Qin & Mortensen, 2001). A high elderly-to-general-population suicide ratio also exists. In recent years, due to multiple socioeconomic factors, including societal transformation (Yip et al., 2005), economic growth (J. Zhang et al., 2010), urbanization and aging (Sha et al., 2017), better emergency medical systems (Yin et al., 2016), improved transportation conditions (M. Zhang et al., 2013), and reduced availability of deadly poisons (Page et al., 2017), the gap between rural and urban suicide rates has narrowed, the rate in with rural areas being about twice that in urban areas. Moreover, male suicide rates have surpassed female rates since 2006: from 1990 to 2017, the suicide ratio of males to females rose from 0.88 to 1.56 (Jiang et al., 2018; J. Zhang et al., 2022). However, the higher suicide rate among the elderly persists, despite a significant decrease from 2002 to 2015 (Jiang et al., 2018).

From about 2007 onwards, the rapid fall in the nationwide suicide rate in China has slowed.Currently, China's efforts to prevent suicide face several obstacles: population aging (Zhong et al., 2016), very high worker migration from rural to urban areas (Jiang et al., 2018), and the great number of under-aged and seniors remaining in the countryside (Shen et al., 2015; Zhong et al., 2016).

However, despite having one of the lowest rates of suicide worldwide and with the largest population among all the countries worldwide—more than 1.4 billion people — China continues to have a huge number of deaths from suicide each year and an even much greater number of people who suffer intense bereavement after losing a loved one to suicide. Studying the psychological status of such a populous group during their bereavement is essential if they are to be provided with timely and efficient resources and services.

1.2 Key terms

In the literature on bereavement, "bereavement", "mourning", and "grief" are used interchangeably. Dunne et al. (1987) defined "bereavement" as "all

the physiological, psychological, behavioral, and social response patterns displayed by an individual following the loss (usually through death) of a significant person or thing". Klein and Alexander (2003) defined "bereavement" as "the objective reality of a loss". J. Zhang et al. (2005) defined bereavement as the status of having suffered a severe loss, although it is commonly applied to both the state of a person who has suffered a loss and the process of adjustment to loss. Buglass (2010) defined bereavement as the period after loss.

Zisook and Shear (2009) defined "grief" as "the emotional, cognitive, functional and behavioral responses to death". Hall (2014) suggested that "grief can be defined as the response to the loss in all of its totality – including its physical, emotional, cognitive, behavioural and spiritual manifestations – and as a natural and normal reaction to loss." Stroebe et al. (2001) defined grief as a primarily emotional response to the death of a loved one that is characterized by a series of psychological, social and bodily responses to grief feelings. According to Neimeyer (2001), grieving is a course of rebuilding a world of meaning which has been upended after loss. According to J. Zhang et al. (2005), a bereaved individual may not always exhibit signs of grieving, such as intense emotional discomfort or physical symptoms, since bereavement is more about the reality that a loss has happened.

The behavioral representations of grief that are impacted by cultural and social rituals like funerals, visitations, or other conventions, are referred to as "mourning" by Zisook and Shear (2009). According to Kagawa-Singer (1998), mourning refers to the social traditions and cultural preferences followed in the wake of a death. Marrone (1997) maintained that mourning contains the methods with which we learn to cope with loss, as well as the ways in which we look for and incorporate the meaning of the loss into our lives.

Thus, the definitions of the three terms are not consistent. For the practical purpose of this dissertation research and to be consistent with the bereavement literature, "bereavement", "mourning", and "grief" are used interchangeably to refer to the experiences of a person who is adapting to the (suicidal) death of his/her loved one. However, despite the inconsistency of the three terms, a further two terms are widely agreed upon in suicide bereavement research and practice. The first of these is "suicide bereavement", referring to the grieving process following the suicidal death of a loved one. The second is "postvention," which refers to the assistance or actions taken to reduce the danger of any adverse effects that persons may experience in the aftermath of suicide (Parrish & Tunkle, 2005).

Controversy further exists on the term to denote individuals who suffer from the suicidal loss of a loved one. "Suicide survivor" or "survivor of suicide" is commonly used to describe a "person who has lost a significant other (or a loved one) by suicide, and whose life is changed

because of that loss" (Andriessen, 2009), especially in the United States. However, phrases like "bereaved by suicide," "survivors of suicide loss," or "suicide-bereaved" are more frequently used in other regions of the world (Dyregrov, 2011). The term "suicide survivor" has the limitation that it may be understood as referring to people who have survived a suicide attempt (Andriessen, 2009). It also obscures the tremendous variety in the impact on those left behind by suicide (Cerel et al., 2014). From a more dimensional perspective, a continuum of persons affected by suicide, including those who are exposed to it, those who are affected by it, and those who are bereaved by it in the short or long term, was proposed by Cerel et al. (2014). The most severely impacted subset of these three subgroups — those who had either recently or in the past experienced a suicide loss — was the subject of this dissertation research. As a result, the expressions "persons bereaved by suicide," "the suicide-bereaved," and the abbreviations "those bereaved" and "the bereaved" are all employed.

1.3 Theories of grief

Freud made a pioneering and influential contribution to theories of grief in his work Mourning and Melancholia (1917/1957). According to Freud, in grief work, ties to the deceased are cut, which includes releasing the griever from their bond to the deceased, adapting to life with the deceased absent, and establishing new relationships (Hall, 2014); if the griever fails to complete their grief work, they will experience increased risk of complicated grief (Smit, 2015). This distinction between complicated grief and normal grief was made by Freud for the first time. However, Freud's personal experience of grieving for his daughter's death for some 30 years after the event conflicted with his assertion that mourning ends within a relatively short periopd of time. According to Stroebe and Schut, the concept and processes of grief in Freud's grief theories lacked both a robust foundation and lucidity (Richardson, 2010).

Since Freud, several theories of grief have been advanced that defined grief as a process that occurs in predictable stages and that comprises specific tasks (Bowlby, 1980; Kübler-Ross, 1969; Parkes & Weiss, 1983). Kübler-Ross's model posits that a bereaved individual will experience grief in a precise sequence of stages: shock and denial; anger, resentment, and guilt; bargaining; depression; and acceptance. While this model gave rise to debate on dying, death, and grief (Hall, 2014), it has been criticized for its linear and predictable description of grief (Doughty et al., 2011).

The Swedish psychologist Johan Cullberg echoed Kübler-Ross's ideas in his crisis model (or theory of crisis) (1975). He divided crises into four "phases": shock, reaction, adaptation, and re-orientation (Cullberg, 1975;

Jacobsson & Åkerström, 2015). The concept of "crisis" in Cullberg's theory is broader than "grief". In his book Crisis and Development published in 1975, Cullberg defined a mental crisis as "finding yourself in a life situation such that your previous experiences and learned modes of reaction are not sufficient for understanding and mentally coping with the current situation" (Hansson, 2020). A key point in Cullberg's theory is that mental crises can be considered normal and that undergoing them can be beneficial and contribute to personal growth (Hansson, 2012). Cullberg's crisis model gained popularity in Sweden, as it managed to capture experiences, emotions, and responses to (sudden) misfortunes in everyday recognizable language (Jacobsson & Åkerström, 2015). However, it also encountered criticism from professionals such as school counselors, who regarded the crisis model as too general and outdated and pointed instead to the need for a modern crisis theory which would specify categories of crises (traumatic crises, age-related crises, and grief crises) (Jacobsson & Åkerström, 2015). Brammer (1985) distinguished between three categories of crises: existential crises, situational crises, and developmental crises (Brammer, 1985; Miller, 2011). Suicide bereavement would undoubtedly belong to the category of situational crises, defined as events which overwhelm normal coping strategies due to their suddenness and overwhelming nature (Schottke, 2016).

Unlike Freud's emphasis on attachment, Bowlby focused on external relationships (Smit, 2015), initially proposing a three-phase model of grief (Bowlby, 1961) that he subsequently expanded to four phases: shock and numbness; yearning and searching; disorganization & despair; and reorganization (Bowlby & Parkes, 1970). Although Bowlby's theory captures the inner turmoil undergone by grievers (Rees, 2001) and contributes to understanding of the strong emotional reactions that follow threatened or broken emotional bonds, it provides little insight into the ways in which people cope with grief (Smit, 2015). Generally, Kübler-Ross and Bowlby's theories offer a conceptual structure for comprehending grief as a complex process. However, they are inadequate for understanding the variety and complexity of mourning experiences.

Among the new models that identified common features and connections among complicated and various grieving experiences, the two most comprehensive and influential are the Dual-Process Model proposed by Schut and Stroebe (1999) and Worden's (2009) Task-Based Model (Hall, 2014). According to the Dual-Process Model of Grief, grief is characterized as an oscillating process between "loss orientation" and "repair orientation" activities. In the "loss orientation", grievers explore and express the feelings linked to their loss through emotion-focused coping; in the "restoration orientation", grievers concentrate on the external adaptations brought on by their loss and engage in problem-focused coping (Hall, 2014). In this process of oscillation, both the expression and regulation of emotions are significant

(Buglass, 2010; Dent, 2005; Hall, 2014). The Dual Process Model of Grief identifies variation in grief between different moments, individuals, and cultural groups. The model provides a framework for explaining how certain grieving individuals exhibit resilience in their grief and convincingly explains why the bereaved are either avoidant with respect to the actuality of their loss or trapped in pain (Wright & Hogan, 2008).

According to Worden (2009), grieving should be seen as a course that requires active engagement in four tasks: acknowledging the actuality of the loss, processing the agony of grief, adjusting to a world without the deceased, and forging a lasting bond with the deceased. Worden pointed out that it is possible that bereaved individuals may re-engage in some tasks at certain times and that it is hard to predict a timeline for accomplishing the tasks of grieving since grief is not a linear process (Smit, 2015).

Furthermore, Worden (2009) identified seven factors that determine the differences in how people grieve, including who the deceased was, the nature of the griever's attachment to the deceased, how the deceased died, historical antecedents, personality variables, social mediators, and concurrent stressors.

Many of these factors are also distinguished in the research literature, and they offer a crucial framework for understanding grief's idiosyncrasies. In some adverse cases, the existence of these determinants result in grief that is disenfranchised, i.e., grief resulting from a loss that is not openly recognized, publicly grieved, or socially supported, for example, the loss of a loved one to suicide.

According to Hall (2014), both the Dual Process Model and Worden's task-based model offer frameworks for counseling interventions and helping clients to be more self-aware and self-sufficient, in addition to emphasizing the importance of factors surrounding death, such as culture, gender and circumstances.

The continuing-bond model maintains that a person's relationship with a deceased relative often remains and is transformed rather than ends. Klass et al. (1996) found that the bereaved person finds a new way to connect to the deceased loved one and, more importantly, to constantly negotiate and reconstruct the meaning of the loss over time than to end the connection. Continuing one's bonds with the deceased are regarded as a natural aspect of the grieving (Smit, 2015).

Niemeyer and colleagues introduced the meaning-making model (Strada, 2013). According to Hall (2014), rsearch supports the claim that the capability to make meaning of loss-related experiences is associated with effective adjustment, while the difficulty to achieve this is accompanied by risks of grief in complicated forms. Worden (2009) agrees, stating that meaning-making tends to pose challenges to a mourner's perspectives about themselves, others, and the world.

The development of grief theories and models, from Freud's theory to contemporary models, has led to better understanding of the nature and process of grief. Despite the theoretical merits of the early grief theories, the more recent models, which conceptualize grief more broadly and include factors such as personality, culture, and gender, constitute a positive development (Smit, 2015). Despite their differences, all the models acknowledge the potentially great impact of loss and grief on individuals and the adjustment required to cope with the external and/or internal changes brought about by bereavement. Smit (2015) suggested that all the models have components which may help people to cope with their grief and that what is important is to "decide which theory works best for which person and when".

While it is important to note that grief can become pathological in some cases, for example, those who have lost a loved one due to an untimely, violent, or unexpected death may experience profound and chronic grief lasting for months or years and end up in a state of complicated grief, or, as it has been named more recently, prolonged grief disorder (PGD) (Hall, 2014). Otherwise, in most cases, along with the development of grief theories and models, grief is recognized as a healthy response to loss rather than as a sickness. Grief can be expressed in a variety of ways and for different amounts of time by different people and in different cultural contexts, and its expression can also be influenced by different types of loss (Smit, 2015). While the above-mentioned grief theories and models refer to grief in general, my purpose in this dissertation research was to investigate family members' grief after their loved ones' suicidal death in the cultural context of China.

1.4 Research on suicide bereavement globally and in China

According to the framework proposed by Jordan and McIntosh (2011), bereavement following suicide shares some common characteristics with bereavement after all types of loss, including elements of bereavement after unexpected deaths and violent deaths. However, beyond these shared reactions, suicide bereavement has various qualitatively unique and complex characteristics that distinguish it from bereavement following nonsuicidal deaths (Jordan, 2001). These are summarized below.

Initially, shock, accompanied by numbness and disbelief, may occur due to the unexpected nature of the suicide (Andriessen & Krysinska, 2011), although those who have experienced an intensive "suicide watch" may feel a sense of relief (Sveen & Walby, 2008). In addition, persons bereaved by suicide tend to experience various negative feelings towards themselves; these can include heightened feelings of guilt, self-blame, and perceived

responsibility for the loss (Bailley et al., 1999; Chapple et al., 2015; Kõlves et al., 2019). At the same time, they may also feel adverse emotions emanating from the loved one, involving feelings of rejection (Chakraborty & Halder, 2018) and a sense of desertion by the deceased (Andriessen & Krysinska, 2011). This can generate intense anger toward the deceased, as well as deep feelings of unworthiness regarding oneself (Chakraborty & Halder, 2018; Jordan, 2008; Kõlves et al., 2019). A unique element of suicide bereavement is a search for answers and a pondering on unanswered questions, mainly on the reasons for the suicidal death and involving sense-making and meaning-making regarding the death (Castelli Dransart, 2013, 2017; Cerel et al., 2013). This can lead to dramatic changes in the bereaved person's belief system, including their beliefs about life, oneself, others, and the world (Bell et al., 2012; Janoff-Bulman, 1992).

Suicide-bereaved individuals are at a higher risk of suffering from mental problems and may go through an extremely long and complicated bereavement process (Cerel et al., 2013; Cvinar, 2005; Peters et al., 2016). The manifestations of this situation comprise a variety of mental difficulties and disorders (de Groot et al., 2006; Hibberd et al., 2010; Jordan, 2008; McKinnon & Chonody, 2014; Nam, 2016). In addition, grieving family members may also encounter negative experiences in their social network, including stigma, shame, embarrassment, withdrawal, avoidance, loneliness, and isolation (Bell et al., 2012; Lee, 2022).

At the same time, the surviving families are also likely to experience a series of changes. The family unit, according to family systems theory (Kerr & Bowen, 1988), is a complicated social system in which the members interact with one another and affect one another's behavior. Changes in one family member have the potential to impact the entire family system and cause changes in other family members. Thus, the unexpected and violent decease of a member, such as suicide, can cause drastic and traumatic major changes in the family system, leaving the entire family in turmoil and even crisis. Also, in line with the family stress theory (Hill, 1958) and the family adjustment and adaptation response model (Patterson, 2002), when faced with stresses and adversities, families may react in different ways, some positive and others negative, depending on how they try to balance the demands (including stressors, strains and daily hassles) caused by the stresses and adversities they encountered with capabilities available to them (including resources and coping behaviors). Empirical research has found that after a member's suicide, the family unit may experience changes in the regulation of its life and in its internal communication and interaction, mutual emotional accessibility, and cohesiveness (Jordan, 2017). Disenfranchised grief may restrict openness in communication and changes in perceptions within the family (Bell et al., 2012). This may progress to distortion or closure of communication, and to occurrences of family secrecy (Cerel et al., 2008; Nelson & Frantz, 1996). The guilt, anger, and blame that

family members feel toward each other and toward themselves can contribute to silence, maintained in order to protect against potentially terrible accusations (Lukas & Seiden, 1997). Some dysfunctional families in which suicide has occurred may experience the same or an even higher risk of dysfunction following their suicidal loss (Jordan, 2001). Moreover, suicide itself has the possibility to distort family patterns, and develop dysfunctional family dynamics (Jordan, 2001). The findings of Creuzé et al. (2022) were consistent with those of previous studies regarding the significant impact of suicide bereavement on interactions within the family through complicated processes of communication and emotion, occasioned by taboos, family conflicts, or cohesion.

With respect to bereavement status at different time intervals following suicide, it is important to note that grief following suicide can be so burdensome and complex that bereaved family members often need an extended time span to cope with its impact, and, irrespective of whether or not they receive professional psychological help, their risks of suffering an adverse aftermath will not necessarily decrease in the long term. Individuals differ widely in their long-term bereavement experiences. Some experience healing as time passes, while others may remain at risk even years after their loss. It is also possible that the effects of suicide on the family as a unit will similarly not be alleviated in the long term (Andriessen et al., 2020; Cerel et al., 2008; Jordan, 2017; Lee et al., 2019).Thus far, studies have mostly focused on distinctive features or specific aspects of suicide bereavement (Castelli Dransart, 2013; Cvinar, 2005; Mitchell et al., 2004; Nam, 2016; Talseth & Gilje, 2017; Wood et al., 2012), the lived experiences of suicide bereavement (Begley & Quayle, 2007) and certain aspects of the bereavement process (Gaffney & Hannigan, 2010). Research on these aspects is scarce. First, there has been little focus on suicide bereavement experiences in the initial stage, though these have been touched on in several studies (Kõlves et al., 2019; Mitchell et al., 2004; Ross et al., 2018). Further, only a few studies have explored longitudinal changes in the suicide bereavement process, some focusing on specific groups (e.g., children, parents, and older spouses) (Entilli et al., 2021; Farberow et al., 1992; Melhem et al., 2011; Ross et al., 2018). Moreover, a limited number of studies have considered long-term suicide bereavement reactions (Andriessen et al., 2020; Begley & Quayle, 2007; Feigelman & Cerel, 2020; Gaffney & Hannigan, 2010), even fewer have focused exclusively on this research area (de Groot & Kollen, 2013; Hunt et al., 2019; Saarinen et al., 2002; Saarinen et al., 2000), and none has dealt with the trans-generational impact of suicidal loss in families. In addition to the scarcity of research in these areas, the few studies that exist have mostly taken a quantitative approach (Kõlves et al., 2020; Melhem et al., 2011). Thus, methodologically rigorous qualitative research on experiences of suicide bereavement at various phases after loss from the first-person perspectives of suicide-bereaved individuals is needed.

Most of the suicide postvention research had been conducted in the Western cultural context (Dyregrov, 2011); hence, more studies focusing on the voices of the bereaved in other regions of the world are warranted. Moreover, findings and beliefs about postvention in the Western world cannot be directly exported to other parts of the world, and thus a strong cultural and cross-cultural consciousness is needed in suicide postvention research (Dyregrov, 2011).

In China, existent research on suicide bereavement is scarce. In recent years, a research group has conducted a series of quantitative studies on 254 Chinese rural grievers' suicide bereavement, focusing on various research themes, including psychological needs and professional support needs (Wang, 2012), grief experience (Liu, 2013), post-traumatic stress disorder (H. Li, 2013), suicide ideation (Xu, 2013), family function (X. Li, 2013), grief counseling and suicide intervention (Liu, 2014), coping strategies (B. Li, 2015), family adaptability and cohesion (Zhao, 2016), relationship between personalities and suicide ideation (Yang, 2016), and subjective well-being (Gan, 2016). While these studies focused on specific aspects of Chinese suicide-bereaved individuals in rural areas yielded meaningful findings, systematic and methodologically robust qualitative research on Chinese suicide-bereaved individuals and their bereavement process is lacking, while even fewer studies have focused on the three aforementioned areas (suicide bereavement experiences in the initial stage, longitudinal changes in the bereavement process, and long-term suicide bereavement status). Such research on the bereavement experiences of indigenous people in China can provide reference points for the provision of culturally appropriate support and services to suicide-bereaved persons in their specific cultural context.

