The Healing Journey:

What Are the Lived Experiences of Suicide Survivors Who Become Peer Counsellors?

by

Olga Oulanova

A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy
Department of Adult Education and Counselling Psychology
Ontario Institute for Studies in Education of the University of Toronto

© Copyright by Olga Oulanova 2012
The Healing Journey:

What Are the Lived Experiences of

Suicide Survivors Who Become Peer Counsellors?

Olga Oulanova

Doctor of Philosophy

Department of Adult Education and Counselling Psychology

Ontario Institute for Studies in Education of the University of Toronto

2012

Abstract

The suicide of a loved one is a traumatic life event that brings considerable emotional suffering. In the present study, the term suicide survivor refers to an individual bereaved though suicide. In the aftermath of their loss, some suicide survivors become peer counsellors and thereby draw on their painful experiences to provide assistance to others bereaved in this manner. Although these individuals play an important supportive role, little is known about their experiences with doing this kind of volunteer work. This study sought to explore the phenomenon of peer counselling in suicide bereavement by addressing the question, what are the lived experiences of suicide survivors who become peer counsellors? The purpose of the study was to understand how these individuals conceptualize their volunteer work and how their volunteerism may affect their own ongoing healing from the loss to suicide. Participants were 15 individuals bereaved through suicide who had been volunteering with others bereaved in the same manner for at least two years. This research employed a qualitative phenomenological methodology to provide a detailed description of participants’ journeys that went from experiencing the suicide of a loved one, to
the decision to become a peer counsellor, to, finally, providing support to other survivors. The findings suggest that participants understand the provision of peer counselling as a transformative process. As a result of their volunteering, they undergo personal growth and acquire new skills. They conceptualize providing peer counselling as reaching out to other survivors of suicide and thereby countering the loneliness and isolation of suicide bereavement. For the participants, being a peer counsellor means actively challenging the silence around suicide by speaking out about suicide-related issues and offering other survivors a safe space to share their stories. The broader implications of these findings for suicide postvention research and clinical practice are addressed.
Acknowledgements

A number of people were instrumental in facilitating this research journey. I would like to thank Dr. Roy Moodley, my supervisor during these years, for the constant intellectual stimulation, for his openness to my ideas, and for granting me independence, and thereby helping me grow as a researcher and a scholar. I am thankful to the committee members, Dr. Niva Piran and Dr. Lana Stermac, who provided invaluable feedback and challenged me to extend beyond my comfort zone.

This research was largely inspired by my volunteer experience with the Survivor Support Program. I wish to thank Karen Letofsky and Alex Shendelman for sharing their wisdom and for offering guidance along the way.

I would like to thank Petra Dreiser for her editorial assistance and for helping shape the final document. I am grateful for the encouragement and support of so many friends over the years. A special thank you to Michelle Sava and Laura Gollino for offering their insights throughout the research process and, most importantly, for reminding me why I embarked on this project. I am also deeply grateful to my parents for providing suggestions at various stages of the journey, for their love and patience, and for teaching me perseverance.

Finally, I would like to express my sincere gratitude to the exceptional individuals who took part in this study – thank you for trusting me with your stories. Each of you touched me on a profound level, and your experiences will continue to touch many others.
# Table of Contents

Abstract ii  
Acknowledgements iv  
Table of Contents v  
List of Tables xi  
List of Figures xii  
List of Appendices xiii  

1. INTRODUCTION  
   Background and Context 1  
   Problem Statement 6  
   Statement of Purpose and Research Questions 7  
   Research Approach 7  
   Rationale and Significance 8  
   The Researcher 8  
   Outline of the Thesis 9  

2. LITERATURE REVIEW  
   1. Understanding Suicide and Suicide Bereavement 12  
      1.1 Suicide in a Sociocultural Context 12  
      1.1.1 Philosophical views of suicide 12  
      1.1.2 Religious views of suicide 13  
      1.1.3 Cultural views of suicide 15  
      1.1.4 Legal views of suicide 18  
      1.1.5 Perceptions of survivors 19  
      1.2 Suicide as Trauma 21  
   2. Experiences of Suicide Survivors: A Review of Current Knowledge 23  
      2.1 Qualitative Accounts: Common Themes in the Aftermath of a Suicide 25  
      The Search for the “Why?” 25  
      Relief 26
Anger 26
Guilt 27
Shame, Stigma, and Limited Social Support 27
2.2 Quantitative Studies: Measures ofProblematic Reactions 28
2.3 Do Suicide Survivors Differ from Other Bereaved? An Ongoing Debate 29
2.4 Suicide Bereavement: What about Positive Sequelae? 31
3. Assisting Survivors: Suicide Postvention 35
4. Survivors Supporting Survivors: The Peer Counsellor Phenomenon 37
4.1 Understanding Peer Counselling: Volunteerism Theory 38
4.2 Understanding Peer Counselling: Personal Healing 39
4.3 Peer Counsellors in a Broad Context 42
4.4 Peer Counselling and Suicide Bereavement: An Unexplored Area 47
5. Statement of the Problem and Research Questions 50

3. METHODOLOGY 52

1. Rationale for the Research Methodology 53
1.1 Rationale for a Qualitative Approach 53
1.2 Rationale for Phenomenological Methodology 54
1.3 Rationale for Interpretative Phenomenological Analysis 55
1.4 Rationale for Qualitative Interviewing 57
2. Ethical Issues 58
2.1 Risks and Safeguards 58
2.2 Possible Benefits for the Participants 59
3. Study Design 60
3.1 Participants: Inclusion Criteria and Recruitment 60
Participants: Description of the Sample 62
3.2 Instrument 64
3.3 Procedure