1.5 Purpose of the research

The purpose of this research was to enrich and deepen understanding of people's suicide bereavement experiences in China. The results, focusing on grieving status at different time intervals following a loved one's suicide, are reported in the appended three original publications. The first publication reports a study aimed at shedding light on the initial-stage bereavement experiences of an individual bereaved by suicide at three months after his loss. The research aim centered around the following questions:

1) What is the nature of suicide bereavement experiences in the initial stage?

2) How applicable is assimilation analysis (AA) to the analysis of suicide bereavement experiences?

The second publication reports a study in which the bereavement journey of two suicide-bereaved individuals was tracked at different time points over the first 18 months after their loss. The research questions were:

1) What changes occur in suicide bereavement experiences over the first 18-month period after loss?

2) What are the strengths and challenges of using AA to analyze changes in the suicide bereavement process?

The third publication reports a study which investigated the long-term suicide bereavement experiences of eight research participants at from 10 to 41 years after their suicidal loss, and the long-term impact of suicide on the family as a system. The research questions were:

1) How do individuals vary in their long-term suicide bereavement experiences, and how do they reflect on the long-term impact of suicide on their immediate and extended families?

2) What factors contribute to individual differences in long-term suicide bereavement experiences in both positive and complicated cases?

2 METHOD

2.1 Research approach and methodologies

The dissertation research follows a qualitative research approach, as an approach of this kind is well suited to exploring rarely studied themes such as suicide bereavement experiences and the family-level impact of suicide in the Chinese cultural context. Additionally, qualitative research can enhance understanding of individual experiences from the viewpoints of those who are most directly impacted, i.e., the research participants (LoBiondo-Wood & Haber, 2014; Polit & Beck, 2013). Moreover, qualitative research is especially suitable when working with vulnerable groups because it allows participants who have limited opportunities to have their voices heard to describe their experiences and express their opinions (McCabe & Holmes, 2009; Niesz et al., 2008). In the present instance, those bereaved by a loved one's suicidal death, who are commonly silenced owing to negative feelings such as stigma, guilty feelings, and self-blame, may be more willing to speak if they are invited to participate in qualitative research. Lastly, the existing studies have been either quantitative, utilizing self-reporting questionnaires to measure symptoms of mental health, and thereby leaving out the qualitative elements of bereavement, or descriptive qualitative studies (Castelli Dransart, 2017; Jordan, 2001). Dyregrov (2011) proposed that qualitative as well as quantitative methods should be used when enquiring into phenomena or processes such as suicide bereavement.

A qualitative research approach utilizing case studies was taken in the present research since case studies have the capacity to delineate real-life situations and capture important details, as the narratives produced in such studies often give insights into real-life contradictions and complexities

(Flyvbjerg, 2006). Moreover, as Flyvbjerg (2006) proposed, developing a case study involves a process of learning and proximity to reality. It is often these features that provide the foundation for advanced understanding on the part of the researcher as well as the opportunity to verify viewpoints directly related to phenomena as they emerge in real life.

It should be noted that, owing to the small sample size, the qualitative case study approach only allows a "qualitative generalization" on the phenomenon and not on the population (Levitt, 2021). In the present instance, this means that the findings of this research, depending on the context of the bereavement and characteristics of the bereaved, can only to some extent be generalized to suicide bereavement experiences.

2.2 Research ethics

This research project was initiated at the University of Eastern Finland but, for administrative reasons, was subsequently transferred to the University of Jyväskylä. The project fieldwork commenced after ethical approval was granted by the ethics committee of the University of Eastern Finland. All the research data collected and personal information on the participants remains confidential and can only be accessed by the research group. Participants' names were anonymized throughout the research process. Ethical issues are clearly of paramount importance when researching a topic as sensitive as suicide. Before the interview, the author, who was also the interviewer, and who is a Chinese female doctoral student in clinical psychology and a certified psychological counselor, introduced the purpose and procedures of the interview to the participants. She informed the participants about both the potential benefits and the risks pertaining to the research, and the non-interventive nature of the interviews, with an emphasis on the voluntary and anonymous nature of their participation. She also informed the participants of their right to withdraw from the interview at any time, and the resources available to them if the interview caused them to experience difficult negative emotions. At the end of each interview, the interviewer asked the participant "Do you think you need help in coping with the emotional reactions aroused by this interview?" The purpose was to ensure that timely professional help could be provided to minimize the potential harm to the participants of any difficult emotional agitation caused by the interview. None of the participants stated that they needed professional help. Questions about the research raised by participants were answered. Immediately before the interview began, a written informed consent form was signed by each participant.

2.3 Participant Recruitment and Data Collection

2.3.1 Participant Recruitment

All participants were recruited through social media advertising except for W, who was recruited through a suicide bereavement support group. Because W's first interview took place three months after his loss, his recruitment and preparation were carefully considered (details can be found in the publication I).

For recruitment via social media advertising, a poster was disseminated on target websites and online forums. Information on the poster included the aim and expectations of the research, the target group of the research, what participation would involve, the number and duration of interviews, the research principles of confidentiality and anonymity, the benefits of participation, gifts as rewards for participation, a brief introduction to the interviewer and the research group, and relevant contact information.

To be included in the study, participants must have experienced the suicidal death of a member (or more than one member) of his/her immediate or extended family, be able to perceive the impact of the suicide on his/her life and be over age 18. No limit was placed on the duration of a participant's bereavement.

2.3.2 Data Collection

Interviews were used as a data collection method in this research as narration is one crucial way in which, as posited by Gibbs (2007), humans organize their being. In addition, according to Flyvbjerg (2006), the use of narrative inquiry allows for the development of multi-perspective interpretations and descriptions of the target phenomenon from a variety of perspectives, including those of researchers, participants, and others.

The interviewer, i.e., the present author, conducted semi-structured in-depth interviews in Chinese with all the participants in mutually agreed quiet and private venues in China. The interview guide, which was developed based on the literature, is shown in the Appendix. All the interviews were conducted face to face, except for W's 3rd interview, which was conducted online through an audio call. The interviews focused on the participants' bereavement experiences and process, specifically on their reactions, perceptions, and changes in these after the event, their coping and adjustment at different times, changes in their families (including family relationship, family communication, family interaction and family functioning), support sought or received, their current bereavement status, and individualized questions based on what they had said. The interviews were audio-recorded with the participants' consent. The course of the

interview mostly followed the participants' narratives. Probes and follow-up questions, based on what the participants had narrated and on the interview guide, were asked when appropriate. This approach enabled the interviewees to manage their narrative pace and emotions with a greater sense of control and autonomy.

W and Song were the only two participants in the longitudinal interviews. Min and Meng each had a complementary interview. All the other participants participated in just one interview. Each interview (including the two complementary interviews) lasted from 45 to 283 minutes. To investigate the aftermath of the suicide in families from multiple perspectives, the interviewer asked the participants if they would be willing to invite other members of their immediate or extended family to participate in the research. Song's mother and Meng's grandmother agreed to the invitation and participated in the research, six participants were unwilling to invite any family members, and the other four participants said that they would give it a try, but later reported refusals by those they had approached.

2.4 Participants

In total, 14 participants participated in this research project. Information on the participants is presented in Table 1 below with all the participants' names anonymized.

Table 1 Participants

Pseudonym	Gender	age	Time since loss	Bereaved of:	No. of interviews	Method of suicide	Age of the deceased	Region
W	male	30s	3, 7, 10, and 18 months	wife	4	drowning	30s	Urban
Song	female	29	6 months	younger brother	2	carbon monoxide poisoning	24	Urban
Fen-Song's mother	female	60s	6, 18 months	son	1	carbon monoxide poisoning	24	Urban
Min	female	44	15 years	mother	2	hanging	63	Urban
Yang	male	37	19 years (older sister); 16 years (younger sister)	older sister; younger sister	1	pesticide poisoning (both)	25 (older sister); 19 (younger sister)	Rural
Tao	female	33	19 years	great-grandmother	1	pesticide poisoning	77	Rural
Ran	female	30	41 years (grandmother); 20 years (uncle)	grandmother; uncle	1	drowning (grandmother); pesticide poisoning (uncle)	30s; 30s	Rural
Zhu	female	34	20 years	uncle	1	hanging	32	Rural
Kun	male	40	15 years	mother	1	drowning	54	Rural

continues

TABLE 1 continues

Pseudonym	Gender	age	Time since loss	Bereaved of:	No. of interviews	Method of suicide	Age of the deceased	Region
Meng	female	20	13 years	mother	2	hanging	29	Urban
Hui-Meng's grandmother	female	75	13 years	ex daughter-in-law	1	hanging	29	Urban
Lei	male	34	10 years	father	1	hanging	60	Urban
Yu	female	25	5 years	cousin	1	Jumping from a height	20	Rural
Xiu	female	50	20 months	mother	1	Pesticide poisoning	80	Rural

W's first interview was conducted 3 months after his suicidal loss. This post-suicide interval was the shortest in the whole sample. Because it fulfilled the goal of clarifying suicide bereavement experiences in the initial stage, this interview was included in the first study. W's four interviews and Song's two interviews were included in the second study as at the time of their first interviews the interval since their suicidal loss was the shortest interval of all the 14 participants in the sample, and they were also the only two participants in the longitudinal interviews. Thus, these two participants enabled the aim of tracking the bereavement journey of suicide-bereaved individuals and exploring their grieving status at different time points, to be achievd. Eight participants (Min, Yang, Tao, Ran, Zhu, Kun, Meng, and Lei) were included in the third study to achieve the aim of shedding light on long-term suicide bereavement, as all eight participants had been bereaved by the suicide of one or (in two cases) two loved ones for more than 10 years.

2.5 Data analysis

Assimilation analysis (AA) (Stiles et al., 1992; Stiles & Angus, 2001; Stiles et al., 1991; Stiles et al., 2004; Tikkanen & Leiman, 2014), which is based on the assimilation model (AM) and the Assimilation of Problematic Experiences Scale (APES), was applied to the data. This method was chosen for several reasons. First, AA offers an intensive, qualitative protocol for a case study (Brinegar et al., 2006). Second, based on the assimilation model, AA not only has features that facilitate microanalytic research (Brinegar et al., 2006; Stiles et al., 1990) but is also able to reveal longitudinal psychological change processes over time (Honos-Webb & Stiles, 1998; Honos-Webb et al., 2003; Stiles et al., 1990; Stiles et al., 1991), and is thus well suited to understanding suicide-bereaved family members' processes of integrating their traumatic suicidal loss into their schemas about life, the world and the self. Third, the reliability of AA has been adequately confirmed in research using both interventive (Honos-Webb et al., 1998; Osatuke & Stiles, 2006; Penttinen et al., 2017) and non-interventive interviews (Henry et al., 2009; Moore et al., 2014; Osatuke et al., 2011).Thus, these advantages of AA assisted in achieving the aims of all three studies.

AA was originally used to monitor changes in psychotherapies (Honos-Webb & Stiles, 1998; Osatuke & Stiles, 2006). Later, it was developed to include the analysis of non-therapeutic interviews (Henry et al., 2009; Moore et al., 2014; Osatuke & Stiles, 2006). Wilson (2011, 2017) applied AA in his studies on grief counseling. In the present dissertation research, AA was used to analyze a single bereavement category, i.e., suicide bereavement, in specifically non-therapeutic research interviews.

The AM has three formulations, two of which were applied in this research. The first study applied the voices formulation of the AM (Honos-Webb & Stiles, 1998), and the second and third studies applied the schema formulation of the AM (Stiles et al., 1990). In both formulations, two basic entities - topic and theme - were included. Topic refers to an expressed attitude toward an object (which can be a person, thing, event, or situation), whereas theme is defined as an attitude revealed recurrently, possibly towards several objects (Stiles et al., 1991). For example, one *topic* in Song's first interview, is "never thought X (Song's brother) had a suicidal tendency", which was assigned under the *theme* "incredibility of X's suicide".

As noted by Stiles and Angus (2001), the schema formulation of the AM (Stiles et al., 1990) presents change in psychotherapy in terms akin to Piaget's (1970) cognitive developmental theory. Change takes place as problematic experiences are gradually assimilated into the individuals' schemas, "schema" referring here to the frame of reference that organizes one's perception and experience (Honos-Webb & Stiles, 1998). A problematic experience can be a wish, intention, or behavior that is psychologically painful and that arises from a particular life event or set of associated life events (Stiles & Angus, 2001). For example, in Song's first interview, the *problematic experience* is her brother's suicide. For the theme "incredibility of X's suicide", Song's *schema* can be "we are an average family, we are living an average life, no such bizarre thing as suicide would happen in our lives". The assimilation of problematic experiences into a schema can be rated with the Assimilation of Problematic Experiences Scale (APES) (Stiles et al., 1992), shown in Table 2.

Table 2 Assimilation of Problematic Experiences Scale (APES)

0. Warded off.

Content is unformed; client is unaware of the problem. An experience is considered warded off if there is evidence of actively avoiding emotionally disturbing topics (e.g., immediately changing subject raised by the therapist). Affect may be minimal at level 0, reflecting successful avoidance; vague negative affect (especially anxiety) is associated with levels 0.1 to 0.9.

1. Unwanted thoughts.

Content reflects emergence of thoughts associated with discomfort. Client prefers not to think about it; topics are raised by therapist or external circumstances. Affect is often more salient than the content and involves strong negative feelings-anxiety, fear, anger, sadness. Despite the feelings' intensity, they may be unfocused and their connection with the content may be unclear. Levels 1.1 to 1.9 reflect increasingly stronger affect and less successful avoidance.

2. Vague awareness.

Client acknowledges the existence of a problematic experience, and describes uncomfortable associated thoughts, but cannot formulate the problem clearly. Affect includes acute psychological pain or panic associated with the problematic thoughts and experiences. Levels 2.1 to 2.9 reflect increasing clarity of the experience's content and decreasing intensity and diffusion of affect.

3. Problem statement/clarification.

Content includes a clear statement of a problem-something that could be worked on. Affect is negative but manageable. not panicky. Levels 3.1 to 3.9 reflect active, focused work toward understanding the problematic experience.

4. Understanding/insight.

The problematic experience is placed into a schema, formulated, understood, with clear connective links. Affect may be mixed, with some unpleasant recognitions, but with curiosity or even pleasant surprise of the "aha" sort. Levels 4.1 to 4.9 reflect progressively greater clarity or generality of the understanding, usually associated with increasingly positive (or decreasingly negative) affect.

5. Application/working-through.

The understanding is used to work on a problem; there is reference to specific problem-solving efforts, though without complete success. Client may describe considering alternatives or systematically selecting courses of action. Affective tone is positive, businesslike, optimistic. Levels 5.1 to 5.9 reflect tangible progress toward solutions of problems in daily living.

6. Problem solution.

Client achieves a successful solution for a specific problem. Affect is positive, satisfied, proud of accomplishment. Levels 6.1 to 6.9 reflect generalizing the solution to other problems and building the solutions into usual or habitual patterns of behavior. As the problem recedes, affect becomes more neutral.

7. Mastery.

Client successfully uses solutions in new situations; this generalizing is largely automatic, not salient. Affect is positive when the topic is raised, but otherwise neutral (i.e., this is no longer something to get excited about)

In the voices formulation of the AM, problematic experiences are considered as separate, active voices within the person and assimilation as the integration of mutually problematic internal voices (Honos-Webb & Stiles, 1998). The self is seen as consisting of a community of voices (Mair, 1977). The voices are formed from traces of associated experiences and are connected by meaning bridges (Honos-Webb & Stiles, 1998). The self smoothly assimilates voices of unproblematic experience; by contrast, the self may avoid voices composed of problematic experiences, leaving them to form nondominant voices (Brinegar et al., 2006; Honos-Webb et al., 2003). The self becomes stronger and more intact as it incorporates more of a person's problematic experience. For example, in Song's first interview, in the theme "incredibility of X's suicide", the *dominant voice* is *normalcy of life*, and the *nondominant voice* is the *suddency and bizarrerie of the loved one's suicide*.

Assimilation involves the building of a meaning bridge that combines an unaccepted, nondominant voice with an established self/community of voices, which is represented by a dominant voice (Honos-Webb et al., 1999). The sequence of the assimilation levels (APES) reflects the varying association between a dominant voice and a nondominant voice (Honos-Webb & Stiles, 1998). In the process of assimilation, the community of voices accommodates the problematic voices through a process that can be divided into eight predictable stages, from stage 0 to stage 7. The Assimilation of Problematic Experiences Scale (APES) based on the voices formulation is shown in Stiles et al. (2004).

In the voices formulation of the AM, the emphasis shifts from multifacetedness to multivoicedness (Honos-Webb & Stiles, 1998) and the connotations of problematic experiences, self, and assimilation change accordingly. The voices formulation conceives the unwanted material as active, which has its own voice, a sense of agency and retains its unique character (Honos-Webb & Stiles, 1998). The self is conceived as multiple from being regarded as monolithic. The process of assimilation involves developing a dialogue and relationship with previously unwanted parts of the self, compared to incorporation or making them the same. The two complementary formulations offer understanding of how problematic experiences can be accepted, understood and used from different perspectives while postulating a common underlying process (Stiles et al., 1999).

The analytical procedure used in the first study was adapted from the four-step assimilation analysis used by Brinegar et al. (2006). The second and third studies adopted the four-step assimilation analysis used by Stiles et al. (1992) as well as Stiles and Angus (2001). At every step, the author and co-researcher's independent data analyses alternated with their collaborative data sessions. Each step was iterative until consensus was achieved. The

procedures utilized in the schema formulation and voices formulation resemble those below, with a different focus on either voices or themes.

Step 1: Familiarization and Cataloguing. Through listening to the audio recording and reading the Chinese transcripts (with the co-researcher reading the translated transcript), participants' thoughts and feelings about their suicidal loss were noted, and a list was made of the problematic topics.

Step 2: Identifying Problematic Voices and the Community of Voices/ Identifying and Choosing Themes. From the list of topics extracted in Step 1, voices (based on the voices formulation) or themes (based on the schema formulation) were distinguished according to their content and emotion.

Step 3: Excerpting Passages. Passages representing the voices or themes were located and excerpted.

Step 4: Describing the Process of Assimilation Represented in the Passages. Based on the voices formulation, APES ratings were assigned to each of the passages extracted in Step 3, and the reasoning for the ratings was clarified. The development of specific voices was noted, as were interactions and conflicts between voices.

Based on the schema formulation, Each interview was assigned an overall APES rating based on the content of the themes and passages gleaned and excerpted from steps 2 and 3, respectively. In both formulations, understandings of the participants' assimilation status were presented in words as well as APES ratings.

To clarify how the four-step analytical procedure was conducted based on the two formulations, two examples are given here. In the first study, W's first interview was analyzed based on the voices formulation. In the interview, the topic of the burdensomeness of dealing with emotions was identified (Step 1). A pair of conflicting voices, the *self-regulation* voice and the *uncontrollable emotions* voice, were identified as present in this topic (Step 2). A passage containing these two voices was then located and excerpted as shown below (Step 3).

> W: Talking with people, talking with people, to see if it is possible to let this feeling out, maybe this is the way the mutual aid group works, this thing is not like what Freud…, even Freud couldn't do anything to make it all..., I can only find an opportunity to let this feeling out, but you can't remove all the feelings and make it so there's nothing left. It's very powerful, continuous, and endless, and then of enormous strength.
>
> Int: Umm
>
> W: I regard it as an existence. This kind of existence makes me a little uncomfortable, not so comfortable. I know it is normal (after the thing happened), but I know this thing will happen, I think, if I want to know myself, know, how to, not about getting rid of it or overcoming... Closer to how to be a friend with this feeling.

In Step 4, the status of the assimilation of the *self-regulation* voice to the *uncontrollable emotions* voice was presented in both words and an APES rating: "In this passage, the dialogue between the self-regulation voice and

the uncontrollable emotions voice was rated 3.5 on the APES, i.e., at the mid-point between (stage 3) problem statement/clarification and (stage 4) understanding/insight. The uncontrollable emotions voice was clarified. The two voices were approaching the point of working together to resolve the problems, but that point had not yet been reached. The overall situation of his emotions was still negative, but more manageable than before

In the second study, the themes identified in each interview were assigned to three categories (focal themes, secondary themes, and tertiary themes) according to the length of narration of the themes present in each interview to facilitate differentiation of each theme's frequency and importance. In Step 1 of the analysis of Song's second interview, reported in the second study, Song's thoughts and feelings about her loss were noted and a list of themes was made. In Step 2, three categories of themes were identified: the focal theme was "tangled romantic relationship"; the secondary themes included "bereavement experiences and changes in family members" and "the impact of the family environment, family history and family relationship on Song"; and the tertiary themes included "Song's exploration and reconstruction of X's suicide", "her dislike of her living status", "her religious belief", "her personal experiences and personalities", "her career development", "her best friends/flatmates and friends" and "suicide prevention". In Step 3, passages representing the three categories of themes were located and excerpted. Finally, in Step 4, Song's second interview was assigned an overall APES rating based on the content of the themes and passages gleaned and excerpted from Steps 2 and 3, respectively. Words and an APES rating were used to elaborate understandings of Song's assimilation status with respect to her suicidal loss at the time of the second interview: "In this interview, several narratives were intertwined, and Song freely switched between them. The same story line was scattered across the interview. Song seemed to give a comprehensive and accurate introduction to her life, covering every single aspect from past to present. The main storyline, among the many other storylines, concerned Song's tangled romantic relationship with her boyfriend, with her brother's suicide and the family's bereavement forming an implicit and underlying motif throughout the interview. This may coincide with Song's stated choice of not thinking about X's suicide. Song's assimilation of her brother's suicide was rated 3.2 on the APES."

In the third study, the factors which had influenced the different family members' bereavement statuses were further identified based on comparisons of the eight participants' bereavement processes and status, both across and within the positive and complicated & prolonged grieving categories.

2.6 Trustworthiness of the research

Various methods were applied to guarantee the trustworthiness of this research. Many of these methods enabled the research to meet the qualitative research criteria suggested by Lincoln and Guba (1985), Creswell and Miller (2000), and Korstjens and Moser (2018). The methods included prolonged engagement (thorough preparation of the data collection phase; allowing sufficient time to gain familiarity and create a relationship of trust with the suicide-bereaved participants; adequate interview length; a long time span between successive interviews), methodological triangulation (complementing the in-depth interviews with field notes to provide reference points for the data analysis), investigator triangulation (close collaboration between the author and the co-researcher; alternation between the author and the co-researcher's independent data analysis and their collaborative data sessions), persistent observation (going back and forth between the dataset and data analysis; reading relevant theoretical and empirical literature throughout the research process; allowing observations that emerged from the data to prompt ideas about the data analysis while also allowing the data analysis to impact the subsequent data collection; starting the data analysis immediately after each interview and continuing until the publications were finalized); transferability (giving a rich account of the research process and context, including the participants as well as the research data); dependability and confirmability (detailed descriptions of the analyses and interpretations made and derived from the data); and reflexivity (the author kept a research journal to keep track of her ideas and thoughts in all phases of the research so that she could reflect on her own role in each phase and, if necessary, make self-corrections).

3 SUMMARY OF RESULTS

3.1 Study I

Surviving the suicidal death of a family member is challenging, especially at the initial stage of the ongoing crisis. This study explored the initial-stage bereavement experiences of an individual bereaved by suicide. This intensive case study applied assimilation analysis in detail to a semi-structured in-depth interview conducted with the participant at three months after he had lost his spouse to suicide.

The study found that the initial stage of suicide bereavement was complicated, unstable, and filled with inner conflicts. In terms of the voices formulation of the assimilation model, the seven voices (rationalizing, self-observation, self-regulation, uncontrollable emotions, normalcy of life, accidental death, suicidal death) were found to be present within the participant's self and could be rated at rather disparate APES stages. The voices exhibited differences in how they were intertwined and interrelated. Two voices in the community of voices, i.e., rationalizing and self-observation had no obvious opposing nondominant voices, while another two pairs of conflicting voices, i.e., the self-regulation voice as opposed to uncontrollable emotions, and normalcy of life as opposed to accidental death/suicidal death were also present. Frequent and swift shifts between different ratings as well as frequent alternation between topics occurred in the interview. All these features contributed to the overall picture of complexity and instability in the participant's internal process of assimilating his suicidal loss. The participant had only just begun his bereavement process and had a considerable way to go before fully assimilating his suicidal loss. AM appears to allow a clearer and more in-depth understanding of the complex inner process of initial-stage suicide

bereavement experiences, compared to other qualitative analysis methods (Begley & Quayle, 2007; Gaffney & Hannigan, 2010; Ross et al., 2018).

This study indicated that health professionals could usefully apply forms of assimilation analysis to gain a clear portrait of the internal process of adapting to suicidal loss, with possibilities for more specific guidance on the intervention. Moreover, as indicated by this and by other studies, professionals may bear in mind that instability, complexity, and (very possibly) ambivalence can accompany the bereaved through their initial bereavement. Helping bereaved individuals to cope with instability, complexity, and ambivalence merits a strong initial emphasis in clinical intervention and can be expected to form one of the main standards in assessing the psychosocial support provided at this stage.

3.2 Study II

Family members bereaved by their loved ones' suicidal death normally undergo a complicated and lengthy bereavement process. In this qualitative case study, longitudinal changes in the suicide bereavement process were explored by applying assimilation analysis to six longitudinal semi-structured in-depth interviews with two Chinese suicide-bereaved individuals (Participant W: four longitudinal interviews; Participant Song: two longitudinal interviews) during the first 18 months after their loss.

The study found that the APES ratings of both participants' assimilation of their loss increased over time. W and Song both experienced changes and progress in their bereavement during the first 18 months after loss, although through different trajectories. W journeyed from suffering overwhelming, detached and turbulent emotions, and experiencing a considerable void in his heart and life, to constructing an explanation for the causes of his wife's suicide from different perspectives, dealing with the conflicts triggered by his loss, confronting negative emotions, and finally arriving at a balanced and peaceful phase of grieving. While Song also experienced overwhelming intense emotions around six months after loss, she ended up experiencing dramatic mental conflicts and intentionally avoiding mention of her loss at around 18 months after the event.

The application of assimilation analysis in this study rendered visible not only the micro details in the different phases of bereavement experiences but also the underlying macro changes over time. Through applying assimilation analysis, the extraction of themes and related passages from the transcripts showed the prominence and valence of each theme, indicating their sequence in the process of suicide bereavement and giving a clear picture of the participants' real-time grieving status. Comparison of the APES ratings and thematic content across the different interviews clearly

revealed the changes that had occurred in the participants' suicide bereavement process.

The trajectories found in this study may be of value to those who help people bereaved by suicide, including health professionals, social workers, volunteers, family members and friends. Forms of assimilation analysis can be applied in in-depth assessment interviews with bereaved individuals to understand their adaptive processes. The results indicate that professionals should bear in mind that the mental status of persons bereaved by suicide differs both between and within individuals over time. Hence, professional interventions and other social resources targeted to bereaved family members must consider their specific situations and tailor support to meet their changing needs. For bereaved persons suffering from long-term emotional dysregulation and severe or chronic stress symptoms such as anxiety or depression, professionals should evaluate and monitor their risk for developing complicated grief, PTSD, suicidal tendencies or other mental difficulties and disorders. Finally, coordinated culturally appropriate assistance and services can help promote the recovery of family members.

3.3 Study III

Data on long-term suicide bereavement experiences are scarce. The impact of suicide on individual family members and the family as a system can persist for a long time. This qualitative study investigated the long-term suicide bereavement experiences of eight research participants in China at 10 to 41 years after their suicidal loss through semi-structured individual in-depth interviews. Data were analyzed using assimilation analysis.

The study identified two categories of long-term suicide bereavement status, i.e., positive recovery and complicated & prolonged grieving, and identified the factors underlying them, including pre-loss relationship with the deceased, meaning-making of the suicide, quality of emotional support and remaining relationships within the family, incidental factors surrounding the suicide, and factors related to the bereaved themselves. A long-term family-level impact of suicide was also found, which included disequilibrium and conflicts in family relationships, avoiding mention of the suicide in family communication, and increased connection and support between family units.

The results of this study indicate that suicide grief support services need to pay attention to the risks that accompany prolonged and complicated grieving following suicide bereavement. The underlying influential factors found in this study can provide reference points for risk assessment in bereaved individuals and identifying those at greatest risk. The findings may also assist professionals in identifying and attending to those

confronting multiple adverse influential factors. Professionals also need to consider the impact of the suicide on the family level and the problems faced by individuals in their specific family contexts. When appropriate and necessary, professional support can be provided on the level of the bereaved family, as this may also assist the recovery of individuals. Finally, to mitigate the long-lasting effects of suicide, culturally sensitive services and resources for the bereaved need to be increased and promoted.

Only two of the 14 participants in this dissertation research successfully invited one more family member to participate in the individual interviews. No family interview was conducted, although it had originally been planned. An unarticulated rule prohibiting discussion of their suicidal loss seemed to prevail both inside the family and between the immediate and extended family.

4 DISCUSSION

4.1 Suicide bereavement experiences

This dissertation research comprehensively covered various periods of suicide bereavement, focusing on the initial phase (3 months after loss), the period following the initial phase up to the first 18 months after loss, and long-term bereavement lasting 10-41 years after loss.

In line with prior research (Cerel et al., 2013; Cvinar, 2005; Peters et al., 2016; Ross et al., 2018), the first study found the initial stage of suicide bereavement to be complicated, unstable and filled with inner turmoil and conflicts. Alternating between talk about scientific/philosophical topics and talk about experiences related to loss might have provided the participant with a way to maintain a balance between his unstable emotions and ongoing life demands. Further, his rationality dominated his self-regulation and sometimes caused his self-regulation to detach from his emotions. According to Gaffney and Hannigan (2010), at the initial stages of suicide bereavement, detaching oneself from one's emotions can be a self-defensive strategy to reduce the overwhelming traumatic impact of the suicidal loss on the bereaved person in order to maintain daily functioning.

The period following the initial phase until the first 18 months after loss was found to be characterized by changes and progress in grief in the longitudinal study of the two participants W and Song. The two participants' grief trajectories appear to share elements in common with those found by Gaffney and Hannigan (2010) in their study of the initial, intermediate, and long-term stages of grief coping. As the interviews with the two participants showed, coping with intense and complicated emotions constitutes a fundamental part of mourning following suicidal loss,

especially in the early stage. Consistent with the idea posited by the Dual Process Model of Grief that grief varies between moments in time and between individuals, the two participants exhibited different features in processing their suicidal loss. The exploration/reconstruction of suicide, which involves making sense and meaning of the suicide, has also been empirically shown to be a crucial stage in suicide bereavement (Begley & Quayle, 2007; Castelli Dransart, 2013; Gaffney & Hannigan, 2010; Miklin et al., 2019; Ross et al., 2018; Sands & Tennant, 2010; Shields et al., 2017).

The three main themes underlying the process of grief following suicide, i.e., the feelings of bereavement, the meaning of bereavement, and the context of bereavement, were found to interact significantly, as reported by Shields et al. (2017). Similarly, the two most prominent themes identified in the interviews with the two participants in the longitudinal study, i.e., suicide bereavement experiences/emotions and exploration/reconstruction of the suicide coexisted and were interconnected and interrelated. They influenced each other's course in a bidirectional way.

The potential interventive impact of participation in the in-depth individual interviews and suicide support group was shown by the different progress of the two participants' grief trajectories. According to Gale (1992), even if it is unintended, participants can experience an interventional effect from in-depth interviews. Studies have revealed that talking about the deceased can be beneficial for the bereaved (Baddeley & Singer, 2009; Bonanno et al., 2008; Shields et al., 2017). In addition, existing research confirms the positive role played by bereavement support groups (Dyregrov, 2011; Gaffney & Hannigan, 2010; Ross et al., 2018).

In the study focusing on the long-term suicide bereavement experiences of immediate and extended family members, the impact of their suicidal loss on the participating family members continued to be visible after intervals of from 10 to 41 years. Two statuses of long-term bereavement, i.e., positive recovery and complicated & prolonged grieving were identified, setting APES 5.0 (application/working-through) as the cutoff between them. The finding of the category of positive recovery coincided with the idea proposed by Cullberg (1975) that mental crises can have developmental potential for individuals. Cullberg (1975) also referred to this process as a foundation for individuals' achievement of growth and maturity. Moreover, the finding of the category of complicated & prolonged grieving demonstrated that suicide bereavement can be a process of varying length. This finding coincides with Worden's opinion that grief is a nonlinear process with no predictable timeline (Smit, 2015).

The bonds maintained with the deceased by the participants in the two different states and the impact of these bonds on their bereavement differed. Previous research on the continuance of bonds with a deceased loved one has yielded similar findings (Hunt et al., 2019; Wilson, 2017; Wood et al., 2012). Specifically, this study found that continuing bonds that are moderate

and appropriate can help and support grieving, whereas excessively high or low intensity bonds can contribute to the complications of bereavement.

The bereaved in the positive recovery group were more open while those in the complicated and prolonged grieving group were more avoidant in coping with their painful experiences. Those in the positive recovery group were also more accepting of the reality of the suicidal death even in the initial phase of bereavement. Similarly, in the longitudinal study, avoidance remained visible in one participant at 18 months after her loss. Previous studies have reported variously on the role of avoidance in bereavement. Some studies have reported avoidance as having a negative role (Nam, 2016; Ross et al., 2018) while others have found it to temporarily have a positive effect (Gaffney & Hannigan, 2010; Updegraff & Taylor, 2000; Wilson, 2017). Combining the findings of prior studies with those of this study, it can be speculated that temporary detachment or avoidance can be beneficial for recovery from loss, while long-lasting avoidance may have adverse consequences.

The factors identified as influencing long-term bereavement included the pre-loss relationship with the deceased, meaning-making of suicide, quality of emotional support and remaining relationships in the family, incidental factors surrounding the suicide, factors related to the bereaved themselves, and other factors (inter-generational transmission of grief and trauma, and professional intervention). Existing studies have shown that most of these factors influence suicide bereavement, although they may not be specific to long-term grief (Cerel et al., 2017; Cerel et al., 2014; Feigelman & Cerel, 2020; Hunt et al., 2019; Ross et al., 2018; Saarinen et al., 2000; Shields et al., 2017). The findings also overlapped with the seven factors, i.e., who the deceased was, the type of the attachment to the deceased, the manner in which the person died, historical antecedents, personality variables, social mediators, and concurrent stressors, that, according to Worden (2009), explain the differences in how people grieve. However, some of the present findings have not explicitly been reported previously. For example, whereas Cerel et al. (2014) and Shields et al., (2017) suggested that social support could help grieving after suicidal loss, this study demonstrated that the quality of emotional support and remaining relationships in the family indeed played an important role. While Lee et al. (2019) proposed that positive changes during suicide bereavement might be impacted by life events since loss, the third study found an effect of events occurring both before and after the suicide as well as proximity to the suicide site. A potential case of inter-generational transmission of grief and trauma was also found, which has not been noted in previous suicide bereavement studies. Meanwhile, the findings of the two different categories of long-term suicide bereavement and the underlying influential factors suggest that suicide bereavement itself is not invariably adverse. Instead, the long-term

suicide bereavement outcome depends on how the different influential factors coexist, intertwine, and interact.

The long-term impact of suicide on the immediate and extended family revealed in this study comprised three aspects: disequilibrium and conflicts in family relationships; avoiding mentioning suicide in family communication; and increased connection and support between family units. There seemed to be an unarticulated agreement to regard suicide as a taboo topic among both the immediate and extended family members. Moreover, in the data collection phase, only two of the 14 participants were successful in inviting one of their family members to participate in individual interviews. Prior studies have also found that the suicide-bereaved have encountered difficulties, misunderstandings, and reluctance when attempting to share their feelings of grief with other family members (Begley & Quayle, 2007; Cerel et al., 2008; Hunt et al., 2019; Jordan, 2017; McMenamy et al., 2008; Sands & Tennant, 2010). Cerel et al. (2008) further revealed that to avoid upsetting immediate family members, extended family members may be cautious about discussing the suicide with them. Creuzé et al. (2022) reported that suicide leads to either family conflicts, or taboos, or cohesion, a finding that partially overlaps with the present findings on disequilibrium and conflicts in family relationships and increased connection and support between family units.

According to the family systems theory, through constant responding, changing, and adapting, families strive for equilibrium between the challenges they confront and their family resources (Elliott & Herndon, 1981). The suicidal death of a family member usually engenders a dramatic and sudden change in the family system, creating a void that ruptures the family structure and generates a sense of disequilibrium. Coupled with the possibility of differences between family members in their bereavement status, the inclusion of a new family member through remarriage risks exacerbating the disequilibrium caused by the loss and provoking covert blame on the part of other family members towards the remarried individual, especially in cases where the decedent was a parent. According to Cerel et al. (2008), losing a parent to suicide is more likely to result in a more profound bereavement outcome than losing less closely related family members.

Overall, the findings of the present three studies clearly show that the course of suicide bereavement can be continuous, long-lasting and even life-long. A suicide can affect not only immediate family members, but also extended family members, and the impact can even be transmitted across generations. Moreover, individuals' and families' bereavement experiences vary from each other at almost all stages of suicide bereavement. They draw on various methods and resources to cope with their bereavement and heal in different ways and at a differing pace. People's bereavement trajectories and the aftermath of bereavement are impacted by a variety of factors and

hence can differ widely from one another. In addition, as time passes, the bereaved go through various changes. Thus, coping with intense and complicated emotions as well as sense-making and meaning-making are crucial processes for all bereaved individuals in each stage of their bereavement.

4.2 Qualitative Case Study Approach and Assimilation Analysis

A qualitative case study approach was utilized in the present research. As can be seen in the results, the case study approach clearly revealed authentic situations and important details of the participants' bereavement, i.e., the complexities, contradictions, unique features, and influential factors informing each participant's bereavement as well as variations between participants. The understanding of suicide bereavement in the Chinese cultural context was also deepened and advanced through the case study approach, owing to the proximity to reality which a case study entails and the learning process it generates for researchers, as contended by Flyvbjerg (2006). In addition, the case study approach helped to achieve one crucial aim of the research, i.e., theory-building with respect to assimilation analysis. The research demonstrated the applicability of AA in analyzing grieving status and its progress following a loved one's suicide and broadened its area of application to encompass a new research theme - suicide bereavement. Moreover, it also demonstrated the inadequacies of APES in analyzing the complexities of emotions in the suicide bereavement process and indicated directions for constructing a scale specifically for the assimilation of suicide bereavement in future research. These issues are discussed in more detail below. However, due to the small sample of this case study approach, the findings of this research can only be generalized to the phenomenon - suicide bereavement experiences rather than the population.