3.4 Data Analysis

3.4.1 First level of analysis: Preparing a written reflection

3.4.2 Second level of analysis: Transcription

3.4.3 Third level of analysis: Coding

3.4.4 Finding connections between codes and between transcripts

3.4.5 Feedback on the emergent themes/second interview

3.4.6 Writing up

4. Issues of Trustworthiness

4.1 Credibility

4.2 Dependability

4.3 Confirmability

4.4 Transferability

5. Researcher Assumptions

6. Limitations of the Methodology

6.1 Researcher Background

6.2 Interviewing

4. RESULTS

1. Participants’ Own Loss to Suicide

1.1 Loss, Grieving, and Coping

1.1.1 Emotional turmoil

1.1.2 Coping through peer support

1.1.3 Integrative and holistic coping methods

1.1.4 Obtaining information and making sense of feelings

1.2 Challenges of Suicide Loss

1.2.1 Encountering stigma and fearing negative reactions
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2.2 Experiencing loneliness and isolation</td>
<td>104</td>
</tr>
<tr>
<td>1.2.3 Family silence</td>
<td>106</td>
</tr>
<tr>
<td>1.2.4 Loss of self-confidence</td>
<td>110</td>
</tr>
<tr>
<td>1.3 Making Choices About How to Cope and Survive</td>
<td>112</td>
</tr>
<tr>
<td>1.4 Changes in Life Perspective and Relationships</td>
<td>114</td>
</tr>
<tr>
<td>2. Becoming a Peer Counsellor</td>
<td>119</td>
</tr>
<tr>
<td>2.1 Helping Myself Heal</td>
<td>120</td>
</tr>
<tr>
<td>2.2 Breaking the Silence</td>
<td>126</td>
</tr>
<tr>
<td>2.3 Addressing an Unmet Need</td>
<td>130</td>
</tr>
<tr>
<td>2.4 Giving Back</td>
<td>133</td>
</tr>
<tr>
<td>2.5 Helping Others Heal and Preventing Suicide</td>
<td>135</td>
</tr>
<tr>
<td>2.6 Personal Qualities and Values</td>
<td>138</td>
</tr>
<tr>
<td>2.7 Encouragement</td>
<td>142</td>
</tr>
<tr>
<td>2.8 Seeking Information on Suicide-Related Issues</td>
<td>143</td>
</tr>
<tr>
<td>3. Providing Peer Counselling</td>
<td>146</td>
</tr>
<tr>
<td>3.1 Rewarding Aspects of Providing Peer Counselling</td>
<td>148</td>
</tr>
<tr>
<td>3.1.1 Satisfaction in helping</td>
<td>148</td>
</tr>
<tr>
<td>3.1.2 Personal healing</td>
<td>151</td>
</tr>
<tr>
<td>3.1.3 Shift in perspective</td>
<td>153</td>
</tr>
<tr>
<td>3.1.4 Personal growth, self-confidence, and novel skills</td>
<td>157</td>
</tr>
<tr>
<td>3.1.5 Having a voice</td>
<td>162</td>
</tr>
<tr>
<td>3.2 Challenges of Providing Peer Counselling</td>
<td>165</td>
</tr>
<tr>
<td>3.2.1 Hearing painful stories</td>
<td>165</td>
</tr>
<tr>
<td>3.2.2 Reliving own loss</td>
<td>168</td>
</tr>
<tr>
<td>3.2.3 Navigating interpersonal dynamics</td>
<td>171</td>
</tr>
<tr>
<td>3.2.4 Maintaining boundaries</td>
<td>174</td>
</tr>
</tbody>
</table>
REFERENCES 246

APPENDICES 260

Appendix A. Telephone /E-mail Script for Initial Contact with Suicide Postvention Programs 260
Appendix B. Information/Invitation Letter 261
Appendix C. Interview Guide 264
Appendix D. Participant Information Form 265
Appendix E. Description of the Participants 266
List of Tables

Table 1. Participant demographic information
List of Figures

Figure 1A. From suicide survivor to peer counsellor

Figure 1B. From suicide survivor to peer counsellor: Core themes

Figure 2. Own suicide loss

Figure 3. Becoming a peer counsellor

Figure 4. Providing peer counselling

Figure 5. Meaning of peer counselling

Figure 6. Research study participation
List of Appendices

Appendix A. Telephone /E-mail Script for Initial Contact with Suicide Postvention Programs

Appendix B. Information/Invitation Letter

Appendix C. Interview Guide

Appendix D. Participant Information Form

Appendix E. Description of the Participants
Chapter 1

Introduction

Background and Context

The suicide of a loved one is an enormously stressful and challenging life event that affects a significant proportion of the Canadian population. In 2008, Statistics Canada reported 3,705 suicides, and given that suicidal deaths are commonly underreported (Goldney, 2010), the actual annual figure is likely higher. It is estimated that between 5 and 10 people are intimately affected by each suicide (e.g., Jordan & McIntosh, 2011c; Wertheimer, 1991). According to this estimate, between 20,000 and 40,000 people are impacted by suicide annually in Canada, thereby becoming suicide survivors (Rawlinson, Waegemakers Schiff, & Barlow, 2009). The term suicide survivor describes a person who has lost a significant other to suicide (e.g., Cain, 1972; Wertheimer, 1991). In contrast to the term victim, the concept of survivor encompasses the notion of persevering despite the pain of the loss. While the present study will use the term suicide survivor to refer to an individual bereaved though suicide, a clear definition of this term has not been formulated within suicidology (Jordan, 2008). I will be using the following definition offered by Jordan and McIntosh (2011c): “A suicide survivor is someone who experiences a high level of self-perceived psychological, physical, and/or social distress for a considerable length of time after exposure to the suicide of another person” (p. 7). According to this definition, a survivor may be a relative, a friend, or a community member (Cain, 1972; Jordan & McIntosh, 2011c).

It is necessary to consider the above national statistic in the light of this definition of a suicide survivor. It is known that the suicide rate is significantly higher among some population
groups in Canada (Health Canada, 1994). For example, in many Aboriginal communities the suicide rate has been documented as twice or more that of the average Canadian population, and it is particularly elevated among youth (e.g., Waldram, Herring, & Young, 2006; Kirmayer, 2007; Kirmayer et al., 2007). Given the close-knit nature of Aboriginal communities, the impact of the suicidal death extends far beyond the immediate family of the deceased individual (e.g., Crofoot Graham, 2002; Kirmayer, Fletcher, & Boothroyd, 1998). Consequently, each suicide has a profound impact on the entire community, leaving behind an even greater number of survivors than the estimated figure of 5 to 10 survivors for every suicide (e.g., Herring, 1999). When surviving the suicide of a loved one is conceptualized as a severe psychological stressor, important questions pertaining to survivors’ mental health and well-being emerge. Given that close to 4,000 suicides take place in Canada on an annual basis (Statistics Canada, 2008), and considering that each suicide leaves behind a much larger number of survivors, these are questions relevant to a large segment of the Canadian population.

Although this study ultimately sought to examine the lived experiences of suicide survivors, it is first necessary to establish the conceptual framework for understanding survivors’ experiences by considering the broader context of suicide and suicide bereavement. Suicide bereavement is a traumatic experience that occurs in a particular sociocultural context and is therefore affected by societal attitudes. Given that a completed suicide is typically an unexpected death accomplished by violent means, leading suicidologists have emphasized the traumatic nature of this type of bereavement (e.g., Callahan, 2000; Jordan, 2008). The trauma of losing a loved one to suicide in turn frequently takes place in a social milieu of stigma, blame, and limited social support (e.g., Calhoun, Selby, & Abernathy, 1984; Feigelman, Gorman, & Jordan, 2009; Wertheimer, 1991; Wilson & Marshall, 2010). Considering the trauma inherent in suicide bereavement and the societal reactions following a suicide, it is not surprising that survivors
frequently experience stigma and social isolation, as well as sentiments of shame, guilt, anger, but also relief, among others (e.g., Calhoun, Selby, & Selby, 1982; Cvinar, 2005; Gibson, Gallagher, & Jenkins, 2010; Jordan, 2001; Ness & Pfeffer, 1990). They tend to obtain elevated scores on measures of posttraumatic stress symptoms (e.g., Dyregrov, 2009; Murphy et al., 1999), depression (e.g., McMenamy, Jordan, & Mitchell, 2008; Sethi & Bhargava, 2003), complicated grief (e.g., De Groot, De Keijser, & Neeleman, 2006), and substance abuse (e.g., Brent, Melhem, Donohoe, & Walker, 2009). In sum, individuals bereaved through suicide experience significant mental health difficulties for a considerable amount of time following the death. These reactions likely reflect the traumatic nature of this type of loss, as well as the particularly difficult sociocultural context of suicide bereavement.

Given that suicide bereavement poses significant challenges, special suicide postvention programs have emerged to support survivors. *Suicide postvention* is a term introduced by Shneidman (1969) to indicate efforts that assist suicide survivors process their difficult sentiments. One form of suicide postvention is peer counselling. A *peer counsellor* is a non-professional who shares some key experiences with those he/she supports (e.g., Rawlinson et al., 2009). In the area of suicide bereavement, a peer counsellor is therefore an individual bereaved through suicide who offers supportive counselling on a voluntary basis to other survivors of suicide.