In the study of initial-stage suicide bereavement, the voices formulation of the assimilation model was applied. By illustrating the specific voices within the participant's self and their APES stages as well as their dynamic interaction through assimilation analysis, it became evident that the male participant's bereavement was complex and nuanced and his emotions multidimensional. In contrast to previous qualitative analysis techniques (Begley & Quayle, 2007; Gaffney & Hannigan, 2010; Ross et al., 2018), the AM is able to highlight both the overarching themes of narratives and the inner voices comprising the themes. In this situation, the AM seems to

enable a clearer and deeper comprehension of the intricate inner process of grief following suicide.

The assimilation analysis of its schema formulations in the longitudinal study clearly highlighted the variations in the participants' inner selves and effectively illustrated how they gradually adapted to their loss. The identification of themes and extraction of associated passages from the transcripts revealed each theme's prominence and valence, indicated their sequence in the suicide bereavement process, and clearly delineated the participants' in-the-moment grief condition. The differences in the participants' suicide bereavement processes were readily visible when the APES ratings and thematic material were compared across the various interviews. Thus, the use of assimilation analysis made both the underlying macro changes over time and the micro nuances in the various mourning phases visible. This could hardly have been achieved using the research methods employed in previous studies on suicide-bereaved individuals' grief trajectories (Cerel et al., 1999; Farberow et al., 1992; Kõlves et al., 2020; Melhem et al., 2011; Ross et al., 2018). In the long-term bereavement study, assimilation analysis clearly brought out the differences in the eight participants' bereavement status.

The findings of the three studies show that assimilation analysis in this dissertation research proved useful as a tool for revealing the complexities and changes in individuals' inner worlds as well as the variation between individuals in each of the stages of suicide bereavement. Assimilation analysis is thus able to demonstrate both micro nuances and macro changes in suicide bereavement experiences.

The assimilation analysis was modified to improve its efficacy in achieving the specific aim of each study. In the longitudinal study, themes were classified into three levels to differentiate their valence and importance, the aim being to present the participants' emotional and cognitive changes over time in greater detail and depth. In the long-term bereavement study, an additional comparative step was taken to explore the influential factors underlying the differences between cases.

However, the APES scale also needs to be modified to better suit the purposes of suicide bereavement research. In the APES ratings of 5.0 (application/working-through) and over in the long-term bereavement study, slight to moderate sadness and regret were found to remain as factors that did not influence the bereaved persons' well-being, a finding which is not not compatible with the description of "affect" in the APES scale. Coupled with the finding that suicide bereavement was often accompanied by complex emotions, it is proposed that the description of affect in each stage of the APES scale, especially in the later stages, could be further modified and elaborated to capture the complexities of the emotions experienced in grief following suicidal loss. Due to the uneven duration of bereavement experienced by the participants in this research project, it was

not possible to further specify the affect descriptions. The Assimilation of Grief Experiences Scale (AGES), a conceptual framework accounting for changes in grief recovery developed by Wilson (2017) is based on the APES. However, since suicide bereavement differs in some important respects from bereavement after other forms of loss, future studies could seek to develop a scale specifically for the assimilation of suicide bereavement.

The connotation of "assimilation" in the assimilation model dovetails with the suggestion by Cullberg (1975) that when faced with a mental crisis "the growing human being constantly tries to incorporate the novelties she encounters with her past experiences into a coherent, meaningful whole".

Overall, compared with prior models and theories of grief, assimilation analysis, which is based on the AM and APES, can better provide a more flexible and nuanced description of the complicated process of adapting to suicidal loss. The detailed characterization of both affect and cognition as well as the decimal rating scale along a continuous spectrum mean that assimilation analysis provides a basis for an accurate understanding of an individual's grieving status. Meanwhile, the possibility exists for APES to be further developed to capture the complexities of the emotions experienced in grief following suicidal loss.

4.3 Chinese culture

According to Ali (2015), it is crucial to consider indigenous cultural contexts when studying adaptations to grief. The two cases in the longitudinal study revealed how their bereavement had been affected by their Chinese cultural background. It may in part be due to their sense of failing their responsibilities as a husband and as an older sibling that the participants felt guilt and blamed themselves so intensely. This reveals the hierarchical nature of family relationships and unequal distribution of responsibility in the Chinese family culture. During the first year after the event, Song's most important bereavement-related task was caring for her parents. Traditional filial piety is highly valued in Chinese families. This may explain Song's strong sense of responsibility for her parents and blame towards her younger brother for his act of suicide, since in Chinese culture suicide is considered an extremely unfilial act (Tzeng & Lipson, 2004). For the same reason, Song's family encountered awkwardness in their social network, particularly at the beginning of their grieving. Studies have also demonstrated that stigma linked with mental illness, particularly in Asian cultures, affects not only those who are afflicted but frequently also their family (Lin & Cheung, 1999; Okazaki, 2000).

In the study of long-term suicide bereavement, some of the participants' accounts revealed that their family units experienced a stronger connection

and mutual support after suicidal loss. This may have to do with the kinship-based Chinese clan culture, which is deeply rooted and still today influences Chinese people's lives (C. Zhang, 2019). Clans often emphasize the importance of harmony, cohesion, and solidarity among the component families and, to reinforce mutual trust and family ties among clan members, require them to help members in need (Cheng et al., 2021). It is possible that after suicidal loss, different immediate family units within a clan tend to link up with each other and support those most in need. Additionally, in the Chinese as in other Asian cultural contexts, the suicidal death of a family member brings dishonor to the whole family and reflects negatively on the family's lineage (Lee et al., 2019). In his investigation conducted in a county in north China Wu (2009) found that suicide would cause the whole family to feel shame whether it was caused by psychiatric disorders or family conflicts. Hence, when a suicide occurs, the different family units may come together to deal with a traumatic incident that involves all of them. To minimize the negative impact on their family name caused by the stigma of suicide, the whole clan may respond, with the family units with more resources supporting those who are worse off or those most profoundly affected by the death. The strong family ties in a clan might also explain why the members of extended families bear the potential burden of profound bereavement in the a similar way as immediate family members.

The stigmatizing effect on the family might also be one reason why half of the eight participants chose not to include other family members in the study and the other half were unsuccessful in recruiting other family members. The sample studied in this research project was small, and most of the participants had been bereaved by their suicidal loss for over ten years. The fact that suicide is a taboo topic in Chinese society, coupled with the Chinese tradition of avoiding discussing or even bringing up the topic of death, especially unusual death (Wu, 2009), based on the belief that it may incur bad luck, probably create additional obstacles to displaying grief over suicidal loss and make such grieving much more difficult and long-lasting than it needs to be. As a result, the bereaved feel disenfranchised and are reluctant to talk about their loss or express their complicated emotions with others, including researchers.

4.4 Strengths and limitations

4.4.1 Strengths

This dissertation research contributed to filling the gap in the existing research on suicide bereavement as it covered areas that have previously rarely been studied following a qualitative approach, i.e., initial-stage

suicide bereavement experiences, longitudinal change in bereavement during the period from the initial stage to 18 months after loss, and long-term bereavement at 10-41 years after loss. It also contributed to filling the large gap in systematic and methodologically robust qualitative research on the Chinese suicide-bereaved individuals and their suicide bereavement experiences. The application of a qualitative approach, specifically a case study approach, using the semi-structured interview as a data collection method and assimilation analysis as a data analytical method, enabled the multi-stage living experiences of suicide-bereaved individuals in China to be explored in both depth and detail.

As the majority of the participants had been bereaved following a loved one's suicide for over ten years, the family-level impact of the suicide as well as the long-term aftermath of suicide in individual family members was explored in the long-term bereavement study. Moreover, not only members of the decedents' immediate family but also members of their extended family were included to shed light on the interaction between the immediate and extended families since their suicidal loss. Furthermore, unlike previous studies, which have focused on only one specific kinship relation (e.g., children, parents, older spouses), this dissertation research covered kinship to the deceased more broadly by including the grieving experiences of various bereavement subgroups.

4.4.2 Limitations

This research has several limitations. First, because of the difficulty in accessing suicide-bereaved people in China, convenience sampling was used, meaning that selection bias cannot be completely ruled out. Second, owing to resource constraints, the time span of the longitudinal study could not be extended beyond 18 months after loss. Third, for the above two reasons, the distribution of the participants' duration of bereavement is uneven, as bereavement periods of from 3 months to 18 months and from 10 to 41 years were studied but not the period between 18 months and 10 years. Fourth, , the data in the long-term bereavement study might be vulnerable to recall bias, since the participants' bereavement journeys had lasted for 10 years or longer. Fifth, despite efforts to include more family members, in most cases only one member was recruited from a family, making it challenging to capture the family-level impact of suicide from multiple perspectives, let alone more profoundly explore the interaction effect between individual and family-level impacts. Sixth, due to the small sample, the possible covert influence of Chinese cultural factors on the participants' grief was not explored. Instead, the analysis focused on the impact of the Chinese cultural factors that were commonly visible in the different cases of bereavement selected for study.

4.5 Clinical implications

The findings of this study indicate that to gain a clear picture of the internal process of adjusting to suicide loss and provide more precise intervention recommendations, professionals could benefit from applying assimilation analysis. In-depth assessment interviews with suicide-bereaved persons can also apply forms of assimilation analysis to better comprehend their adaptive processes.

Professionals should be aware that as bereaved individuals may experience instability, complexity, and (perhaps) ambivalence in their emotions during their initial grief, clinical interventions are needed that could assist them to cope in this situation. Professionals should also be aware that the mental state of people who have lost a loved one to suicide varies over time, both between and within individuals. Hence, professional interventions and other social services intended for grieving family members must consider their unique circumstances and customize support to fit their evolving requirements.

Suicide grief support services need to pay attention to the risks that lead to prolonged and complicated grieving in the medium and longer term of suicide bereavement. The findings on the underlying influential factors may provide reference points for risk assessment in bereaved individuals and assist professionals in identifying and attending to those who confront multiple adverse influential factors. Professionals also need to consider the family-level impact of suicide and the problems faced by individuals in their specific family contexts. When appropriate and necessary, professional support can be given on the level of the bereaved family, as this may also assist the recovery of individuals.

Finally, the cultural impact of suicide needs to be considered to fully understand suicide bereavement. To mitigate the negative and long-lasting effects of suicide, coordinated, culturally appropriate support and services can aid in family members' recovery.

4.6 Future research

Future studies could fruitfully explore a more even distribution of bereavement duration. This would contribute to a more profound understanding of the states and characteristics of all the phases of suicide bereavement as well as the differences between them. A scale for the assimilation of suicide bereavement, based on the APES but with descriptions of affect in the different APES stages modified and refined to

capture the uniqueness and complicated nature of the emotions that characterize grieving after a loved one's suicide, could also be developed.

Future research could also try to find ways of including more family members from the same family in order to further explore the family-level impact of a member's suicide and gain a more comprehensive understanding of the interaction effect between individual and family-level impacts. To achieve this aim, home-based individual interviews and family interviews could provide the necessary data. Additionally, the impact of Chinese culture could be explored more comprehensively in future research.

Further, future studies could investigate what kinds of support and resources can best satisfy the needs of suicide-bereaved individuals and families in the various phases of their bereavement. It would be especially important to identify the most effective forms of assistance for those who encounter difficulties and complications in their grieving at different intervals after their loss.

4.7 Conclusions

This qualitative dissertation research focused on suicide bereavement experiences in the cultural context of China in several understudied areas. The research contributes rich, in-depth findings on initial-stage bereavement, longitudinal changes in bereavement, and long-term bereavement status. The findings may provide reference points for the provision of professional assistance and other social services for bereaved family members. Different forms of assimilation analysis can provide a clear picture of the internal process of adjusting to suicidal loss at different post-loss stages. This research may pave the way for future research on the bereavement experiences of families at various phases in their bereavement following the suicidal loss of a family member.

YHTEENVETO (SUMMARY)

Elämä läheisen itsemurhan varjossa - perheenjäsenten kokemukset itsemurhan aiheuttamasta surusta ja itsemurhan perhetason vaikutukset Kiinassa.

Itsemurha on pysyvällä tavalla merkittävä kansanterveydellinen ongelma maailmanlaajuisesti, ja Maailman terveysjärjestön (WHO) viimeisimpien tietojen mukaan se johtaa vuosittain yli 700 000 ihmisen kuolemaan (WHO, 2021). Kiinassa vuosina 1995–1999 hälyttävän korkeaksi arvioitu itsemurhien määrä - 23 itsemurhaa 100 000 ihmistä kohti (Phillips et al., 2002) - herätti laajaa huomiota. Sen jälkeen Kiinassa on nähty itsemurhien määrän dramaattinen lasku noin vuosikymmenen kestävänä, kunnes noin vuodesta 2007 lähtien tämä nopea lasku hidastui. Tällä hetkellä itsemurhien ehkäisyyn Kiinassa liittyy monia haasteita. Lisäksi maailman suurimman väestön perusteella Kiinassa on edelleen valtava määrä itsemurhakuolemia vuosittain ja vielä moninkertainen määrä ihmisiä, jotka kärsivät voimakkaasta surusta läheisensä itsemurhan jälkeen. Tällaisen väestöryhmän psykologisen tilan tutkiminen heidän surunsa käsittelyn aikana on olennaisen tärkeää, jotta heille voidaan tarjota oikea-aikaisia ja tehokkaita resursseja ja palveluja.

Erilaisissa suruteorioissa ja -malleissa on tutkittu surua yleisesti, mutta tässä tutkimuksessa tutkittiin erityisesti perheenjäsenten surua läheisensä itsemurhakuoleman jälkeen kiinalaisessa kulttuurikontekstissa. Vaikka läntisessä kulttuurikontekstissa on tehty useita tutkimuksia itsemurhan aiheuttamasta surusta, useita alueita ei ole juurikaan käsitelty, ja niitä on kuvattu tiiviisti laadullisen lähestymistavan mukaisesti, mukaan lukien itsemurhan aiheuttaman surun alkuvaiheen kokemukset, itsemurhan aiheuttaman suruprosessin pitkittäismuutokset ja itsemurhan aiheuttaman surun pitkäaikainen tila. Kiinassa on suuri puute läheisen itsemurhan kokeneiden ja siitä kärsivien kokemusten järjestelmällisessä ja metodologisesti vankassa laadullisessa tutkimuksessa.

Tämän tutkimuksen tarkoituksena oli rikastuttaa ja syventää ymmärrystä ihmisten läheisen itsemurhan jälkeisistä surukokemuksista Kiinassa, ja kolmessa alkuperäisessä julkaisussa keskityttiin surutilanteeseen eri aikaväleillä läheisen itsemurhan jälkeen. Väitöstutkimus noudattaa laadullista tutkimusmenetelmää, erityisesti tapaustutkimusmenetelmää, jossa tiedonkeruumenetelmänä käytetään yksilöllisiä syvähaastatteluja. Kiinassa haastateltiin 14 itsemurhan tehneen henkilön lähisukulaisia 12 perheestä. Aineiston analyysimenetelmänä käytettiin assimilaatioanalyysiä ja sen kahta eri kehitysversiota, varhaisempaa skeemamallia ja myöhempää dialogista, moniäänisyyteen analyysissa paneutuvaa, mallia.

Ensimmäisessä julkaisussa tutkittiin tutkimukseen osallistuneen miehen alkuvaiheen surukokemuksia kolme kuukautta hänen puolisonsa itsemurhakuoleman jälkeen. Tutkimuksessa todettiin, että osallistujan itsemurhan aiheuttama suru oli monimutkainen, epävakaa ja täynnä sisäisiä ristiriitoja. Osallistujan sisäisessä minässä tunnistettiin seitsemän ääntä, jotka erosivat toisistaan siinä, millaisessa vuorovaikutuksessa ne olivat suhteessa toisiinsa, miten ne kietoutuivat toisiinsa ja liittyivät toisiinsa, ja haastattelussa siirryttiin usein ja nopeasti eri APES-luokitusten välillä sekä vaihdeltiin usein aiheiden välillä.

Tämä tutkimus osoitti, että terveydenhuollon ammattilaiset voisivat soveltaa assimilaatioanalyysin muotoja saadakseen selkeän kuvan itsemurhakokemuksen käsittelyn mielensisäisestä prosessista, jolloin olisi mahdollista antaa tarkempaa ohjausta ja ymmärtävää jäsennystä interventioon. Lisäksi surevien henkilöiden auttaminen tukien heitä selviytymään epävakaudesta, monimutkaisuudesta ja ambivalenssista edellyttää vahvaa alkupanostusta kliinisessä interventiossa, ja sen voidaan olettaa muodostavan yhden tärkeimmistä toimintasuosituksista arvioitaessa tässä vaiheessa tarjottua psykososiaalista tukea.

Toisessa julkaisussa tutkittiin pitkittäismuutoksia kahden itsemurhan tehneen henkilön läheisten itsemurhan jälkeisessä suruprosessissa ensimmäisten 18 kuukauden aikana menetyksen jälkeen. Tutkimuksessa havaittiin, että molempien osallistujien APES-luokitukset menetyskokemuksen käsittelystä ja haltuun ottamisesta kasvoivat ajan myötä. Molemmat osallistujat kokivat muutoksia ja edistystä surutyössään ensimmäisten 18 kuukauden aikana menetyksen jälkeen, vaikkakin erilaisten yksilöllisten kehityskulkujen kautta. Assimilaatioanalyysin soveltaminen tässä osatutkimuksessa teki näkyväksi paitsi mikrotason yksityiskohdat surukokemusten eri vaiheissa myös taustalla olevat makrotason muutokset ajan myötä.

Tulokset osoittavat, että ammattilaisten olisi pidettävä mielessä, että itsemurhan vuoksi läheisensä menettäneiden henkilöiden psyykkinen tila vaihtelee sekä yksilöiden välillä että yksilöiden sisällä ajan myötä. Näin ollen niissä ammatillisissa toimenpiteissä ja muissa psykososiaalisissa palveluissa, jotka on suunnattu sureville perheenjäsenille, on otettava huomioon heidän erityistilanteensa ja räätälöitävä tuki vastaamaan heidän yksilöllisiä muuttuvia tarpeitaan. Assimilaatioanalyysin muotoja voidaan soveltaa surevien henkilöiden syvähaastatteluissa heidän sopeutumisprosessiensa ymmärtämiseksi.

Kolmannessa julkaisussa tutkittiin kahdeksan kiinalaisen tutkimushenkilön pitkäaikaisia kokemuksia itsemurhan aiheuttamasta surusta 10–41 vuotta itsemurhan jälkeen. Tutkimuksessa tunnistettiin kaksi pitkäaikaisen itsemurhasurun kategoriaa, eli myönteinen toipuminen sekä monimutkainen ja pitkittynyt suru, ja tunnistettiin niiden taustalla olevat tekijät, kuten menetystä edeltävä suhde vainajaan, itsemurhan merkityksen

jäsentäminen itselle, emotionaalisen tuen laatu ja jäljellä olevat suhteet perheessä, itsemurhaa ympäröivät sattumanvaraiset tekijät ja sureviin itseensä liittyvät tekijät. Itsemurhan pitkän aikavälin perhetason vaikutukset tunnistettiin myös, ja ne sisälsivät epätasapainoa ja ristiriitoja perhesuhteissa, itsemurhan mainitsemisen välttämistä perheviestinnässä sekä toisaalta lisääntynyttä yhteyttä ja tukea perheenjäsenten välillä.

Tämän tutkimuksen tulokset osoittavat, että itsemurhasta kärsivien surua tukevissa palveluissa on kiinnitettävä huomiota riskeihin, jotka liittyvät itsemurhan jälkeiseen pitkittyneeseen ja monimutkaiseen suruun. Tutkimuksessa havaitut taustalla vaikuttavat tekijät voivat tarjota viitekohtia surevien henkilöiden riskien arvioinnille ja suurimmassa vaarassa olevien henkilöiden tunnistamiselle. Tulokset voivat myös auttaa ammattilaisia tunnistamaan ja hoitamaan niitä, joilla on useita haitallisia vaikuttavia – ja riskitekijöitä. Ammattilaisten on myös otettava huomioon itsemurhan vaikutus perhetasolla ja ongelmat, joita yksilöt kohtaavat omassa perheyhteydessään. Tarvittaessa mahdollisuuksien mukaan ammatillista tukea voidaan tarjota surevan perheen tasolla, sillä se voi auttaa myös yksittäisten perheenjäsenten toipumista.

Tämä väitöskirjatutkimus tuo uutta tietoa itsemurhasta kärsivien surukokemusten alueelle, koska siinä käsitellään kattavasti ja perusteellisesti itsemurhasta kärsivien surun eri vaiheita, kuten alkuvaihetta (3 kuukautta menetyksen jälkeen), alkuvaiheen jälkeistä aikaa ensimmäisiin 18 kuukauteen menetyksen jälkeen sekä pitkäkestoisesti aikaa 10-41 vuotta itsemurhan jälkeen. Lisäksi tutkimuksessa kehitettiin teoreettisesti assimilaatioanalyysin soveltamista itsemurhan aiheuttaman surun tutkimukseen ja todettiin, että APES-menetelmää on mahdollista kehittää edelleen, jotta se voisi kuvata itsemurhan aiheuttaman menetyksen jälkeisessä surussa koettujen tunteiden monimutkaisuutta. Lisäksi tutkimuksella on vaikutuksia kiinalaisen kulttuurin vaikutukseen itsemurhasta kärsivien kokemuksiin sekä yksilö- että perhetasolla.

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APPENDIX

Interview outline

1. Who was the person who died from suicide? How were you related to the deceased in kinship? When did the suicide happen? When and how did you get to know about the suicide?

2. What was your relationship with him/her like before the suicide? What are your memories of him/her?

3. What was his/her position in your family? What was his/her relationship with others in the family? How did other family members think/feel about him/her before the suicide?

4. How did you react to and feel about the suicide from the time immediately after it to the present time? How did you deal with your grief after the suicide happened? Did any changes occur in your bereavement?

5. What has your life been like since your loved one's suicide? Has it changed you in any way? If yes, in what way or ways? How have you coped with these changes?

6. Have any others in your family changed? If so, how have they coped with these changes?

7. What was your relationship/communication/interaction /functioning like with your family members before the suicide? What has your relationship/communication/interaction/functioning been like with your family members like after the suicide? Has the suicide changed your family? If yes, in what way or ways? How have you coped with these changes?

8. How has your family dealt with the suicide? Have you talked about it? Have you mentioned the deceased to each other? Have you talked about your bereavement reactions with other family members and have you been supported by other family members during your bereavement or have you preferred to grieve alone? Have your family members grieved in different ways over your suicidal loss?

9. What has your social interaction with people outside the family been like since the suicide? How have you been treated? What has the situation of other family members been like? How have you talked about the death of your loved one to people outside the family?

10. What are your expectations about your family relationships, interaction and functioning in the future? Is there anything that you would have expected your family to do but which they haven't done regarding your suicidal loss?

11. What do you think has helped/hindered/complicated your bereavement? What factors have had an impact on your bereavement?

12. Is there anything I have not asked about that you would like to share with me?

13. What prompted you to participate in the interview? How do you feel about this interview? Have you felt uncomfortable at any point during this interview?? Do you think you may need help from professionals in coping with the emotional reactions aroused by this interview? Do you have any suggestions for improving the interviews or the research project?

Follow-up interview outline

1. How has your life been since our last interview? How have you grieved for your loss between our last interview and now? Have any changes happened?

2. What have the lives of your family members been like since our last interview? How have they grieved between our last interview and now? Have any changes happened to them?

3. How have you got along with others in your family? What has your family relationship/communication/interaction/functioning been like since the suicide? Has the suicide brought any changes to your family?

4. How has your family dealt with the suicide? Have you talked about it? Have you mentioned the deceased to each other? Have you talked about your bereavement reactions with others and supported each other in your bereavement or have you preferred to grieve alone? Have your family members grieved for the suicidal loss in different ways?

5. What has your social interaction with people outside the family been like since the suicide? How have you been treated? What has been the situation of other family members? How have you mentioned the death of your loved one to people outside the family?

6. What are your expectations about the relationship, interaction and functioning of your family in the future? Is there anything that you would have expected your family to do but which they haven't done regarding your suicidal loss?

7. What do you think has helped/hindered/complicated your bereavement? What factors have had an impact on your bereavement?

8. Is there anything I have not asked about that you would like to share with me?

9. How do you feel about this interview? Have you felt uncomfortable at any points during this interview? Do you think you may need help from professionals in coping with the emotional reactions aroused by this interview? Do you have any suggestions for improving the interviews?

ORIGINAL PAPERS

I

INITIAL-STAGE SUICIDE BEREAVEMENT EXPERIENCES: A CASE STUDY

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Initial-Stage Suicide Bereavement Experiences: A Case Study

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Abstract

This study aimed to shed light on the initial-stage bereavement experiences of an individual bereaved by suicide, at three months from the loss of his spouse to suicide. A semi-structured in-depth interview was conducted with the individual, a man in his thirties. The data were analyzed using qualitative assimilation analysis, based on the Assimilation Model and the Assimilation of Problematic Experiences Scale (APES). The APES ratings of the interview revealed that the individual's bereavement was associated with the earlier stages of APES (all scoring under 3.5). In addition, the swift and frequent fluctuations in the APES ratings gave indications that the bereavement was unstable and complicated. It is suggested that mental health professionals could use APES to evaluate suicide bereavement and take note of the APES evaluations in clinical interventions.

Keywords

suicide bereavement, initial stage, case study, Assimilation Analysis, Assimilation Model

Introduction

Surviving the death of a family member is challenging, especially when the death is due to suicide. Shneidman (1973) claimed that in cases of suicides the greatest public health issue is mitigation of the impact of the loss on those bereaved. Estimations of the numbers of persons bereaved per suicidal death have varied from six (Shneidman, 1972) to ten

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(Wrobleski, 1991), while the latest estimate of those exposed per suicide has risen to 135 (Cerel et al., 2019). It should be noted that among those left behind by suicide, there is significant variation in the aftermath of the loss, since it encompasses those exposed to suicide, those affected by suicide, and those bereaved by suicide (Andriessen, 2009; Andriessen & Krysinska, 2012; Berman, 2011; Cerel et al., 2014; Crosby & Sacks, 2002). The present study focused on the subset of persons most greatly impacted by suicide, namely those bereaved by suicide. Note that in this paper several synonymous terms are used: "persons bereaved by suicide," "the suicide bereaved," and the simplified forms "those bereaved" and "the bereaved."

The need to study individuals' lived experiences of suicide bereavement is based on the impact of the loss (Chakraborty & Halder, 2018; Spillane et al., 2017), the large number of those bereaved (Cerel et al., 2019), and the risk of additional suicides and of various mental health disorders among the bereaved (Runeson & Åsberg, 2003; Zhang et al., 2005). According to the framework proposed by Jordan and McIntosh (2011), bereavement following suicide shares some common characteristics with bereavement after all types of loss, including elements of bereavement after unexpected deaths and violent deaths. However, beyond these shared reactions, suicide bereavement has various qualitatively unique and complex characteristics that distinguish it from bereavement following nonsuicidal deaths (Jordan, 2001). These will be summarized below.

Initially, shock, accompanied by numbness and disbelief, may occur due to the unexpected nature of the suicide (Andriessen & Krysinska, 2012), although those who have experienced an intensive "suicide watch" may feel a sense of relief (Sveen & Walby, 2008). In addition, persons bereaved by suicide tend to experience a number of negative feelings towards themselves; these can include heightened feelings of guilt, self-blame, and perceived responsibility for the loss (Bailley et al., 1999; Chapple et al., 2015; Kõlves et al., 2019). At the same time, they may also feel adverse emotions emanating from the loved one, involving feelings of rejection (Chakraborty & Halder, 2018) and a sense of desertion by the deceased (Andriessen & Krysinska, 2012). This can generate intense anger toward the deceased, as well as deep feelings of unworthiness regarding oneself (Chakraborty & Halder, 2018; Jordan, 2008; Kõlves et al., 2019). A unique element of suicide bereavement is a search for answers, and a pondering on unanswered questions, mainly consisting of reasons for the suicidal death, and involving sense-making and meaning-making regarding the death (Castelli Dransart, 2013; 2017; Cerel et al., 2013). This may very well lead to dramatic changes in one's belief system, encompassing life, the self, others, and the world (Bell et al., 2012; Janoff-Bulman, 1992).

Suicidally bereaved individuals are faced with a higher possibility of suffering from mental problems, and may go through an extremely long and complicated bereavement process (Cerel et al., 2013; Cvinar, 2005; Peters et al., 2016). The manifestations consist of a variety of mental difficulties and disorders (de Groot et al., 2006; Hibberd et al., 2010; Jordan, 2008; Mckinnon & Mckinnon, 2014; Nam, 2016). In addition, grieving family members may also encounter negative experiences in their social network,

including stigma, shame, embarrassment, withdrawal, avoidance, loneliness, and isolation (Bell et al., 2012).

At the same time, the surviving families are also likely to experience a series of changes at the family level. Disenfranchised grief may restrict openness in communication and in perception within the family (Bell et al., 2012). This may progress to distortion or closure of communication, and to occurrences of family secrecy (Cerel et al., 2008; Nelson & Frantz, 1996). The guilt, anger, and blame that family members feel toward each other and toward themselves can contribute to silence, maintained in order to cover potentially terrible accusations (Lukas & Seiden, 2007). Some dysfunctional families in which suicide has occurred can experience the same or even a higher risk of dysfunction following their suicidal loss (Jordan, 2001). Moreover, suicide itself has the possibility to distort family patterns, and develop dysfunctional family dynamics (Jordan, 2001).

Findings on the distinctive features of suicide bereavement, as experienced by individuals and families, have focused on the bereavement process (Gaffney & Hannigan, 2010), certain aspects of suicide bereavement (Castelli Dransart, 2013; Cvinar, 2005; Mitchell et al., 2004; Nam, 2016; Talseth & Gilje, 2017; Wood et al., 2012), and the lived experiences of suicide bereavement (Begley & Quayle, 2007). However, in these studies there has been little focus on suicide bereavement experiences at the *initial* stage, though these have been touched on in several other studies (Kõlves et al., 2019; Mitchell et al., 2004; Ross et al., 2018). In addition, no systematic, methodologically robust tools have been applied to characterize the complicated inner world of the suicide bereaved at the initial stage of their bereavement. An understanding of the concrete features of the initial stage of suicide bereavement could assist professionals in providing tailored help to the bereaved. To achieve this aim, in this study we chose *qualitative assimilation analysis* (Stiles et al., 2004; Tikkanen et al., 2013; Tikkanen & Leiman, 2014) as a tool for data analysis, since it has proved to offer particular advantages for microanalytic research (Stiles et al., 1990).

Assimilation analysis is based on the Assimilation Model (AM) and the Assimilation of Problematic Experiences Scale (APES). AM was first utilized to study the changes occurring within psychotherapies (Honos-Webb et al., 1998; Osatuke & Stiles, 2006; Penttinen et al., 2017). Subsequently, the scope of AM developed to new contexts, including gathering data from non-therapeutic interviews (Henry et al., 2009; Moore et al., 2014; Osatuke et al., 2011). The present study represents a further extension of AM, i.e., towards suicide bereavement. The data were drawn from a non-therapeutic interview, the aim being to demonstrate an individual's lived experiences of suicide bereavement at the initial stage.

The AM method considers problematic experiences as separate, active voices within the person. The self is seen as consisting of a community of voices (Mair, 1977). The voices are formed from traces of associated experiences, and are connected by meaning bridges (Honos-Webb & Stiles, 1998). The community smoothly assimilates voices of unproblematic experience; by contrast, the self may avoid voices composed of problematic experiences, leaving them to form nondominant voices (Brinegar et al., 2006;

Honos-Webb et al., 2003). The self becomes stronger and more intact as it incorporates more of a person's problematic experience.

Assimilation involves the building of a meaning bridge that combines an unaccepted, nondominant voice with an established self/community of voices, which is represented by a dominant voice (Honos-Webb et al., 1999). The sequence of the assimilation levels (APES) reflects a varying association between a dominant voice and a nondominant voice (Honos-Webb & Stiles, 1998). Two basic entities—*topic* and *theme*—are included in the AM. A topic refers to an expressed attitude toward an object (which can be a person, thing, event, or situation), whereas a theme is defined as an attitude revealed recurrently, possibly regarding several objects (Stiles et al., 1991).

In the process of assimilation, the community of voices accommodates the problematic voices through a process that can be divided into eight predictable stages, from stage 0 to stage 7. These can be summarized in terms of the Assimilation of Problematic Experiences Scale (APES) (Stiles et al., 2004). The eight-stage process includes both *cognitive* and *affective* features. At stage 0, the problematic voices are denied or avoided; the affect may be minimal (Stiles et al., 2004). At stage 1, the preference is for problematic voices not to be mentioned; hence they are suppressed or avoided, coming to light only when stimulated by external circumstances, and accompanied by strongly unpleasant but intermittent affect. At stage 2, the problematic voices enter prolonged awareness, but without formulation of the problem, and with acutely painful affect. At stage 3, the problems are clarified, and the opposing voices are distinguished; the affect is unpleasant but exists within the individual's control, not in a state of panic. It is only at stage 4 that understandings between the separate voices are reached, with problematic experiences being formulated and understood to some extent, along with mixed affect encompassing negative and positive experiences. At stage 5, the understandings are applied to solve problems, while the voices collaborate to find solutions to problems in daily living, with pleasant and optimistic affect. At stage 6, the voices can be utilized with flexibility; the affective tone is pleasant and satisfied. At stage 7, the voices are completely assimilated, growing into resources for dealing with new situations, accompanied by positive or neutral affect.

In our study, AM made it possible to identify particular problematic experiences related to a family member's suicide. Wilson (2011) used AM to evaluate bereavement counseling. Differing somewhat from his research, our study focused on the use of assimilation analysis to analyze specifically suicide bereavement, in the context of nontherapeutic research interviews.

In seeking to underpin our qualitative research approach, we specifically applied a case study approach as having the capacity to delineate real-life situations and substantial details (Flyvbjerg, 2006). This is in line with most published research on AM (Basto et al., 2018; Laitila & Aaltonen, 1998; Osatuke et al., 2011; Penttinen et al., 2017). AM has been used as a tool for qualitative research, especially when a case study approach has been applied to theory-building (McLeod, 2010; Stiles, 2007). In the present study we used a single case involving only one person who was bereaved by

suicide, recruited in China (People's Republic of China). Our aims centered around the following questions:

> What is the nature of suicide bereavement experiences at the initial stage?
> How is AM applicable to the analysis of suicide bereavement experiences?

Method

Participant

This case study formed part of a larger research project concentrating on the suicide bereavement experiences of persons bereaved in China. Participant W (a pseudonym) had lost his wife to suicide three months prior to the interview. In manifesting the shortest time interval after suicide, W was unique in the entire data corpus within the project. He was interviewed four times, i.e., at around 3 months, 7 months, 10 months, and 18 months from the loss. The first interview is included within this article, since it fulfilled the goal of clarifying suicide bereavement experiences at the initial stage (which has scarcely been studied previously). In addition, W's first interview was adequately informative. His ways of expressing the situation as he experienced it were vivid and detailed, and the richness of his descriptions made the interview a good basis for an intensive case study—always bearing in mind the need for sensitivity and for a strictly ethical approach (see below). In terms of personal background W was a man in his thirties. He had received a higher education. He had been married for 4–5 years. The marriage was the first for both W and his late wife, and they did not have children.

Research Ethics

The fieldwork of the research project commenced after ethical approval was obtained from the affiliated university's ethics committee. Suicide is such a sensitive topic that ethical issues were clearly of paramount importance in research of this kind. Before the interview, the first author—who was also the interviewer, and who is a Chinese female clinical psychology doctoral student and certified psychological counselor—introduced to W the purpose and procedures of the interview. She mentioned both the potential benefit and risks pertaining to the research, with an emphasis on the voluntary and anonymous nature of the participation. She informed W of his right to withdraw from the interview at any time, and the resources available if he experienced negative emotions aroused by the interview. Questions raised by W were answered. Immediately before the interview began, a written informed consent form was signed.

Great emphasis was placed on caring for W's feelings and well-being during the entire interview, and also for his mental well-being after the interview. The stance of the interviewer, and the process of the interview, were greatly influenced by the belief that researchers must learn from the suicide bereaved and enter the field with a "not-knowing" attitude (see Dyregrov, 2011). Throughout the interview, the interviewer mostly followed W's focus on his bereavement experiences, giving him the initiative

and freedom to decide what to express. In this way it was intended that the interviewee could gain more control regarding the autonomous management of his own emotions, and of the pace of the narration during the interview. After the interview, the interviewer undertook follow-up inquiries on the participant's mental well-being so that support could be offered when needed.

Procedures

Entering the Field—Recruitment of the Participant. W was recruited through a suicide bereavement support group in an economically developed city in China. First of all, the interviewer contacted and met the group leader, an experienced psychologist working in a psychiatric hospital. After discussion of the research project and hearing the opinions of the group members, it was agreed that the interviewer could take part in the group meetings on several occasions, as a volunteer and as a researcher. The group had regular monthly meetings in which the interviewer participated on two occasions. It was during these that the interviewer got to know W. During the interaction between the interviewer and W within the group meetings, W was willing to openly talk about his bereavement experiences with the interviewer, and he showed great interest in the research. After discussing W's emotional stability with the group leader and getting an affirmative answer, the interviewer invited W to participate in the study.

Data Collection—Interview. A face-to-face, semi-structured in-depth interview was conducted with W. The interview focused on his bereavement experiences and his bereavement process, and further on his emotional reactions, perception, changes, and ways of coping at different times. The interview occurred in a quiet and private venue, with the aim of making W feel safe and uninterrupted. The 144-minute interview was recorded and subsequently transcribed verbatim.

Analysis of the Interview. The first author conducted the interview in China. She subsequently transcribed the interview from an audio recording to a verbatim transcript, and translated the transcript into English. Initially, she conducted the assimilation analysis through listening to the audio recording, and through reading the Chinese transcript. The audio recording was a good basis for perception of W's emotions, as prosodic features such as volume, tone, pauses, sighing, and trembling in the voice could be vividly heard, and hence taken into account in the analysis. Meanwhile, the second author, a Finnish psychologist with extensive experience in clinical psychology research, went through the translated transcript and conducted the assimilation analysis. After the independent and concurrent assimilation analysis conducted by the first and second author, the two authors performed collaborative data analysis within regular data sessions (face-to-face meetings and online video meetings). The analytical procedure used was adapted from a four-step assimilation analysis previously used to analyze psychotherapy sessions (Brinegar et al., 2006; Stiles & Angus, 2001). At every

step, the independent data analyses alternated with collaborative data sessions. Each step was iterative until consensus was achieved.

Step 1: Familiarization and Cataloguing. Through listening to the audio recording and reading the Chinese transcript (with the second author reading the translated transcript), W's thoughts and feelings regarding his wife's suicide were noted, and a list was made of the problematic topics.