Suicide postvention literature suggests that peer counsellors play an important role in facilitating healing for other survivors (e.g., Aguirre & Slater, 2010; Moore & Freeman, 1995; Rawlinson et al., 2009). Individuals bereaved through suicide report obtaining support from other survivors as the most helpful form of postvention (e.g., Feigelman, Jordan, & Gorman, 2009; Jordan, Feigelman, McMenamy, & Mitchell, 2011). In the view of many survivors, only
other individuals bereaved through suicide can fully comprehend their experiences (e.g., van Dongen, 1993; Vandecreek & Mottram, 2009; Wagner & Calhoun, 1991–92). Connecting with individuals who have undergone a similar form of traumatic loss may help decrease survivors’ sense of isolation and stigma; normalize their difficult experiences in the aftermath of the suicide; and offer hope that they, too, will heal from their loss (Clark & Goldney, 1995; Praeger & Bernhardt, 1985).

The notion of survivors of a particular affliction providing support to other individuals suffering through a similar experience is not unique to suicide bereavement. The peer counselling phenomenon has been examined in a number of settings such as oncology (e.g., Remmer et al., 2001), HIV/AIDS (e.g., Crook, Weir, Willms, & Egdorf, 2006; Hall, 2001), and with survivors of sexual violence (e.g., Rath, 2008). Overall, peer counselling brings together people who are on the same journey, whether this involves healing from a traumatic loss, as in the case of suicide bereavement, or learning to live with a chronic illness. In areas other than suicide bereavement, researchers have explored the experiences of survivors (e.g., survivors of rape, cancer, and individuals bereaved through HIV/AIDS) who become peer counsellors (e.g., Crook et al., 2006; Hall, 2001; Rath, 2008). They have found that most peer counsellors are motivated to volunteer by a desire to help others through sharing their own experiences, a wish to “give back” to the community, and to offer a service not available to them at the time of their own difficulties (Hill, 2001; Hopmeyer & Werk, 1994; Messias, Moneyham, Vyavaharkar, Murdaugh, & Phillips, 2009). In addition, many peer counsellors report individual transformative experiences such as experiencing personal growth; constructing meaning through their volunteer work; undergoing psychological and spiritual healing; and acquiring new knowledge and skills (Crook et al., 2006; Hall, 2001). Peer counselling also facilitates the development of new and meaningful relationships (Arnstein, Vidal, Wells-Federman, Morgan, & Caudill, 2002; Brunier,
Graydon, Rothman, Sherman, & Liadsky, 2002). Overall, many peer counsellors conceptualize their volunteer work as providing them with a sense of purpose and with a way to use their difficult experiences to the benefit of others (Messias et al., 2009). Such outcomes have been conceptualized as positive sequelae of traumatic experiences (e.g., Tedeschi & Calhoun, 2004). This is congruent with other research conducted with trauma survivors (who are not peer counsellors), suggesting that in addition to distress, many of them also undergo growth and encounter valuable gains from their painful experiences (e.g., Arnold, Calhoun, Tedeschi, & Cann, 2005; Lelorain, Bonnaud-Antignac, & Florin, 2010; Park & Ai, 2006; Schaefer & Moos, 2001; Tedeschi & Calhoun, 2004). Indeed, the concept of posttraumatic growth, or “positive psychological change experienced as a result of the struggle with highly challenging life circumstances” (Tedeschi & Calhoun, 2004, p. 1) has received much research attention (e.g., Linley & Joseph, 2004; Park & Helgeson, 2006; Tedeschi & Calhoun, 1995; Tedeschi & McNally, 2011; Wortman, 2004).

While much suicide bereavement research has examined problematic reactions that survivors experience in the aftermath of the suicide and has documented the psychological and emotional difficulties resulting from this type of bereavement (e.g., Brent et al., 2009; Lobb et al., 2010; Séguin, Lesage, & Kiely, 1995), the notion of posttraumatic growth and other positive sequelae remain largely unexplored in the area of suicide bereavement. Two notable exceptions are studies by Feigelman et al. (2009) and by Smith, Joseph, and Nair (2011). In contrast to most other research with suicide survivors, these scholars’ projects specifically set out to investigate the positive sequelae experienced by some survivors, such as personal growth following suicide loss. Yet the nearly exclusive focus on problematic reactions to deaths by suicide indicates an important gap in our understanding of the full range of suicide survivors’ lived experiences, and particularly, in our understanding of the experiences of suicide survivors who become peer
counsellors. Given this lacuna in research, it is unknown whether the typical experiences of suicide survivors who volunteer as peer counsellors parallel those reported by peer counsellors in other settings (i.e., HIV/AIDS organizations, oncology settings, or rape crisis centers). Specifically, it is unclear how peer counsellors in suicide bereavement conceptualize their volunteering, whether they also experience some positive sequelae of their traumatic loss through volunteering, and whether their volunteering in any way affects their healing from their own suicide loss.

**Problem Statement**

Peer counsellors form a significant component of suicide postvention efforts (e.g., Feigelman et al., 2009; Moore & Freeman, 1995). Yet an analysis of suicide bereavement and volunteering literature does not show any studies specifically examining what motivates suicide survivors to become peer counsellors, nor has there been any documentation of the lived experiences of suicide survivors who provide peer counselling. Peer counsellors in areas other than suicide bereavement list a number of motivations for volunteering, such as wishing to give back to the community and retrospectively finding meaning in their own difficult experiences (e.g., Hill, 2001; Rath, 2008, Smith, 1997). They also report other positive outcomes to their volunteer work, such as undergoing growth, acquiring novel skills, and facilitating their own ongoing healing (e.g., Crook et al., 2006; Schauben & Frazier, 1995). It is possible that analogous factors motivate suicide survivors to become peer counsellors and that they perceive similar rewards in their volunteer work. However, since no studies have specifically explored the lived experiences of suicide survivors who become peer counsellors, their motivations and experiences with supporting others remain unknown.
Statement of Purpose and Research Questions

The purpose of this study was to gain insight into the lived experiences of suicide survivors who go on to volunteer as peer counsellors with other individuals bereaved through suicide. This study aimed to understand how these survivors conceptualize their volunteer work as peer counsellors and how their volunteering may affect their own healing from loss. To shed light on these issues, the following research questions were addressed:

1. What motivates suicide survivors to become peer counsellors in the first place at the time they decide to do so, and what makes them stay on in this role?

2. What is the peer counsellors’ lived experience of providing support to other survivors (including any challenges, rewards, and facilitative factors they have encountered)?

3. How do the peer counsellors conceptualize their volunteer role in light of their own loss?

4. What role, if any, does their volunteer work have in their own healing process from loss?

Research Approach

This research employed a qualitative phenomenological methodology to answer the central question underlying this study, namely, what are the lived experiences of suicide survivors who become peer counsellors? Qualitative research considers participants as experts on their own experiences and as collaborators in the research process (McLeod, 2001). Because in the domain of suicide bereavement the motivations underlying survivors’ decision to become peer counsellors and their experiences with supporting other survivors have not been documented, this study aimed to give voice to these individuals by inviting them to articulate their experiences in these realms. The present study consisted of interviews with 15 suicide
survivors who had been volunteering as peer counsellors for at least two years. The interviews were audio-recorded, transcribed, and the transcripts were examined for emerging themes using the Interpretative Phenomenology Analysis approach (Smith, Jarman, & Osborn, 1999). Participants’ feedback on these themes was solicited as a way to actively involve them in the construction of knowledge.

**Rationale and Significance**

The rationale for the present study emanated from a need to expand research on suicide survivors’ experiences beyond measuring symptoms of distress. This study differed from previous suicide bereavement research (e.g., Calhoun et al., 1982; Sethi & Bhargava, 2003; Brent et al., 2009) in that it was not limited to examining survivors’ problematic reactions. By asking in an open-ended manner about survivors’ process of drawing on their own experiences to support others, this study had the potential to uncover any positive sequelae that they perceived. Moreover, by approaching survivors who volunteer as peer counsellors in an open-ended manner and by inviting them to articulate their experiences, this study aimed to give voice to this group of individuals. In so doing, the study hoped to augment the current understanding of suicide survivors’ experiences and thus to contribute to suicide bereavement research and practice.