Step 2: Identifying Problematic Voices and the Community of Voices. From the list of topics extracted in Step 1, one central theme, namely W's wife's suicide, was identified. Within this theme, seven voices, including four dominant voices and three non-dominant voices, were distinguished on the basis of their content and emotion.

Step 3: Excerpting Passages. Passages representing the seven voices were located and excerpted. After this step, 21 passages representing the voices were selected.

Step 4: Describing the Process of Assimilation Represented in the Passages. APES ratings were assigned to each of the 21 passages screened in Step 3, and the reasoning for the ratings was clarified. The development of specific voices was noted, as were interactions and conflicts between voices.

Results

Overview: W's Community of Voices and Nondominant Voices

The main product of the four-step data analysis is summarized in Table 1 below. We identified one central theme from the interview, i.e., *W's wife's suicide*. There were two pairs of conflicting voices, as listed in Table 1. These consisted of (1) the *self-regulation* voice as opposed to *uncontrollable emotions,* and (2) *normalcy of life* as opposed to *accidental death/suicidal death*. The occurrence and the changes in the APES ratings of the voices are presented in Figure 1. In the following sections we shall elaborate how these voices developed in the interview.

The *rationalizing* voice was manifested when W wandered among various scientific and philosophical topics accompanied by negative but comparatively calm emotions

Table 1. Voices within W's Self.

Reference by letters *a–d* (see Figure 1)	Community of voices	Problematic voices
c	Rationalizing	
d	Self-observation	
a	Self-regulation	Uncontrollable emotions
b	Normalcy of life	Accidental death (b1) Suicidal death (b2)

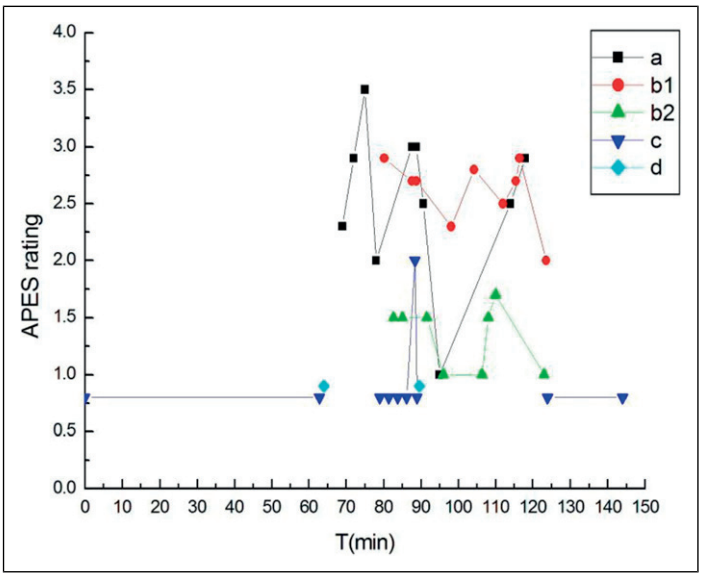

Figure 1. Occurrence of Voices, and Changes in the APES Ratings over the Entire Interview.

(APES 0.8). From Figure 1 it can be observed that the *rationalizing* voice (represented by line *c* in Figure 1) was the only voice present in the first 63 min after the interview began, and in the last 21 min before the end of the interview, with intermittent occurrences also from 79:03 to 90:50 min, where it was accompanied by other voices. With the *rationalizing* voice, W seemed to involve himself in rational thinking, and to temporarily avoid talking about his wife's suicide. Within this phase, W was mostly close to the stage of "active avoidance," i.e., APES 0.8. However, one exception appears at 88:24, when the APES rating of the rationalizing voice reaches 2.0. The excerpt below presents one example of W's *rationalizing* voice.

Excerpt 1: (61:16–61:36)

W: Then, in fact, from junior high school, I began to have an interest in philosophy though I didn't know it was philosophy back then, but after I read it, I felt it rather suited my preference.....

The emergence of W's *self-observation* voice implied less avoidance than before (hence representing APES 0.9). From around the 63rd minute, with the *self-observation* voice, W's narratives moved in such a way as to be more internally related to himself, as compared to the external topics taken up previously.

Excerpt 2: (63:09–65:14)

W: Mostly, I feel like I am searching for myself in others.

Int: Do you find yourself in someone else?

W: Sometimes after others do stupid things, everyone may laugh at the person, but I don't laugh. I know that although I haven't done it to the extent he did, I have some ideas in my mind that are the same as his.....

Throughout the interview, the interaction within the two pairs of conflicting voices, and the interweaving between them, constituted an important part of W's assimilation of the suicide. We shall present these voices in the following sections.

Conflicting Pairs of Voices

Self-regulation Voice versus Uncontrollable Emotions Voice. The dominant *self-regulation* voice caused W to regulate his emotions so that his relatively normal life could be sustained. The nondominant *uncontrollable emotions* voice opposed the *self-regulation* voice; it represented the expression of emotions which were hard to control. From Figure 1 one can see that the two voices were manifested in the middle section of the interview; here, the APES ratings of this pair of voices (represented by line *a*) went as low as APES 1.0 and as high as APES 3.5. Otherwise, most of the ratings were situated between APES 2.0 and APES 3.0. 10 excerpts containing the *self-regulation* voice and the *uncontrollable emotions* voice were extracted for APES ratings. Due to space limitations, we shall report on only two of these in this article.

Excerpt 3: (68:04–70:28)

Int: (Silent for 4s) What do you think has been the biggest impact on you of the thing that happened in your family?

W: (Silent for 8s) Grief (pause for 8s, drinks water, long inhalation). My wife (voice trembling, pause for 2s) is/was (in Chinese, "is" and "was" are expressed by the same Chinese word) not a very mature person mentally, sometimes (voice trembling).....after this happened (pause for 4s), I don't know how to say it, perhaps I can't say anything out of rationality, but from the point of view of the emotions (pause for 5s), from the emotions, that is a very strong feeling (pause for 4s), out of rationality (pause for 4s), out of rationality, for me, from a rational point of view, there's nothing to say, the thing is she is gone ...

W did not mention his wife's suicide for the first 68 min of the entire interview. At the 68 min, seizing the chance presented by four seconds of silence, the interviewer referred to his loss in a relatively implicit manner ("the thing"), seeking attunement with the interviewee. From his reply, two voices could be extracted: *self-regulation* and *uncontrollable emotions*. He appeared to focus on *self-regulation*, indicating only once his *uncontrollable emotions* (briefly, after which he went on to revert to *self-regulation*). These two voices appeared differentiated and separate, and there was not yet any dialogue between them.

Meanwhile, in the recording, W's tone of voice was sad, trembling, and suggestive of strong emotion; it contained frequent pauses, implying a struggle to control his intense emotional pain. Based on these manifestations, we assessed his APES score as 2.4 at this point, i.e., as located between vague awareness/emergence and problem statement/clarification.

Excerpt 4: (74:45–76:30)

W: Talking with people, talking with people, to see if it is possible to let this feeling out, maybe this is the way the mutual aid group works, this thing is not like what Freud…, even Freud couldn't do anything to make it all..., I can only find an opportunity to let this feeling out, but you can't remove all the feelings and make it so there's nothing left. It's very powerful, continuous, and endless, and then of enormous strength.

Int: Umm

W: I regard it as an existence. This kind of existence makes me a little uncomfortable, not so comfortable. I know it is normal (after the thing happened), but I know this thing will happen, I think, if I want to know myself, know, how to, not about getting rid of it or overcoming... Closer to how to be a friend with this feeling.

In this passage, the dialogue between the s*elf-regulation voice* and the *uncontrollable emotions* voice achieved APES 3.5, i.e., at the mid-point between (stage 3) problem statement/clarification and (stage 4) understanding/insight. The *uncontrollable emotions* voice was clarified. The two voices were approaching the point of working together to have problems resolved, but that point had not yet been reached. The overall situation of his emotions was still negative, but more manageable than before.

Normalcy of Life Voice versus Accidental Death/Suicidal Death Voice. The *normalcy of life* voice represented W's ideology about what life was supposed to be normally; by contrast, the *accidental death/suicidal death* voice represented his perception of his wife's death. W's perception of his wife's death was somewhat contradictory. On the one hand, he conceived his wife's death as an unexpected accident due to a misadventure in wrongly taking medicine (see excerpt 5). On the other hand, he took part in both the bereavement support group and the interview, and in the latter, he mentioned the "depressed" state, the "low mood", and the poor well-being status of his wife. In addition, after his wife died, he spent a lot of time looking up information on suicide and depression. These behaviors suggested that he might not be denying the possibility that his wife died from suicide. Beyond the *normalcy of life* voice, it seemed that W's perception regarding his wife's death could be divided into two branches—the *accidental death* voice and the *suicidal death* voice. These two branches sometimes merged into each other, while mostly existing separately. The three voices were present in the middle part of the recorded interview. In general, the APES ratings on the relationship between *normalcy of life* and *accidental death* were higher than those

exhibited between *normalcy of life* and *suicidal death*, as can be seen from Figure 1 (lines b1 and b2). The former branch was rated between 2.0 and 2.9, while the latter was rated between 1.0 and 1.7. In total, 16 excerpts containing the *accidental death* voice and the *suicidal death* voice could be extracted for APES ratings. Below, we report on one excerpt, within which only three voices (*normalcy of life*, *accidental death*, and *suicidal death*) were present. For clarity, the non-dominant voices and the APES ratings are given in parentheses after the corresponding sentences.

Excerpt 5: (93:10–110:20)

Int: What do you think of her choosing this action?

W: I don't think it was her choice (suicidal death: 1.0). She took some medicine that shouldn't be taken (pause for 12s).....At that time, she was not here. She went to her parents' home. When the thing (accidental death: 2.3) happened, they happened to have given her those pills to take around those few days.....I know this must not have been her choice..... (she) went home for a while and (they) told me that she was gone, I didn't believe it at all.

Int: She was not very well before the thing happened, right?

W: (She) couldn't fall asleep, had pain in her body, then (they) let her take the tablets. Those tablets were for her father. The precautions said severe depression can lead to aggravated sickness and a suicidal tendency. My wife was in a low mood back then. I kept describing a good future to her.....This is how the diary was written seven days before her departure (pause for 9s) (accidental death: 2.7), that's why I didn't believe that she chose to [xxx] (inaudible) herself. (suicidal death: 1.0).

Int: Why was she unhappy during that time? What happened?

W: She had a pain in her body.....this sickness happened to her (confused tone), how much was it a blow to her? It was never so serious that she would commit suicide (pause for 13s) (suicidal death: 1.0)..... She was on leave from work. It was good that her family could stay with her 24 hours a day, nothing would happen, this was a very reassuring thing (suicidal death: 1.5).

Int: Taking too much of the tablets will lead to depression?

W: People who are depressed can't take the tablets (tone raised). .....my wife, like a little girl, not a strong person, otherwise she wouldn't have felt so upset and nagged all day long after getting this disease (clearing throat) (she) is/was not a strong person, she was the youngest, she was spoiled when she was young (suicidal death: 1.7).

Interweaving of Voices and Swift Shifts in APES Ratings

There was one section of the interview in which all the seven voices were present. Here, frequent swift shifts in the APES ratings appeared within a period of around 10 min.

Unlike the excerpts presented above, the voices in this passage did not appear on their own; on the contrary, they were interwoven and mixed with each other. Moreover, higher ratings of the voices appeared only sporadically, and were frequently interrupted by other voices with lower APES ratings (see Figure 2 below).

Excerpt 6: (79:03–90:50)

W: Life is like a game or a farce..... more often there are no rules.....We consider ourselves the center of the universe, in fact we are just one.....(rationalizing: 0.8) when I saw my wife's bone ashes (accidental death: 2.9), I thought about this, one day I will also be like this (choking with sobs).....That's why I like reading some philosophical stuff.....-psychology.....Vipassana.....philosophy.....(rationalizing: 0.8) then you will find the human brain is a rational self. These kinds of things actually have rationality in the backstage. But I don't think like this about depression (suicidal death: 1.5), I am 99% sure it is caused by endocrine dyscrasia. Everyone's endocrine system is different..... (rationalizing: 0.8). I believe that if there is this kind of irrational and irresistible feeling of depression, I think it's at least 95% related to the brain and endocrine system (suicidal death: 1.5).

Int: The human brain is rational?

W: It's the human brain.....when you play games, your hands shake like this. What your hands feel is not something purely psychological, psychology is actually part of the body, the spirit and the body are actually unitary..... Dualism is a simplification.....Psychology is

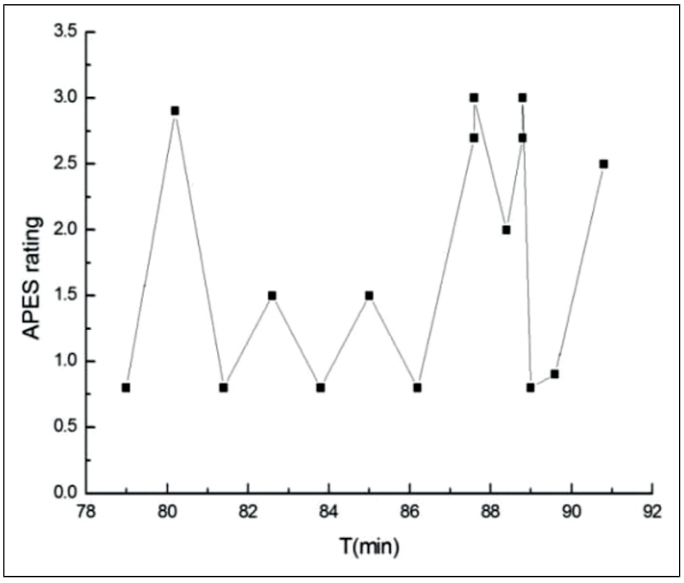

Figure 2. Interweaving of Voices, and Rapid Shifts in APES Ratings.

too complicated.....how can you actually use your own consciousness to study yourself. I think the human brain is an automated machine, the backstage has a lot of programs, it is almost impossible for you to use the front stage to study the backstage (rationalizing: 0.8). Sometimes you can feel you experienced what someone else is going through now, the power of experience..... my goodness, on that day, the feeling of powerlessness I felt was that I was tiny (accidental death: 2.7/uncontrollable emotions: 3.0), and suddenly I understood why foreigners have religious beliefs and Chinese people do not have religious beliefs .....I read one book..... (rationalizing: 2.0). At that moment, I felt that mood..... (accidental death: 2.7/uncontrollable emotions: 3.0). Those Greek deities (rationalizing: 0.8).....I think actually my life was pretty smooth..., so many years, no massive blow or anything... (self-observation: 0.9).

Int: Um, (pause for 5s), but this thing is a massive blow right?

W: I don't know the starting point of your question. It must be a massive blow to my private life, but it has no impact on my career, for my family and life, it is a..... The impact on the emotions is relatively large (uncontrollable emotions: 2.5).

Within these (approximately) 10 min, as exhibited by the APES ratings, regardless of which voice the ratings belonged to there were alternations of relatively higher ratings and lower ratings. In Figure 1, from time point 79:03 to 90:50, we connected all the rating points in chronological order, and found the fluctuations to exhibit a sawtooth pattern (see Figure 2).

Discussion

The present study aimed to use AM to illustrate W's initial stage of bereavement, at three months from the loss of his spouse to suicide. In addition, we attempted to explore AM's applicability to analyzing suicide bereavement experiences. Finally, we anticipated that we would be able to enrich the research on the suicide bereavement processes occurring at the initial stage.

Our assimilation analysis of the interview with W indicated that the initial stage of suicide bereavement was complicated and unstable. The seven voices within W's self could be rated in terms of different APES stages. The voices exhibited differences in how they intertwined and related to each other, with frequent and swift shifts between ratings in the part of the interview analyzed. These features all contributed to the overall picture of complexity and instability in W's internal process of assimilating his loss. Another aspect that made W's bereavement both complicated and distinctive was W's contradictory perception concerning his wife's death, veering between the two voices of "accidental death" and "suicidal death". Interestingly, at some points, the two branches of W's perception regarding his wife's death seemed not to be adversarial, in the sense that there was no clear borderline between them. The higher assimilation of the "accidental death" voice might imply that on the whole, W would have preferred to

perceive his wife's death as accidental; in this way his psychological suffering would have been reduced.

We gave APES ratings to each of W's dominant voices and to each of his conflicting pairs of voices; however, we did not assess W's overall APES rating in assimilating his wife's suicidal death. The complexity and the frequent fluctuation between the APES ratings of the seven voices made it hard to give a clear-cut overall APES rating. Despite this, it was possible to draw a conclusion from Figure 1, namely that W's overall assimilation of the suicide was still at an early stage in APES terms. This could indicate that W was at an initial point in his bereavement journey, and that he still had a considerable way to go before fully assimilating his suicidal loss.

The fluctuation was manifested more dramatically when swift shifts appeared between the APES ratings of all the seven voices in the course of around 10 min, creating a sawtooth pattern. This pattern has been observed in several previous studies (Osatuke et al., 2005; Penttinen & Wahlström, 2013; Stiles & Angus, 2001). However, the previous studies found the pattern in the context of psychotherapies, and the pattern consisted of APES ratings from different psychotherapy sessions—unlike the present study in which the pattern was exhibited within a period of around 10 min in a single non-therapeutic interview. The sawtooth pattern illustrated how W mourned his wife's suicide, following a natural course, without receiving professional support, or any help other than from the bereavement support group. During the (approximately) 10 min, W's utterances on his wife's death alternated with distancing topics. The alternation between topics could be his own conscious or unconscious self-soothing strategy. Coupled with his avoidance of mentioning his loss in the first 68 min of the interview, one can observe that W was initially reluctant to talk about grief. The study of Chan and Cheung (2020) on suicide bereaved Chinese men found a similar phenomenon. There it was explained as a normal response to loss which could help them to address their hidden bereavement.

The second aim of this research was to explore how AM is applicable in analyzing suicide bereavement experiences. By illustrating the seven voices and their APES stages, plus their dynamic interaction, the application of AM made the complexity and nuances of W's bereavement with accompanying multi-dimensionality of emotions visible and specific. Compared to other qualitative analysis methods (Begley & Quayle, 2007; Gaffney & Hannigan, 2010; Ross et al., 2018), we suggest that AM is able to make visible not only the theme of the narratives, but also the hidden voices underneath the theme. In such a case, AM appears to allow a clearer and more in-depth understanding of the complex inner process of suicide bereavement experiences.

From the perspective of suicide bereavement at the initial stage, we noted the complexity and instability in W's suicide bereavement, in line with several previous studies on suicide bereavement (Cerel et al., 2013; Cvinar, 2005; Peters et al., 2016). Similarly, Ross et al. (2018) found adaptation to suicide bereavement to follow a dynamic and shifting course at six months and 12 months after the loss. However, since the present study included one single case, further verification is needed as to whether frequent fluctuation in APES ratings is a feature unique to the initial stage of suicide

bereavement. We anticipate that relevant comparisons will be made in subsequent analyses within the current research project.

Our analysis revealed that W showed certain distinctive features in processing his suicidal loss. Indeed, every individual who has been bereaved through suicide may have qualitatively distinct paths through bereavement (Hall, 2014). W's alternation in narration between various scientific/philosophical topics and his loss-related experiences could have formed his own efficient way of maintaining a balance between his restless emotions and his ongoing life demands. In addition, one can see that at some points W's emotions were detached from self-regulation, which was dominated by his rationality. In this regard, Gaffney and Hannigan (2010) explained the detachment of emotions at the initial stage of bereavement as acting as a self-defensive strategy, minimizing the traumatic impact of the suicidal loss on the bereaved person. The fact of the loss may initially be so overpowering that bereaved persons need to become detached in order to manage their everyday functioning (Gaffney & Hannigan, 2010).

Strengths and Limitations

For the sake of credibility of the study, the research setting, the participants, and the data analysis have been presented here through "thick" description, giving as much detail as space allows (Creswell & Miller, 2000). Furthermore, close collaboration between the two authors was seen as providing a further guarantee of the credibility of the data analysis.

Nevertheless, one must be aware that the possibilities of generalizing from this study are limited, given that it involves one single case exhibiting (one may assume) distinct characteristics as regards bereavement experiences. Moreover, because of the low accessibility of suicide bereaved individuals in China, sampling was based on convenience, meaning that we cannot exclude the possibilities of selection bias. Another limitation is that our data do not allow us to make any valid cultural interpretations regarding suicide bereavement. Some cultural features may indeed have been present in the interview, but our research procedures involved a focus rather on the private and individual processes of suicide bereavement.

Despite the limitations above, it can be claimed that our single case study illustrated the research participant's initial stage of bereavement experiences in depth and in detail. It provides a unique portrait of the internal process of adapting to suicidal loss, and a comprehensive overview of the dynamic interaction between the voices within the process. The combination of AM with suicide bereavement research made the nuances of the internal processes visible. Hence, our study seems well placed to extend the (so far) limited knowledge on the bereavement experiences of the suicide bereaved, and especially knowledge on the initial stage of suicide bereavement, bearing in mind that very few previous studies have focused on this phase.

It can be claimed that the researcher-participant relationship in this study exhibits both strengths and limitations. The interviewer took part in the bereavement support group's regular meetings on two occasions. This appeared to leave W enough time to

consider his participation; in addition, familiarity with the interviewer before the interview was favorable in creating a sense of safety such that W could volunteer to participate. This helped to build rapport, allowing the interviewer access to crucial narratives in W's experiences, with richer and more authentic data. However, in such a case, the interviewer and interviewee might well develop unconscious preconceived opinions about each other. Hence, W's interview could well have had features different from those carried out with people outside the group, in terms of the interview process and the content of the data.

Clinical Implications

On the basis of this study, it can be claimed that health professionals could usefully apply forms of assimilation analysis to gain a clear portrait of the internal process of adapting to suicidal loss, with possibilities for more specific guidance on the intervention. Moreover, as indicated by this and by other studies, professionals may bear in mind that instability, complexity, and (very possibly) ambivalence can accompany the bereaved through their initial bereavement. Helping bereaved persons to cope with instability, complexity, and ambivalence merits a strong initial emphasis in clinical intervention, and can be expected to form one of the main standards in assessing the psychosocial support provided at this stage.

Conclusion

The application of AM shed light on initial suicide bereavement experiences. In terms of AM, the research participant was still at the initial stage of his bereavement process, and had a considerable way to go before fully assimilating his suicidal loss. Professionals should aim to establish a rapport with bereaved persons that will allow them to consider their distinct characteristics, and by applying assimilation analysis professionals may gain a clearer understanding of the inner conflicts of the bereaved. Knowledge of suicide bereavement at the initial stage (and specifically, suicidal loss at three months post-death) can contribute to determining the most appropriate ways to alleviate the negative impacts of the complicated and unstable psychological states experienced, with possibilities for improving the mental health status of bereaved family members.

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II

LONGITUDINAL CHANGES IN SUICIDE BEREAVEMENT EXPERIENCES: A QUALITATIVE STUDY OF FAMILY MEMBERS OVER 18 MONTHS AFTER LOSS

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Longitudinal Changes in Suicide Bereavement Experiences: A Qualitative Study of Family Members over 18 Months after Loss

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Abstract: Family members bereaved by their loved ones' suicidal death normally undergo a complicated and lengthy bereavement process. In this qualitative case study, we explored longitudinal changes in the suicide bereavement process by applying assimilation analysis, based on the Assimilation Model (AM) and the Assimilation of Problematic Experiences Scale (APES), to longitudinal interview data collected from two Chinese suicide-bereaved individuals within the first 18 months after their loss. The results showed that over time the participants both progressed in adapting to their traumatic losses. Assimilation analysis both effectively elaborated the difference in the inner world of the bereaved and clearly demonstrated development in their adaptation to the loss. This study contributes new knowledge on the longitudinal changes in suicide bereavement experiences and demonstrates the applicability of assimilation analysis to suicide bereavement research. Professional help and resources need to be tailored and adapted to meet the changing needs of suicide-bereaved family members.

Keywords: longitudinal changes; suicide bereavement; qualitative; family members; 18 months

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1. Introduction

Grief following the suicidal death of loved ones can be devastating. Cerel et al. [1] found that close family members form the majority of the bereaved who are most impacted by suicide, and that they suffer more than non-family persons from suicide-related loss. Creuzé et al. [2] also demonstrated the great impact of suicide on family members as both individuals and as a unit.

While sharing several common features (e.g., sadness) with bereavement after other types of loss, especially bereavement following unexpected decease and violent decease [3], some of these features are more evident in suicide than non-suicide bereavement. First, suicide bereavement exhibits a higher level of complicated emotional reactions and thoughts, including numbness and disbelief [4], rejection [5,6], guilt and self-blame [4], perceived responsibility [5,6], feelings of being rejected and abandoned by the deceased leading to feelings of anger and unworthiness [7], pondering on unanswered questions [8,9], and dramatic changes in one's core belief system [10,11]. Second, individuals bereaved by suicide are at higher risk for mental health difficulties such as depression, anxiety, post-traumatic stress disorder (PTSD), complicated grief, as well as for suicide ideation, attempts and completions [11–13] and unpleasant situations in their social network, such as stigma and shame [5,6], embarrassment, and isolation, etc. [10,14,15]. Besides these individual-level grief reactions, various post-loss family-level changes occur, such as in the regulation of the family's life, and in communication and interaction, mutual emotional accessibility, and cohesiveness within the family unit [11]. Creuzé et al. [2] found that family conflicts, taboos or cohesion also arise following suicidal loss.

Despite these research findings, studies on longitudinal changes in the suicide bereavement process remain scarce. Some of the few existing studies have focused on specific

groups (e.g., children, parents, and older spouses) [16–19] while others have followed a quantitative approach [6,18]. Methodologically rigorous qualitative research is needed to elaborate the diverse grief trajectories of bereaved individual family members in their diverse relationships with the deceased, and to gain a clear picture of their mental status at different time points. Hence, the present study applied a qualitative case study approach, tracking the bereavement journey of two Chinese suicide-bereaved individuals over 18 months and focusing on their lived bereavement experiences at different time points. We used assimilation analysis [20–22], to study the data as it offers an intensive, qualitative procedure for a case study [23] and has been demonstrated to offer particular advantages for monitoring psychological changes in the processing of psychologically problematic or painful experiences [24–26].

Assimilation analysis (AA) is based on the Assimilation Model (AM) and the Assimilation of Problematic Experiences Scale (APES). The Assimilation Model (AM) is an integrative theory and framework used in accounting for psychological change processes. AA was originally applied to track changes in psychotherapeutic processes [27,28] and was later developed for studying interviews in non-therapeutic contexts [25,29,30]. This study is a further application of AA to non-therapeutic interviews conducted to assess two participants' natural grieving status during which they received no professional intervention, although one participant participated in a suicide-bereavement support group. According to the schema formulation of AM [31], positive change occurs as the problematic experiences are gradually assimilated into one's schemas, "schema" referring here to the frame of reference that organizes one's perception and experience. A problematic experience can be a wish, intention, or behavior that is psychologically painful, arising from a particular life event or set of associated life events [27,32]. Coincidentally, Jordan [11] noted that suicide may disturb the presumed world or cognitive schema of bereaved individuals.

The assimilation of individuals' problematic experiences into their schemas is rated from zero to seven in an eight-stage process, as presented in the Assimilation of Problematic Experiences Scale (APES) [26], which contains a description of the cognitive and affective features of each stage. In stage zero (warded off/dissociated), the problematic experience is actively avoided, and accompanied with minimal affect [26]. In stage one (unwanted thoughts/active avoidance), thoughts associated with the experience arise when triggered by external circumstances, and affect becomes stronger and more salient. In stage two (vague awareness/emergence), the experience is acknowledged, the problem cannot yet be clearly formulated, and affect is acutely painful or panicky. In stage three (problem statement/clarification), the problem is clearly stated, with negative but manageable affect. In stage four (understanding/insight), the problematic experience achieves a clear connection to a schema, accompanied by both unpleasant and pleasant recognition and affect. In stage five (application/working through), understanding is used to tackle the problem, and affect is positive and optimistic. In stage six (resourcefulness/problem solution), a successful solution to the problem is worked out, with positive and satisfied affect. In stage seven (integration/mastery), solutions are successfully applied in new situations, with positive or neutral affect.

Wilson [33,34] applied AM to analyze bereavement counseling. We used assimilation analysis to analyze a single bereavement category, i.e., suicide bereavement, in specifically non-therapeutic research interviews. The research questions were:

1. What changes occur in suicide bereavement experiences over the first 18-month period after loss?
2. What are the strengths and challenges of using assimilation analysis to analyze changes in the suicide bereavement process?

Moreover, as both participants are Chinese, we explored the potential impact of Chinese culture on their grief.

2. Method

2.1. Participants

This study constitutes part of a larger research project focusing on lived suicide bereavement experiences in China. To track the bereavement journey of suicide-bereaved individuals, focusing on their lived bereavement experiences at different time points, two participants, W and Song (both are pseudonyms) were included in this study as, at the time of their first interviews, the interval since their suicidal loss was the shortest among all the 14 participants included in the research project. They were also the only two participants in the longitudinal interviews. Specifically, W was interviewed four times at around 3, 7, 10, and 18 months after his wife (L) had died by suicide. Song was interviewed twice, at around 6 and 18 months after her younger brother (X) had died by suicide.

Both participants had received a higher education. W was over thirty. He and his late wife's marriage was the first marriage for each, and they had no children. The marriage had lasted for 4–5 years. Song was approaching her thirties. She was the second daughter in the family and three years younger than her older sister.

2.2. Research Ethics

The Research Ethics Committee of University of Eastern Finland approved the study. Before the interviews, the participants were informed about the research, including the voluntary nature and anonymity of participation, the purpose and procedures of the interviews, the potential benefit and risks of participating in the interviews, their right to quit at any time, and the resources available to them if they encountered distress during and/or after the interviews. Both participants gave their written informed consent before the interviews. After the interviews, the interviewer inquired about the participants' mental status so that timely support could be provided if needed.

2.3. Procedures

2.3.1. Participant Recruitment and Data Collection

W was recruited through a suicide bereavement support group and Song through social media. The first author conducted semi-structured in-depth interviews with W and Song in quiet and private venues in China. All the interviews were conducted face to face, except for W's third interview, which was conducted online through an audio call. The interviews focused on the participants' bereavement experiences and process, specifically on their reactions, perceptions, and changes in these after the event, their coping and adjustment at different times, changes in their families, support sought or received, etc. The interview guide was derived from the literature on experiences and changes in suicide bereavement processes. The interviews were audio-recorded with the participants' consent. Throughout the interviews, the interview process mostly followed the participants' narratives. Probes and follow-up questions were proposed when appropriate. This approach enabled the interviewees to manage their narrative pace and emotions with a greater sense of control.

2.3.2. Assimilation Analysis

The first author conducted all the interviews in Chinese, transcribed the interviews verbatim in Chinese, and translated the Chinese transcript into English for analysis. A four-step assimilation analysis [26,35] previously used to analyze psychotherapy sessions was adapted and used in this study. Each step was completed with alternation between the two authors' independent data analysis and their collaborative data sessions conducted until consensus was achieved.

Step 1: Familiarization and indexing. Through repeated listening to the audio recordings and reading the transcripts, the researchers discerned the participants' thoughts and feelings about their loss and made a list of problematic topics. In AM, a "topic" is an attitude expressed toward an object (which can be a person, thing, event, or situation) [36].

Step 2: Identifying and Choosing Themes. In AM, a "theme" is an attitude revealed recurrently, possibly regarding several objects [36]. From the list of topics extracted in Step 1, themes, i.e., topics which were mentioned frequently and narrated at great length, were identified. We named every theme based on its core content. Based on their length of narration, we assigned the themes identified in each interview into three categories: focal themes, secondary themes, and tertiary themes. The focal themes were narrated at the greatest length in each interview, the secondary themes at medium length, and the tertiary themes at the shortest length. Some themes, which closely resembled each other were combined to form a single focal or secondary theme. These combined themes were named sub-themes in this study.

Step 3: Selecting Passages. Passages representing the three categories of themes were located and extracted.

Step 4: Describing the Process of Assimilation Represented in the Passages. Each interview was assigned an overall APES rating based on the content of the themes and passages gleaned from Steps 2 and 3, respectively. We used words together with the APES ratings to elaborate our understandings of the participants' process of assimilating their loss.

3. Results

3.1. The Case of W

The themes identified in each of W's four interviews are presented in Table 1 below.

Table 1. Themes in each of W's four interviews.

	Themes	APES Rating
First interview (3 months after his loss) Length in minutes: 143:26	**1 Intellectualization** **2 Bereavement experiences** (emotional reactions; incredibility of L's death; feelings of guilt; what helps bereavement; view of life; memories of L) ***Perception of L's death*** (how L died; L's depression) Self-observation	Not assessed
Second interview (7 months after his loss) Length in minutes: 119:42	**1 Bereavement experiences and changes** (future expectations; seeking truth; what helps bereavement; memories of L) **2 Exploration/reconstruction of the suicide** (L's personalities; influence on L of her original family; L's diaries; L's depression) ***Feelings of guilt*** ***Self-exploration*** Conflicts with parents Suicide prevention	2.8
Third interview (10–11 months after his loss) Length in minutes: 230:50	**1 Conflicts with ex in-laws** (details of the conflicts; L's original family blamed W for L's death; emotional reactions triggered by conflicts) **2 Exploration/reconstruction of the suicide** (L's personalities; influence on L of her original family; L's diaries; L's depression) **3 Bereavement experiences and changes** (Current mindset; incredibility of L's death; description of the intense emotions experienced previously; future expectations; what helps bereavement; impact of conflicts' on bereavement) ***Memories of L*** ***Feelings of guilt*** ***View of life*** Self-exploration Conflicts with parents Few people to talk to about the suicide	3.3
Fourth interview (18 months after the loss) Length in minutes: 147:29	**1 Bereavement experiences and changes** (changes in living arrangements; previous emotional status and current emotional status; status of daily life; acceptance of truth/reality; what helps bereavement; view of life; memories of L) **2 Exploration/reconstruction of the suicide** (L's worry and pressure during marriage; influence on L of her original family; L's diaries; L's depression) ***Conflicts with ex in-laws*** (details of conflicts; emotional reactions triggered by conflicts) ***Feelings of guilt*** ***Conflicts with parents*** Few people to talk to about the suicide	3.7

Note. Bold: focal themes; bold and italics: secondary themes; normal: tertiary themes; normal in parentheses: sub-themes. Numbers mark the sequence of the focal themes. L is the pseudonym used to refer to W's late wife.

3.1.1. Themes and APES Ratings of Each Interview

W's first interview has been analyzed in detail in another research article [37]. The focal themes in the first interview included *intellectualization* and *bereavement experiences. Intellectualization was* manifested in the fact that W spent most of his time talking about various scientific and philosophical topics. This theme alone accounted for 84 min of the 144-min interview.

After being asked about the impact of his wife's suicide on him, W vividly described his intense and overwhelming sadness and other negative emotions. He felt her death was unbelievable and sudden, and he was experiencing feelings of guilt, although these had moderated after he learned some of the reasons for her death. Moreover, it had altered his view of life, and he briefly recalled what L had been like. Fortunately, his parents' company and his participation in the bereavement support group had helped him. W's *perceptions of his wife's death* were somewhat contradictory. On the one hand, W attributed L's death to an accident while on the other, his behavior indicated that he did not reject the high possibility that L might have died by suicide.

Owing to the frequent shifts in topics and themes, and to the great discrepancies in the APES ratings across different themes, it was not possible to give an overall APES rating of W's first interview. However, it was agreed that W's mental status was characterized by turbulence, contradictions, and avoidance, and hence that W's overall assimilation of L's suicide was still at an early stage, i.e., below 2.5 points, which is the cutoff between emergence and clarification on the APES.

The focal themes in the second interview included *bereavement experiences and changes*, and *exploration and reconstruction of L's suicide*. W's narratives were less intellectualized; scientific and philosophical topics were more both briefly mentioned and more relevant to his narration of his thoughts and experiences. In the narratives under the theme *bereavement experiences and changes*, W expressed his expectation of gaining more control over his life and what he wished to achieve in the future. However, he mentioned his pain only indirectly and briefly in the second interview, his bereavement-related emotions remaining almost indiscernible.

Excerpt:

W: Seeking truth . . . actually is the most important thing, sometimes, including after this thing happened, sometimes the truth of things brings a lot of pain, you need something to numb yourself, right? But you can't numb yourself forever right?

W acknowledged L's death as suicide, explored its possible causes, and constructed a multi-dimensional interpretation for it that involved *L's personalities, the influence on L of her original family, L's diaries,* and *L's depression*. However, W's reconstruction mainly focused on external causal explanations for L's death and lacked self-reflection, thereby appearing incomprehensive.

W's *self-exploration* started through reading books, pondering about his family and observing himself. He felt he had gotten past the most severe phase of guilt and self-blame and was less distressed. However, he frequently emphasized the topic of guilt and self-blame, which seemed a crucial and unavoidable part of his bereavement process.

Excerpt:

W: She wasn't a person like me, she didn't get the disease because of me, after I knew that, I walked away from feelings of guilt, my conscience could quieten down . . .

Based on the above observations, we can see that with his more manageable emotional status, W was more accepting of his suicidal loss: he was able to confront the complexities of his bereavement, and begin his (although not yet comprehensive) exploration and reconstruction of L's suicidal death. Hence, we rated W's second interview as 2.8 (approaching clarification).

In the third interview, the focal themes included conflicts with ex in-laws, exploration and reconstruction of L's suicide and bereavement experiences and changes. The largest proportion of W's talk in the interview concerned his conflicts with his ex in-laws. He

recounted in detail how L's original family blamed him for L's death, and the strong emotions triggered by these conflicts.

Excerpt:

W: . . . So you say, rather disgusting, right? So mean, so heartless . . . ridiculous and bastard, really disgusting . . . What they did made me feel I couldn't remain drowning in sorrow any more, I had to pull myself together to tackle those things.

On the theme of *bereavement experiences and changes*, W directly described his *current emotional status* and compared it with his *intense emotions experienced previously*. Some negative aspects emerged into W's narration of his *memories of L*. He recognized that he was still suffering considerably from feelings of guilt and frankly elaborated the different aspects of these *feelings* caused by L's suicide.

Excerpt:

W: After she'd gone, I found her diaries, after seeing them, I blamed myself heavily at that time . . . back then, I didn't empathize with her, she hid those things from me, I didn't recognize them either, this made me somehow feel guilty . . .

Thus, it is evident that W was able to directly and openly express and manage his different emotions, including those that were negative and aggressive emotions. His reflection and reconstruction had now become more comprehensive and in-depth, and he had a clear picture of what he wanted to achieve in the future. Hence, we rated W's third interview as 3.3 (slightly above clarification).

The focal themes in the fourth interview included *bereavement experiences and changes*, and *exploration and reconstruction of the suicide*. W relocated to live alone at some point between the third and fourth interview. He said that emotionally he could "come to terms with reality", i.e., his wife's suicide. He had also taken action on his future. W summarized some of the things that had helped his recovery, including his hobbies, his zest for reading and thinking, his friends, the bereavement support group, etc. He remembered what L was like and thought about her personalities dialectically.