**The Researcher**

At the time of this study, I was volunteering as a peer counsellor in a suicide postvention program. I am a suicide survivor who has served as a peer counsellor since 2006. I therefore bring to this inquiry the personal experience of a suicide survivor and the resulting intimate knowledge of the suicide bereavement process. I also bring a familiarity with the suicide postvention field through my clinical experience as a peer counsellor. I acknowledge that while
my personal experience proved valuable in providing insight, it could have also biased my judgment regarding the research design and the interpretation of the findings. In addition to making explicit my assumptions at the outset, I remained committed to an ongoing critical self-reflection by way of keeping a research journal, as well as by entering into dialogue with academic advisors, clinical staff at the suicide postvention program where I volunteered, and other clinicians with an interest in suicide bereavement. Moreover, once data collection and analysis were under way, I shared emerging findings with the participants and solicited their feedback, which was subsequently incorporated into and helped shape the data analysis.

**Outline of the Thesis**

In the literature review chapter, I establish the broad context of and provide the theoretical framework for the study. This section situates the suicide bereavement experience in its sociocultural context, frames suicide bereavement as a form of trauma, and reviews existing research on the experiences of suicide survivors and on postvention services available to survivors. I specifically focus on one type of postvention, namely, peer counselling. The statement of the problem at the end of the literature review communicates the precise focus of this research and the questions that the study aimed to address.

In the methodology chapter, I outline the methodological approach proposed to explore the experiences of suicide survivors who go on to become peer counsellors and explain the underlying reasons for selecting a qualitative methodology for this study. This section discusses the inclusion criteria for recruiting participants and outlines the recruitment process, the data collection procedure, and the data analysis approach. It also addresses issues of trustworthiness, researcher assumptions, and the limitations of the methodology.
In the results chapter, I present the findings generated from the study in the form of themes and subthemes, which I organize into five sections. I also present core themes that weave through and connect these sections. Each theme is explained through participants’ own words by presenting quotes from the interviews. The five sections of the results chapter portray participants’ trajectory from losing a loved one to suicide, to the decision to become a peer counsellor, to the lived experiences with providing peer counselling to other survivors. They also capture participants’ reflections on the meaning of their volunteer work as peer counsellors, and on their decision to take part in this study.

The discussion chapter situates my findings in the context of other scholarly writing in this domain and discusses the implications, unique contributions, and limitations of the study. It also suggests possible directions for future research in this area. As the final section of the discussion chapter, I offer a personal reflection on the research process and share my experience with conducting this study. Finally, the conclusion provides a summary of the findings, as well as implications emerging from the study.
Chapter 2
Literature Review

The purpose of the study was to gain insight into the lived experiences of suicide survivors who go on to volunteer as peer counsellors with other individuals bereaved through suicide. The present study uses the term *suicide survivors* to refer to individuals bereaved though suicide. The study aimed to understand how these survivors conceptualize their volunteer work and how their volunteering may affect their own healing from their loss. The literature review will establish the broad context of and provide the theoretical framework for the study.

A comprehensive understanding of suicide survivors’ experiences requires taking into account the impact of the sociocultural environment as well as the traumatic nature of this type of bereavement. Therefore, I begin this section by situating suicide bereavement in its sociocultural context. In so doing, I explore how cultural attitudes toward suicide may affect survivors. Next, I propose a conceptualization of suicide bereavement as a form of psychological trauma and provide the rationale for examining this experience through a trauma lens. This discussion of the sociocultural context and of the traumatic nature of suicide bereavement provides the theoretical foundation for the subsequent exploration of relevant clinical issues in the area of suicide bereavement. In the following sections, I review existing research on the experiences of suicide survivors and highlight gaps in knowledge and current debates in the literature. This detailed overview of current knowledge of suicide survivors’ experiences will lead to a discussion of postvention services available to individuals bereaved through suicide. The focus here is on a particular type of postvention central to the present study, namely, peer counselling. I situate this type of supportive service in a broad context by discussing research on the phenomenon of peer counselling in domains other than suicide bereavement. At the end of
the literature review, I present the statement of the problem and the accompanying research questions.

1. Understanding Suicide and Suicide Bereavement

1.1 Suicide in a Sociocultural Context

To provide a foundation for the subsequent exploration of clinical issues in suicide bereavement research, I will first consider the sociocultural context of suicide, including the philosophical, religious, cultural, and legal views on suicide. Since these views affect people’s reactions and attitudes toward survivors, a comprehensive portrayal of survivors’ experiences necessitates the consideration of such sociocultural factors. This discussion will thus form one part of the conceptual framework for understanding the suicide bereavement experience.

The present research study was conducted in Canada, a place characterized by ethnic and religious diversity. The different communities (i.e., First Nations, Inuit, Métis, and numerous immigrant groups) that make up Canadian society differ in their conceptualization of and attitudes toward suicide (e.g., Kirmayer, 1994; Kirmayer et al., 1998; Trovato, 1998; White, 2007). In discussing the sociocultural context of suicide and the research on reactions to suicide survivors, I will therefore review findings from cross-cultural studies in suicidology, in addition to drawing on North American research. While the aim of this discussion is not to provide a comprehensive review of the full range of reactions to suicide, this section will highlight some of the commonly held beliefs and assumptions that likely influence survivors’ experiences.

1.1.1 Philosophical views of suicide

The Western philosophical conceptualization of suicide has undergone a major transformation throughout the years. In his seminal writings on suicide, Émile Durkheim
(1897/1951) drew attention to the critical role of sociocultural forces such as a general state of societal fragmentation and people’s experience of social isolation in the genesis of suicide. Durkheim did not regard suicidal behaviour as a highly personal act stemming from the individual’s idiosyncratic mental state, but viewed it in its broad sociocultural context. Yet this perspective on suicide shifted when 20th century scholars took a greater interest in the effects of mental illness and individual factors (such as personality traits) on suicidal behaviour (Health Canada, 1994). It is important to consider the likely impact of this shift on thinking about suicide. At a time when suicidal behaviour was seen as indicative of a problematic social milieu, individuals bereaved through suicide were likely met with some degree of understanding and support. The problem would not be located within the family dynamics or the psyche of the suicidal individual, but instead would be conceptualized as a broader societal issue (e.g., Durkheim, 1897/1951). Therefore, the family of the suicidal individual would likely not receive the entire blame for the suicidal act. On the contrary, when suicide is seen as a manifestation of mental illness, or as some other individual problem, survivors of suicide may encounter a stigmatizing attitude (e.g., Cain, 1972; van Dongen, 1993). They may be pathologized for creating a harmful family environment and blamed for failing to prevent the suicidal act (e.g., Barnes, 2006). As an example, Cain’s (1972) seminal compilation, *Survivors of Suicide*, reflects just such blaming attitudes toward survivors. Case vignettes describing experiences of suicide survivors focus on identifying underlying family psychopathology and draw attention to highly problematic family environments.

1.1.2 Religious views of suicide

Religion is another element of the sociocultural environment that affects suicidal behaviour and survivors’ experiences in the aftermath of their loss. Most religious traditions condemn suicide and ascribe detrimental consequences to suicidal behaviour (Gearing & Lizardi,
2009; Kaslow, Samples, Rhodes, & Gantt, 2011). For example, Christianity conceptualizes suicide as a sin, rendered particularly serious by the fact that one is unable to confess to the act and to repent (Gearing & Lizardi, 2009). Historically, this view of suicide resulted in sanctions, such as the refusal to bury individuals who had taken their own lives in Catholic cemeteries (Gearing & Lizardi, 2009). Other religious traditions that denounce suicide include Islam and Judaism (Gearing & Lizardi, 2009; Sarfraz & Castle, 2002). In Islam, the Holy Quran forbids suicide (Sarfraz & Castle, 2002), and Islamic states that have incorporated the Sharia (Islamic law) into their legal system consider suicidal behaviour a criminal offense (Gearing & Lizardi, 2009; Sarfraz & Castle, 2002).

In light of such religious outlooks on suicide, some scholars have suggested that religion can act as a deterrent against suicidal behaviour (e.g., Durkheim, 1897/1951; Kirmayer, 1994; Leong, Leach, & Gupta, 2008; Sisask et al., 2010). While it remains unclear whether the lower suicide rates reported in religious communities reflect the deterring force of religion or whether these statistics reflect the underreporting of suicidal deaths (Sarfraz & Castle, 2002), there is some empirical support for the protective function of religion against suicidal behaviour (e.g., Sisask et al., 2010). For example, in a large survey study inquiring about religious practices and suicidal ideation, Robins and Fiske (2009) found that involvement in public religious practices appeared to safeguard participants from suicidal ideation and attempts. These authors concluded that social support provided by religious communities acts as a significant protective factor (Robins & Fiske, 2009).

Given that the current study focused on suicide bereavement, in addition to examining the protective role of religion in suicide prevention, it is critical to consider its impact in the aftermath of a suicide. While a religious community may protect against suicidal behaviour, once
a suicide has taken place, those left behind will likely experience severe social stigma (Gearing & Lizardi, 2009; Leenaars et al., 2010). For example, in their case report of a suicide in a Muslim family, Sarfraz and Castle (2002) described that the bereaved family experienced the withdrawal of social support and was ostracized by the Muslim community. In another study with African American suicide survivors, Barnes (2006) found that most participants reported African American churches to have been unhelpful during their bereavement process because of the strong negative views of suicide.

In sum, while religion may provide protection from suicidal behaviour through mechanisms such as the social support inherent in religious communities (Kirmayer, 1994), religion may also have a profound negative impact on the experiences of survivors in the aftermath of a suicide (Sarfraz & Castle, 2002). A comprehensive understanding of survivors’ lived experiences necessitates a careful consideration of the religious context, since factors such as membership in a particular religious community may play a significant role in the bereavement process.

1.1.3 Cultural views of suicide

Given the diverse ethnic makeup of Canadian society, another important factor to consider in thinking about suicide is that of culture and ethnicity. Although the cultural context plays an important role in suicide and suicide bereavement, little research has focused on this, resulting in a dearth of existing theories in suicidology that take culture and ethnicity into account (Leong & Leach, 2008). As a result, most knowledge about suicide in the North American context is derived from research with the dominant cultural group (Leong & Leach, 2008). Yet a number of scholars (e.g., Chandler & Proulx, 2006; Cutcliffe, 2005; Farrelly & Francis, 2009; Leenaars et al., 1998; Leenaars et al., 2010) argue that it is necessary to consider
suicide from multiple worldviews and cultural perspectives because cultural factors, in ways similar to religious beliefs, affect suicidal behaviour. Moreover, given the focus of the present study, the way that suicide is conceptualized in a particular cultural context likely impacts on attitudes toward survivors and the types of support offered to them. This in turn shapes the overall suicide bereavement experience. Although the following discussion is not intended as a comprehensive overview of cultural influences on suicide and suicide bereavement, its relevance to the present research lies in introducing an additional lens for understanding survivors’ experiences.

The present study was conducted in Canada, where suicide is a particularly serious concern for indigenous peoples (Kirmayer, 1994; Leenaars, 2006; Waldram, Herring, & Young, 2006). Therefore, this section will draw on writings that examine suicide in North American Aboriginal communities to provide an example of how a particular cultural conceptualization of suicide may influence suicidal behaviour and its aftermath.

The suicide rates in many Aboriginal communities in Canada and the USA are significantly higher than those in the average population, and they are particularly elevated among youth (Chandler & Proulx, 2006; Cutcliffe, 2005; Kirmayer et al., 2007; Leenaars, 2006; MacNeil, 2008). In his comprehensive overview of suicide among Canadian Aboriginal peoples, Kirmayer (1994) states that this group suffers from one of the highest rates of suicide of any group in the world. Many scholars (e.g., Alcántara & Gone, 2007; Chandler & Proulx, 2006; Kirmayer, 1994; White, 2007) suggest that these alarming statistics need to be considered in light of the negative effects of colonization and intergenerational trauma on Aboriginal well-being. This view understands suicidal behaviour to reflect larger social and historical processes, such as the breakdown in the transmission of cultural traditions in Aboriginal communities (e.g.,...
Chandler & Proulx, 2006; Kirmayer, 1994; Kirmayer et al., 2007). For example, Chandler and Proulx (2006) suggest that the loss of ties to one’s cultural past is a central risk factor for suicide. In the North American context, such an understanding of suicide stands in stark contrast to the dominant cultural view on the phenomenon. White (2007) notes a significant disparity between the Western biomedical conceptualization of suicide and an indigenous understanding of suicide as “a sign of overall imbalance, disconnection, or lack of harmony” (p. 221). The latter view takes into account the history of colonization and its associated trauma, while the Western view attempts to make sense of suicide “in isolation from other concerns” (White, 2007, p. 220). White (2007) further suggests that an indigenous understanding of suicide calls for suicide prevention and for healing from suicide through spiritual practices, ceremonies, and community connectedness.

Overall, the indigenous conceptualization of suicide has clear implications for the experiences of survivors. Drawing on this conceptualization, the loss of a community member to suicide would be regarded as a communal problem, reflective of a problematic sociohistorical environment. In turn, healing from this loss would also need to take place at a communal level. Appropriate postvention efforts would need to be culturally meaningful, necessitating the community’s involvement and a holistic approach to healing (EchoHawk, 2006; Middlebrook, LeMaster, Beals, Novins, & Manson, 2001; White, 2007). In the Western understanding of suicide, survivors may feel alone in dealing with their loss, whereas the indigenous perspective on suicide would likely mobilize communal healing efforts. Indeed, a particular cultural view of suicide may shape the experiences of survivors in significant ways.

As the above example suggests, a cultural lens proves an important tool in understanding suicidal behaviour and the suicide bereavement experiences (Farrelly & Francis, 2009; Leenaars
et al., 2010). Furthermore, the need for a cultural lens is not limited to understanding suicide in the indigenous context. Notably, Trovato (1998) suggests that since suicide rates of immigrants do not significantly differ from those in their home countries, “immigrants transport to the new land the cultural baggage of their home societies, and their home culture serves as a lasting source of either protection or susceptibility to committing suicide in the host country” (p. 105). At the same time as it affects suicidal behaviour, the “home culture” also shapes the experiences of survivors in the aftermath of a suicide (e.g., Kuramoto, Brent, & Wilcox, 2009). Therefore, it is essential to consider the influences of the cultural context on the suicide bereavement experience when thinking about suicide in a place as culturally and ethnically diverse as Canada.