Excerpt:

W: Truth is the thing that you must come to terms with, it is just sometimes too cruel to be accepted . . . You are just a minute star in the universe, you have such a short life, we are so minimal, this thing is not a big deal . . .

On the theme *exploration/reconstruction of the suicide*, W newly added that L probably felt great pressure in their marriage due to her physical illness. *Conflicts with parents* accounted for a greater proportion of his talk in the fourth than previous interviews. W recounted the difference in ideas and habits of living between himself and his parents. He assessed his current feelings of guilt as "appropriate".

Excerpt:

W: I read her diaries, and then I acquired some knowledge about psychology, I got to know what was going on, I didn't blame myself too much, actually a certain amount of guilt is unavoidable, I think it is appropriate guilt, not too much . . .

Thus, it can be seen that by the time of his fourth interview, W had taken actions to achieve what he wanted and had become more flexible and proficient at expressing and regulating his emotions, more aware of what was helpful and unhelpful for recovering from his bereavement. We rated W's fourth interview as 3.7 (approaching insight).

3.1.2. Development of Bereavement across the Four Interviews

W's changes in bereavement are shown in the development of themes across the four interviews. W's talk in the later three interviews was much more stable than in the first interview, which was characterized by frequent switches between themes and fluctuation in their APES ratings. Moreover, the themes identified in the four interviews underwent various changes, either existing in only one or two interviews, evolving into other themes, or increasing or decreasing in the length and depth of their narrative content (see Table 1).

The theme *bereavement experiences and changes* was the only focal theme common to all four interviews. However, its position and sub-themes in the interviews varied. In regard to the contained sub-themes, in the first interview, no "changes" were included; in the second interview, *seeking truth* and *future expectation* emerged, however, expression of emotions was almost hidden. In the third interview, emotions were expressed, and he went into more detail in *future expectations*. In the fourth interview, W's narratives on this theme were more down to earth.

The theme *exploration and reconstruction of L's suicide* was the second focal theme in the remaining three interviews. While containing the same sub-themes as in the second and third interview, the underlying narrative content underneath of each sub-theme was much more detailed and profounder in the third interview. The fourth interview contained a new sub-theme, *L's worry, and feelings of pressure in the marriage*.

Feelings of guilt were also present across W's four interviews. In the first interview, it was a sub-theme. He was experiencing guilt about L's death, although this had moderated once he had learned some of its causes. In the later interviews, it was a secondary theme. In the second interview, W talked at length on this theme, despite saying that he had already left behind his most severe feelings of guilt. In the third interview, W was still burdened by guilt. In the fourth interview, however, W concluded that his feelings of guilt had moderated to an appropriate level.

3.2. The Case of Song

3.2.1. Themes and APES Rating of Each Interview

The themes identified in each of Song's two interviews are presented in the table below.

The focal themes in the first interview were *exploration and reconstruction of the suicide*, *emotions caused by the suicide* and *impact of the suicide*. Song talked about her brother's suicide candidly. She sought to understand his inner world and the reasons or even THE reason for it, possible advance warnings, and to figure out what family-related issues might have impacted his choice of suicide. The suicide has also caused her to feel a range of intense *emotions* (see Table 2).

Table 2. Themes included in each of Song's two interviews.

First (6 Months after Her Loss; 94 min)	Second (18 Months after Her Loss; 283 min)
1 Exploration and reconstruction of the suicide (family environment, family history and family relationship related to the suicide; ignored advance warnings of the suicide; extended family's experiences of depression and attempted suicide; parental education; personalities and personal experiences of X; reflection on Song's personal experiences) **2 Emotions caused by X's suicide** (incredibility of X's suicide; unable to understand or accept it; unable to have done something to prevent it; partial understanding; unchangeable and overwhelming; inestimable and unresolvable pain; pity and tragedy; loss of interest; blame/hate; compassion; feelings of guilt; dazed/resigned) **3 Impact of the suicide** (impact on socializing; changes in living arrangement; different impact of X's suicide on different family members; impact on family relationship; impact on career plan and romantic relationship; impact on the extended family; description of suicide method and scene) View of life Religious belief Few people to talk to about X's suicide Suicide prevention	**Tangled romantic relationship** (conflicts in relationship; consideration of relationship and marriage; status of the relationship; boyfriend's family background; boyfriend's relationship history and marriage; disliked marital status) ***Bereavement experiences and changes in family members*** (changes in living arrangements; impact of X's suicide on socializing; different impact of X's suicide on different family members; changes in view of life; carrying out career plan; emotional status; difficulty of emotionally accepting X's suicide; ambivalence between understanding and misunderstanding of X's suicide; description of the suicide method and scene and bereavement experiences immediately after X's suicide; similar suicide bereavement experiences to someone else's) ***Impact of family environment, family history and family relationship on Song*** (family relationship after X's suicide; conflicts with sister and mother; sister's marriage situation and brother-in-law's family background) Exploration and reconstruction of X's suicide (family environment, personalities, personal experiences; triggers and advance warnings of his suicide; suicide note) Disliked living status Religious belief Song's personal experiences and personalities Career development Best friends/flatmates and friends Suicide prevention
Overall APES rating: 2.7	Overall APES rating: 3.2

Note. Bold: focal themes; bold and italics: secondary themes; normal: tertiary themes; normal in parentheses: sub-themes. X is the pseudonym used to refer to Song's late brother.

Excerpt:

Song: In fact, quite often, until now, I feel this thing is too unreal, difficult to accept, I can't figure it out . . . If I could have brought him into my life, then maybe he wouldn't have done this, but maybe it's useless . . . I am not surprised he had these thoughts, I often

had these thoughts when I was a child . . . This is irreversible, I feel I have been totally changed, my whole life . . . Such pain can't be measured, and there is no solution . . .

While Song was clear about the *impact of the suicide* on her and her family, she was "puzzled" about what areas she could work on and how to cope with her intense emotions in practice. Her current life arrangements and future plans had changed. She spent a lot of energy caring for her parents and had also had to postpone making decisions on her career development and romantic relationship due to her "too tired/exhausted" state.

We rated Song's assimilation of her brother's suicide on the APES as 2.7.

Song's second interview lasted 283 min. The largest proportion of her talk was spent giving a detailed description of her tangled romantic relationship with her boyfriend. Her quarrels with him had become more serious since X's suicide.

Song: If he's so close to his cousin, why can't he understand my affection for my brother, I'm very angry about this, thinking why can't you understand the trauma in my heart . . . Well, it may be, I think this kind of trauma may be caused by my brother, it may be . . .

Int: How about before? Were you like this before the event?

Song: Before, it wasn't so serious before.

In her secondary theme, *bereavement experiences and changes in family members*, Song's life seemed to have moved on, since her focus had shifted away from caring for her parents to implementing her career plan. Nevertheless, Song manifested ambivalence at several points. Cognitively, she could understand why her brother had died by suicide but was emotionally unable to accept it. The deliberate nature of suicide challenged her belief about the controllability of the world and life, making her feel both angry and resigned. She tried to prevent her thoughts and emotions about X's suicide affecting her daily life. Paradoxically, in the interview, she recalled the method and scene of his suicide and her family's bereavement experiences immediately afterwards in vivid detail, as if the event had happened only a few days ago.

Song: Now as soon as I think about the details, I'll definitely be overwhelmed immediately, I force myself not to think about it, I need to move forward . . . Now my dad basically doesn't mention it anymore, and my mom doesn't either, she won't mention my brother constantly like before, she also just wants to forget it.

The impact of the family environment, family history and family relationships on Song was a secondary theme. Here, Song's attention focused on how her family influenced her, including her relationship with other family members and her choices in her romantic relationship.

In this interview, several narratives were intertwined, and Song freely switched between them. The same story line was scattered across the interview. Song seemed to give a comprehensive and accurate introduction to her life, covering every single aspect from past to present. The main story line among the many concerned Song's *tangled romantic relationship* with her boyfriend, with her brother's suicide and the family's bereavement forming an implicit and underlying motif throughout the interview. This may coincide with Song's stated choice of not thinking about X's suicide.

Song's assimilation of her brother's suicide was rated 3.2 on the APES.

3.2.2. Development of Bereavement across the Two Interviews

Song's first interview focused on her *exploration and reconstruction of the suicide*. She also spent much time in the interview reflecting on the *various emotions X's suicide* aroused in her and on the *impact of his suicide* on the entire family. In comparison, the focus in the second interview had shifted onto her *tangled romantic relationship* and her family's influence on her life. Moreover, in the first interview, Song narrated her various emotions at great length, while in the second interview, her emotions were less evident.

3.3. Comparison of the Two Cases

3.3.1. Commonalities

Both W and Song had a comparatively high level of psychological mindedness, meaning that they were aware of their own psychological processes and could elaborate these in clear and rich language. They were also eager to integrate the psychological knowledge they had acquired into their interpretation of their close ones' suicides. Moreover, their religious interest or belief eased their grief to some extent.

The APES ratings of both participants' assimilation of their loss increased over time. W and Song both displayed emotions more in the earlier interviews. These emotions were characterized by ambivalence, turbulence, fluctuation, and detachment. Later, their emotions were less apparent. Moreover, their interview themes were interconnected. For example, the focal theme *bereavement experiences and changes* and *exploration/reconstruction of the suicide* impacted on each other. Lastly, Song's first and W's second interview occurred at similar interval after their loss, at 6 and 7 months, respectively. Coincidentally, their APES ratings of 2.7 and 2.8, respectively, were also similar.

W and Song also shared some family-level commonalities. The families of both participants played an important role in their bereavement. W's parents supported him with their presence while Song greatly supported her parents. Her relationship with her parents and sister also impacted her bereavement process. Moreover, both families had more intra-familial communication and interaction post- than pre-suicide, although the conflicts between family members escalated.

3.3.2. Differences

Compared to W, Song's emotions were more explicit, diversified, and more frequently observed, especially in her first interview. Song attributed her brother's death to suicide from the very beginning whereas W had doubts about the nature of his wife's death. Moreover, probably owing to their different relationship to the deceased, Song's account included more about other family members' bereavement experiences.

Both W and Song's last interview took place at 18 months after their loss. At the time of the last interview, W had drawn on his inner and outer resources to create a channel for his grief and recovery. He had arrived at a balanced and peaceful phase of grieving after having undergone turmoil, distress, and conflict with his ex in-laws. In comparison, Song continued to experience difficulty in dealing with the overwhelming emotions aroused by thinking about X's suicide. Dramatic and conflictual voices filled her inner world, causing her to be more avoidant when coping with her bereavement. The difference in W's and Song's status at their last interviews is reflected in their APES rating: 3.7 (W) and 3.2 (Song).

4. Discussion

Bereavement occasioned by suicide is normally a complicated and long process. The mental status of bereaved individuals varies at different time points after their loss. W and Song both experienced changes and progress in their bereavement during the first 18 months after loss. W journeyed from suffering overwhelming, detached and turbulent emotions, and experiencing a considerable void in his heart and life, to constructing causes for his wife's suicide from different perspectives, dealing with the conflicts triggered by his loss, confronting negative emotions, and finally arriving at a balanced and peaceful phase of grieving. While Song also started from being overwhelmed by intense emotions, she ended up experiencing dramatic mental conflicts and intentionally avoiding mention of her loss.

The grief trajectories of W and Song support the findings of Gaffney and Hannigan [38] on the initial, medium-term and long-term stages of coping with grief. Dealing with complicated emotions is an essential part of suicide bereavement experiences, as the present two cases show. The intense emotions revealed by the participants in their initial interviews are a previously reported feature of bereavement reactions in the months immediately following a suicide [39,40]. W's emotions were detached at 3 months and hidden at

7 months post loss. Song, in turn, displayed obvious avoidance at 18 months post loss. Ross et al. [19] considered avoidance a maladaptive strategy at 6 and 12 months after suicidal loss. However, views vary. For example, Gaffney and Hannigan [38] found avoidance to be a regulatory strategy, Wilson [34] suggests that detachment and avoidance may facilitate temporary respite from intense grief, while Updegaff and Taylor [41] suggest that avoidant coping can be helpful temporarily.

Along with the expression and regulation of emotions, exploration/reconstruction of the suicide, i.e., sense-making and meaning-making of the suicide, have been demonstrated to be a crucial stage in suicide bereavement. Sands and Tennant [42] posited that reconstruction can help bereaved persons progress in their bereavement trajectory. The significance of exploration/reconstruction for suicide bereavement has also been empirically supported [8,19,38,39,43,44].

In line with Shields, Kavanagh, and Russo [44], who found that the three main themes underlying the process of bereavement, i.e., the feelings of bereavement, the meaning of bereavement, and the context of bereavement, may have a large impact on one another, the themes in the present participants' interviews were interconnected. Studies have suggested that reconstruction of the suicide story can help the bereaved bond with the lost family member in a more positive way, lessening their sense of guilt [42,45]. In our study, the two most prominent themes—bereavement experiences/emotions caused by the suicide and exploration/reconstruction of the suicide—were interrelated and affected each other's development.

Assimilation analysis effectively elaborated the differences in the participants' inner worlds and clearly demonstrated their adaptation to their loss over time. The extraction of themes and related passages from the transcripts showed the prominence and valence of each theme, indicating their sequence in the process of suicide bereavement and giving a clear picture of the participants' real-time grieving status. Comparison of the APES ratings and thematic content across the different interviews clearly revealed the changes in the participants' suicide bereavement process. Thus, the application of assimilation analysis in this study rendered visible not only the micro details in the different phases of bereavement experiences, but also the underlying macro changes over time. This could hardly have been achieved with the research methods used in previous studies on suicide-bereaved individuals' grief trajectories [6,17–19,46].

We conducted in-depth individual interviews with the two participants. Research has shown that such interviews can have an interventive impact on participants, even if unintended [47]. Bonanno, Boerner, and Wortman [48] found that talking about a deceased spouse was beneficial for resilient individuals. Similarly, Baddeley and Singer [49] suggest that the bereaved can make meaning of their bereavement by disclosing their grieving experiences to other people. Shields, Kavanagh, and Russo [44] propose that the act of creating an understanding and non-judgemental environment that allows the bereaved to communicate their experiences candidly and honestly can help them through their grieving process. Here, W was interviewed at a higher frequency and shorter interval than Song. The potential interventive impact of W's four interviews and/or his participation in a bereavement support group may partly explain his better final status. Research has confirmed the positive function of bereavement support groups [19,38,50]. Participation in research interviews and in support groups provides opportunities for the bereaved to talk about their grieving experiences with others and potentially find meaning in their bereavement.

Ali [51] suggests that consideration of the indigenous cultural context is crucial for generating knowledge on adaptive reactions to grief. The two present cases shed light on the impact of Chinese culture on individuals' bereavement. The intensity of the participants' feelings of guilt and self-blame stem partially from their sense of failing their responsibilities as a husband and as an older sibling. This reveals the uneven distribution of responsibility and the hierarchy in family relationships in Chinese culture. For Song, caring for her parents became her most important bereavement-related task during the first year after the

event, as she had to be strong for her family. Chinese families widely value traditional filial piety. This factor may have informed Song's strong sense of responsibility towards her parents and her blaming of her deceased brother, as suicide is deemed as extremely unfilial act in Chinese culture [52]. Hence, Song's family also experienced awkwardness in their social network after their loss, an added burden, especially at the onset of their bereavement. Research has also shown that, particularly in Asian cultures, stigma associated with mental illness casts a shadow not only over the affected individuals but often also over their families [53,54].

4.1. Strengths and Limitations

A strength of this study is that it is one of the few to monitor suicide bereavement trajectories over a longer period. Utilizing in-depth interviews, the study tracked the two participants over 18 months, thereby amassing rich and detailed longitudinal data on their experiences. These factors, together with the application of assimilation analysis, enabled the main features of the bereaved individuals' inner worlds to be charted at different times, revealing how they adapted to their loss. Hence, our study extended the (thus far) limited knowledge on changes in suicide bereavement experiences over time, while also demonstrating the applicability of assimilation analysis to this research domain.

We also applied various methods to guarantee the trustworthiness of this study. Many of these methods enabled us to meet the qualitative research criteria suggested by Lincoln and Guba [55], Creswell and Miller [56] and Korstjens and Moser [57]. The methods included prolonged engagement (thorough preparation of the data collection phase; allowing sufficient time to gain familiarity and create a relationship of trust with the suicide-bereaved participants; adequate interview length; a long time span between successive interviews), methodological triangulation (complementing the in-depth interviews with field notes to provide reference points for the data analysis), investigator triangulation (close collaboration between two researchers; alternation between the authors' independent data analysis and their collaborative data sessions), persistent observation (going back and forth between the dataset and data analysis; reading relevant theorical and empirical literature throughout the research process; allowing observations that emerged from the data to prompt ideas about the data analysis while also allowing the data analysis impact the subsequent data collection; the data analysis started immediately after each interview and continued until the article was finalized), transferability (giving a rich account of the research process and context, including the participants as well as the research data), dependability and confirmability (detailed descriptions of the analyses and interpretations made and derived from the data), reflexivity (the first author kept a research journal to keep track of her ideas and thoughts in all phases of the research so that she could reflect on her own role in each phase and, if necessary, make self-corrections).

Since, according to Levitt [58], "qualitative generalization" refers to the phenomenon rather than the population, the findings of this research can to some extent, depending on the context of the bereavement and characteristics of the bereaved, be generalized to the suicide bereavement process and the longitudinal changes that occur during it. However, it should be noted that for several reasons, generalizing from this research to wider populations is limited. First, the number of cases and interviews was small. Second, the difficulty of finding participants who had recently lost loved ones to suicide and were willing to participate in longitudinal interviews raises the possibility of selection bias. Third, the level of psychological mindedness and understanding of psychological knowledge of the present participants is not commonly encountered in the field. Finally, owing to resource constraints, we could not extend the longitudinal interviews beyond 18 months after loss. Thus, it is possible that a longer time span might better facilitate comparative research on this topic.

4.2. Clinical Implications

The trajectories found in this study may be of value to those who help people bereaved by suicide, including health professionals, social workers, volunteers, family members, and friends. Forms of assimilation analysis can be applied in in-depth assessment interviews with bereaved individuals to understand their adaptive processes. Our results indicate that professionals should bear in mind that the mental status of persons bereaved by suicide differs both between and within individuals over time. Hence, professional interventions and other social resources targeted to bereaved family members must consider their specific situations and tailor support to meet their changing needs. For bereaved persons suffering from long-term emotional dysregulation and severe or chronic stress symptoms such as anxiety or depression, professionals should evaluate and monitor their risk for developing complicated grief, PTSD, or suicidal tendencies, etc. Finally, coordinated culturally appropriate assistance and services can help promote the recovery of family members.

5. Conclusions

This study tracked the bereavement journey of two suicide-bereaved individuals and their lived experiences of bereavement at different time points during the first 18 months after loss. Although the mental status of these individuals varied both intra- and inter-individually over time, both underwent a complicated and lengthy process, showing a positive trend towards recovery from their traumatic loss. This study also demonstrated the applicability of assimilation analysis to research on changes in suicide bereavement experiences over time. We further found that participation in a bereavement support group and in individual in-depth research interviews seemed to have a positive effect on these suicide-bereaved individuals. We also speculated on the possible impact of the Chinese culture on suicide bereavement in these two cases. The findings of this study can contribute when designing more appropriate measures for helping bereaved individuals varying in the characteristics of their bereavement process.

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III

LONG-TERM SUICIDE BEREAVEMENT EXPERIENCES OF IMMEDIATE AND EXTENDED FAMILY MEMBERS AT 10-41 YEARS AFTER SUICIDE

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