1.1.4 Legal views of suicide

In addition to the philosophical, religious, and cultural influences, another societal factor that has undergone a significant transformation throughout the years, and one that likely influences people’s reactions to survivors, is the legal stance toward suicide. It was not until 1972 that attempted suicide became decriminalized in Canada (Health Canada, 1994). Prior to this date, attempted suicide was considered a punishable offense. This conceptualization of suicide as a criminal act implied that in the aftermath of a suicide, the bereaved family suddenly became involved with criminal law and likely suffered associated stigma (Health Canada, 1994). The legal view of suicide thus affects survivors’ experiences in important ways. Indeed, it is not surprising then that given this history of a blaming sociocultural climate and the historical criminalization of suicide, studies with survivors have reported that these individuals experience stigma, shame, social isolation, and blame for the suicide (Cain, 1972; Cvinar, 2005; Dunn & Morrish-Vidners, 1987–88; Fielden, 2003; Gibson et al., 2010; van Dongen, 1990; Wrobleski, 1984–85).
1.1.5 Perceptions of survivors

The sociocultural context—including the philosophical understanding of suicidal behaviour, religious and cultural conceptualizations, and the legal stance concerning suicide—affects how people perceive and behave toward suicide survivors. A number of research endeavours have specifically examined typical reactions to survivors and discussed how these reactions may affect the bereavement experiences. Some of the most notable studies in this area were carried out by Calhoun and colleagues (e.g., Calhoun, Abernathy, & Selby, 1986; Calhoun et al., 1984; Calhoun, Selby, & Faulstich, 1980; Calhoun, Selby, & Gribble, 1979; Calhoun, Selby, & Faulstich, 1982). These researchers used experimental study designs that required participants to respond to fictional accounts (e.g., inquiring about participants’ perceptions of a suicide survivor versus an individual bereaved through a natural death). They also used surveys to ask participants to speak about their reactions to and interactions with actual suicide survivors that they had known in their lives. In both the experimental designs and the survey studies, they found that interactions with suicide survivors are seen as more stressful and that people imagine feeling more uncomfortable talking to survivors (Calhoun et al., 1984; Calhoun, Selby, & Steelman, 1988–89). They also found that people perceive many social rules governing their interactions with suicide survivors (Calhoun et al., 1986); that bereaved parents are likely to be blamed for the death of the child when the death is due to suicide (Calhoun et al., 1980); and that survivors are viewed more negatively and are often held responsible for the death (Allen, Calhoun, Cann, & Tedeschi, 1993–94; Calhoun et al., 1982).

While in their research endeavours Calhoun and his colleagues did not specifically address how a person’s background (i.e., culture, ethnicity, and religion) may affect the suicide
bereavement experience, other scholars have examined just such issues (e.g., Lester, 2006; Renberg, Hjelmeland, & Koposov, 2008). For example, in her qualitative study examining the impact of suicide on African American families, Barnes (2006) found that most participants experienced suicide bereavement as an isolating experience. Participants reported that given the nonexistence of postvention programs in their own communities, they had to seek support from outside, often resulting in them being the only African American member in a survivor support group. Drawing on her findings, Barnes (2006) concluded,

The grieving process becomes more difficult for African Americans, according to most respondents, simply because there was nowhere to grieve in their own cultural community. The fact that suicide still remains taboo in African American communities makes it difficult to complete the mourning process for most suicide survivors. (p. 346)

Barnes’s (2006) findings illustrate the manner in which a particular cultural context may significantly affect survivors’ experiences in the aftermath of a suicide.

Other scholars (e.g., Lee, Tsang, Li, Phillips, & Kleinman, 2007; Lester, 2006) have written about attitudes toward suicide in different parts of the world, highlighting the wide range of reactions toward survivors. For example, Lester (2006) noted that in some African tribes, suicide is a punishable offense that is considered contagious. This view, in turn, results in the denial of customary burial ceremonies and likely leads to the surviving family’s ostracizing from the community (Lester, 2006). These writings suggest that the cultural context shapes the conceptualization of suicide and the resulting perceptions of survivors in important ways. This in turn affects survivors’ experiences in the aftermath of their loss.
Overall, the above findings highlight the intricate societal influences on people’s attitudes toward suicide and the resulting widespread problematic reactions to suicide survivors. It is important to consider that these reactions likely affect survivors’ healing processes from their loss. As Calhoun et al. (1984) suggest, negative social interpretations of suicide “might be connected with a lower level of social support” for survivors (p. 256). This in turn may render their bereavement process an isolating experience (e.g., Barnes, 2006). In addition, other people’s perceptions likely influence survivors’ own conceptualization of the loss and their self-perception in the aftermath of the suicide. This could partially explain the sentiments of self-blame and guilt so commonly described by survivors (e.g., Wertheimer, 1991; Wrobleski & McIntosh, 1987). In sum, the sociocultural context of suicide bereavement (including the philosophical, religious, cultural, and legal conceptualizations of suicidal behaviour and the resulting societal reactions to individuals bereaved through suicide) shapes survivors’ experiences in important ways.

1.2 Suicide as Trauma

In addition to acknowledging the impact of the sociocultural context, a comprehensive understanding of survivors’ experiences necessitates addressing the traumatic nature of this type of bereavement. An examination of the sociocultural context offers insight into broad factors that influence survivors’ experiences, such as the philosophical, religious, cultural, and legal conceptualizations of suicidal behaviour. Conversely, an examination of the traumatic nature of this type of bereavement provides information about subtle psychological processes that influence survivors’ healing from their loss. In this section I will therefore consider suicide bereavement as a form of psychological trauma, provide the rationale for examining the suicide bereavement experience through a trauma lens, and discuss the likely impact of the traumatic
nature of suicide bereavement on the experiences of survivors. This section will form the second part of the conceptual framework for understanding suicide bereavement.

According to the criteria for a diagnosis of Posttraumatic Stress Disorder (PTSD), a traumatic event is defined as an occurrence that involves actual or threatened death, serious injury, or a threat to the physical integrity of oneself or others, and it results in a response involving fear, helplessness, or horror (Diagnostic and Statistical Manual of Mental Disorders, DSM-IV-TR; American Psychiatric Association, 2000). While at first glance the connection between losing a loved one to suicide and experiencing trauma may not be obvious, a closer examination of the typical circumstances surrounding suicide helps elucidate this issue.

Most suicides occur inside the home (Toronto Survivor Support Program, 2006), and violent methods such as firearms or hanging are frequently used (Callahan, 2000; Health Canada, 1994). Family members and friends are usually the first to arrive on the scene and to discover the body of the loved one after this violent act. Even in cases in which survivors are not themselves present at the scene of the suicide, they are likely informed about the method used by the deceased to take their life. As a result, survivors reconstruct the violent act in their imagination (Neimeyer, 2004). Given that a completed suicide by definition involves actual death, and taking into consideration that this death is often accomplished through violent means, we can infer that survivors likely experience emotions of fear, helplessness, and horror (Jordan & McIntosh, 2011a). As Sapsford (1998) notes in her qualitative research on the experiences of female survivors of suicide, “Horror is a fact of suicide-grief that cannot be overlooked” (p. 411). In sum, this conceptualization of suicide bereavement is congruent with the DSM-IV-TR definition of a traumatic event as involving actual or threatened death, serious injury, or threat to physical integrity, and resulting in fear, helplessness, or horror (APA, 2000).
Moreover, leading traumatology researchers have extended the meaning of trauma beyond the narrow definition of the DSM-IV-TR. They conceptualize a traumatic stressor as an event that generates extreme emotional pain, threatens one’s cognitive integrity, and challenges one’s way of understanding the world and one’s place in it (Calhoun & Tedeschi, 1998; Neimeyer, 2004; Coleman & Neimeyer, 2010). Indeed, bereavement through suicide can be inferred to trigger just such reactions. In the aftermath of a suicide, survivors often experience a crisis in their fundamental values and ways of understanding the world (Rudestam, 1992; Dunn & Morrish-Vidners, 1987–88; Wenckstern & Leenaars, 1998). Similarly to individuals bereaved through accidents and other sudden deaths, suicide survivors report an undermining of their view of the world as predictable (e.g., Wertheimer, 1991). In the case of suicide, this is particularly challenging since a loved one made the choice to take his or her life (e.g., Rosenfeld, 1998). It is therefore not surprising that suicidology literature often refers to the suicide of a loved as a traumatic event (e.g., Begley & Quayle, 2007; Jordan & McIntosh, 2011c; Parker & McNally, 2008; Wenckstern & Leenaars, 1998). As Callahan (2000) suggests, perhaps “suicide bereavement should not be considered as a unique type of grief, but rather as a combination of grief and posttraumatic stress” (p. 121). Drawing on the DSM-IV-TR definition of a traumatic event and the conceptualization of trauma in psychological literature, it seems that in many cases suicide bereavement can indeed be thought of as a form of psychological trauma.

2. Experiences of Suicide Survivors: A Review of Current Knowledge

The preceding discussion of the sociocultural context and the traumatic nature of suicide bereavement established a conceptual framework for examining the clinical literature in this area. This section will provide a detailed review of current clinical knowledge on the experiences
of survivors. Shneidman (1972) captures the exceptionally difficult nature of suicide bereavement in the following reflection:

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

Shneidman (1972) suggests that suicide has a profound and lasting impact on survivors. The findings of qualitative and quantitative studies conducted in the area of suicide bereavement support this idea and offer insight into the nature of the difficulties that survivors experience. Qualitative researchers typically approach survivors in an open-ended manner with the goal of describing their bereavement process in its richness, thus offering a glimpse into the survivors’ lived experiences. In contrast, quantitative research with this population usually assesses problematic reactions, such as symptoms of depression, posttraumatic stress disorder, and complicated grief. The subsequent review of research from both the qualitative and quantitative domains will demonstrate that the findings do indeed echo Shneidman’s (1972) poignant description and highlight the profound difficulties that survivors undergo.

In the next sections, I will summarize qualitative and quantitative findings from research with suicide survivors and address unanswered questions and ongoing debates in the literature. This examination of key clinical issues in the domain of suicide bereavement will establish the context for the present study and highlight important gaps in current knowledge that the study aimed to address.
2.1 Qualitative Accounts: Common Themes in the Aftermath of a Suicide

For the most part, qualitative research in suicide bereavement involves interviewing survivors with the goal of describing the characteristic experiences that people undergo in the aftermath of a suicide. Typical participants in such studies are family members and friends of the deceased. However, some scholars have also conducted research with mental health professionals who have lost a patient to suicide (Goldstein & Buongiorno, 1984; Hendin, Haas, Maltserger, Szanto, & Rabinowicz, 2004). Overall, qualitative studies provide a rich description of the suicide bereavement experience. While survivors of nonsuicidal deaths also have many of the reactions reported in the aftermath of the suicide, the literature suggests that in the context of suicide bereavement these reactions tend to be of greater intensity and duration (e.g., Calhoun et al., 1982). The most common themes here are the following: the question “why?”; feelings of guilt, anger, and shame; experiencing stigma; and receiving inadequate social support. My rationale for providing an overview of these commonly experienced reactions is to describe the lived experiences of suicide survivors in as much detail as the current clinical literature allows. This in turn proves important in establishing the context for the present study.

The Search for the “Why?”

The death of a loved one routinely leaves the bereaved posing existential questions regarding the reason for or the timing of the loss. The seeking for an explanation is particularly imperative after a suicide (Jordan, 2001). The search for the “why?” involves both grasping “the meaning of suicide in general terms” and a pressing need to comprehend “why this particular person, someone who was close to them, apparently chose to die” (Wertheimer, 1991, p. 67). Survivors’ search for the reasons underlying the suicidal act is reflected in their need to review again and again the events leading up to and immediately preceding the suicide (e.g., Fielden,
2003; Lindqvist, Johansson, & Karlsson, 2008; Rosenfeld, 1998; van Dongen, 1990; for a review, see Calhoun et al., 1982). In sum, grappling with the reasons underlying the suicide is a prominent task in the bereavement process of many survivors.

Relief

While relief is a less commonly reported reaction than the search for the reason behind the suicide, a considerable number of survivors do speak about this experience in the aftermath of a suicide (Lindqvist et al., 2008; for a review, see Calhoun et al., 1982). Although it may appear surprising at first, this reaction is understandable given the complex circumstances surrounding many suicidal deaths (Ratnarajah & Schofield, 2008). When a suicide is preceded by multiple suicide attempts, severe mental health problems, or a struggle with a chronic illness, the death signifies an end to the emotional and physical pain of a loved one (Séguin et al., 1995). The surviving family and friends may experience some relief as the constant worry about the well-being of their loved one comes to an end. While sadness is an expected and accepted reaction in the social network of the bereaved, sentiments such as relief may be considered abnormal by the survivors themselves, as well as by their social supports. Indeed, survivors report finding it challenging to express feelings of relief (Wertheimer, 1991).

Anger

Although anger is a common sentiment following a suicide, particularly anger at the deceased is another reaction that poses difficulties for survivors. Survivors often feel angry with the healthcare system’s failure to prevent the suicide and to provide adequate support for their loved one (e.g., van Dongen, 1990), and many also experience anger toward the deceased individual for what they perceive as an act of rejection or abandonment (Fielden, 2003; Lindqvist
et al., 2008; Demi & Howell, 1991; Wrobleski & McIntosh, 1987). Similar to sentiments of relief, anger can be a difficult reaction to admit to oneself, as well as to express to individuals in one’s social network.

**Guilt**

Feeling angry with the deceased individual may in turn trigger sentiments of guilt for experiencing such emotions (e.g., Lindqvist et al., 2008; Wrobleski & McIntosh, 1987). A considerable number of suicide survivors do report experiencing guilt in the aftermath of the suicide (e.g., McNeil, Hatcher, & Reubin, 1988; van Dongen, 1991; Wertheimer, 1991). While for some survivors, feelings of guilt stem from particular thoughts and feelings toward the deceased individual, others report experiencing guilt as a result of engaging in self-reproach for not having prevented the suicidal act (e.g., van Dongen, 1991). In their search for the causes of the suicide, it is common for survivors to question their own role and responsibility for the death (e.g., Praeger & Bernhardt, 1985; Wrobleski & McIntosh, 1987).

**Shame, Stigma, and Limited Social Support**

Research suggests that most survivors also report feelings of shame or the experience of stigma (Demi & Howell, 1991; Séguin et al., 1995; Thrift & Coyle, 2005). This is not surprising considering the sociocultural context of suicide and the common perceptions of survivors discussed earlier. The fear that others will view them negatively and blame them for the suicide can in turn limit survivors’ efforts to seek out social support and thereby affect the amount and the quality of support that they receive (e.g., Wilson & Marshall, 2010). Moreover, survivors’ concern with being judged likely affects the quality of their social relationships in the aftermath of the suicide (e.g., Begley & Quayle, 2007; Dunn & Morrish-Vidners, 1987–88; Fielden, 2003;
van Dongen, 1991; Vandecreek & Mottram, 2009; for reviews, see Hawton & Simkin, 2003; Henley, 1984; Praeger & Bernhardt, 1985).

In sum, findings from qualitative studies suggest that survivors experience an array of painful emotions in the aftermath of a suicide. Some reactions, such as the search for the reasons underlying the suicide and feelings of guilt, may be more acceptable to the survivors themselves and to the individuals in their social networks. Yet sentiments such as relief and anger at the deceased likely pose difficulties for individuals bereaved through suicide. Research with survivors indicates that they also frequently experience stigma and feel ashamed. Taken together, these findings on common reactions in the aftermath of a suicide suggest that survivors may struggle with seeking out and even recognizing social support when it is offered to them (e.g., Farberow, Gallagher-Thompson, Gilewski, & Thompson, 1992). This, in turn, likely affects their healing process from their traumatic loss.

2.2 Quantitative Studies: Measures of Problematic Reactions

While the above discussion of qualitative research findings offers a descriptive account of suicide survivors’ lived experiences, quantitative studies with survivors typically assess and measure their psychological and physical problems. Such research provides information on the extent of distress and impairment that survivors experience. In this section, I will provide a brief overview of quantitative suicide bereavement research as another step in establishing the context for my study.

According to the findings of most quantitative research, suicide bereavement is associated with high levels of subjective distress (e.g., Callahan, 2000), elevated levels of mental health problems, and considerable impairment in functioning (e.g., De Groot et al., 2006;
Murphy et al., 1999). For example, survey findings reveal that many survivors report significant levels of depression and posttraumatic stress symptoms (e.g., McMenamy et al., 2008; Sethi & Bhargava, 2003). Survivors are considered to be at a higher risk for complicated bereavement than those bereaved through other modes of death (for discussion, see Aguirre & Slater, 2010; Cerel, Jordan, & Duberstein, 2008; Clark, 2001; Knieper, 1999; Lobb et al., 2010). Some researchers (e.g., Calhoun et al., 1982; De Groot et al., 2006; van Dongen, 1991) have also suggested that many survivors tend to suffer from health-related problems (i.e., physical ailments) in the aftermath of a suicide.

Moreover, literature indicates that survivors are considered to be at a greater risk for attempting suicide themselves (e.g., Aguirre & Slater, 2010; Jordan, 2008). Survey studies with survivors report that a considerable proportion experience suicidal ideation (e.g., McMenamy et al., 2008). For some individuals bereaved through suicide, taking their own life becomes a legitimate way to end their problems (Jordan, 2008).

As the above brief overview of quantitative findings suggests, there seems to be a high incidence of mental health problems and physical ailments among suicide survivors. Qualitative research studies discussed earlier (e.g., Lindqvist et al., 2008; McNiel et al., 1988; Wrobleski & McIntosh, 1987) offer a valuable foundation for interpreting these findings. Survivors’ elevated scores on measures of mental health difficulties and physical health problems are not surprising given the typically painful sentiments that survivors experience, such as guilt, anger, and shame.

2.3 Do Suicide Survivors Differ from Other Bereaved? An Ongoing Debate

The reviewed qualitative and quantitative research findings complement each other to provide a detailed portrayal of suicide survivors’ lived experiences. However, one additional
body of literature requires consideration to establish the context for my study. This is research literature comparing the suicide bereavement process to non-suicide bereavement (such as bereavement due to natural death, accidental death, and homicide). Such studies (e.g., Range & Calhoun, 1990; Séguin et al., 1995) typically compare suicide survivors to non-suicide survivors on measures of psychological distress (e.g., depression, PTSD), perceived social support, and feelings of shame. An examination of this body of literature reveals that consensus has not been reached as to whether suicide bereavement differs qualitatively and/or quantitatively from other forms of bereavement (for discussions of this issue, see Cvinar, 2005; Ellenbogen & Gratton, 2001; Jordan, 2001; Jordan, 2008; Jordan & McIntosh, 2011b; Ness & Pfeffer, 1990).

Some authors propose that individuals bereaved through suicide undergo a unique experience and thereby differ both qualitatively and quantitatively from other bereaved individuals (e.g., Bailley, Kral, & Dunham, 1999; Constantino, Sekula, & Rubinstein, 2001; Cvinar, 2005; De Groot et al., 2006; Jordan, 2001; Schuyler, 1973). For example, some researchers suggest that compared to individuals bereaved through non-suicidal death, suicide survivors experience greater shame (Cerel, Fristad, Weller, & Weller, 1999; Séguin et al., 1995), and lower social support (Range & Calhoun, 1990). Studies also suggest that a greater proportion of suicide survivors report feelings of guilt when compared to those bereaved through non-suicidal death (Demi, 1984; Miles & Demi, 1991–92). Some also indicate that suicide survivors are more vulnerable than other bereaved to depression and substance abuse (Brent et al., 2009).

However, other scholars have suggested that there are more similarities than differences between different groups of bereaved individuals (Demi & Miles, 1988; Dyregrov, Nordanger, & Dyregrov, 2003; Grad & Zavasnik, 1999). For example, in their systematic review of controlled studies comparing survivors’ experiences, Sveen and Walby (2007) reported that they failed to
find evidence for “the existence of significant differences between survivors of suicide and other bereaved groups regarding mental health variables, including general mental health, depression, PTSD symptoms, anxiety, and suicidal behaviour” (p. 25). Other researchers (Farberow et al., 1992) suggest that the bereavement experiences do not differ “so much in kind as in their course” (p. 364).

The opinions on this issue continue to diverge, and it appears to be an unresolved debate in the literature (for a discussion, see Jordan & McIntosh, 2011a). One of the reasons for this dilemma may be that although suicide survivors and non-suicide survivors do not significantly differ on overall measures of symptoms of psychopathology, the qualitative experience that characterizes suicide bereavement does differ from other forms of bereavement. While measures of symptoms of posttraumatic stress and depression fail to pick up significant disparities, the lived experiences of suicide survivors may differ considerably from those of other survivors in terms of their feelings of greater shame and guilt, as well as perceived social isolation (e.g., Demi, 1984; Range & Calhoun, 1990; Séguin et al., 1995). While these may not necessarily reflect on measures of psychopathology, such subtle differences are important to consider when providing support to individuals bereaved through suicide. Jordan (2008) articulates this view when he states that “the subjective experience of suicide survivors is often different than that of survivors of more natural and expected deaths, even if this is not detected by standardized measures of psychopathology” (p. 680).

### 2.4 Suicide Bereavement: What about Positive Sequelae?

As evident from the above review of studies conducted in the area of suicide bereavement, most research endeavours have focused on psychological and emotional difficulties that survivors experience. Few studies have specifically explored positive sequelae of
suicide bereavement. On the contrary, a considerable number of research endeavours with survivors of traumatic life events other than suicide bereavement have examined positive psychological changes that may occur after dealing with a highly distressing event (Cadell & Sullivan, 2006; Engelkemeyer & Marwit, 2008; Lelorain et al., 2010; Park & Ai, 2006; Parappully, Rosenbaum, & van der Daele, 2002; Schaefer & Moos, 2001; Shakespeare-Finch & Enders, 2008; Tedeschi & Calhoun, 2004; Thombre, Sherman, & Simonton, 2010).

As discussed in the introduction, in areas other than suicide bereavement, the concept of posttraumatic growth (Tedeschi & Calhoun, 2004) has received much research attention (e.g., Linley & Joseph, 2004; Park & Ai, 2006; Park & Helgeson, 2006; Tedeschi & McNally, 2011). Although some scholars (e.g., Wortman, 2004; Zoellner & Maercker, 2006) have noted that there is insufficient evidence to determine whether posttraumatic growth is real or illusory, adaptive or maladaptive, the many inquires investigating this idea indicate considerable research and theoretical interest in areas other than suicide bereavement. In the domain of suicide bereavement, research on posttraumatic growth among suicide survivors has largely been lacking. Two notable exceptions are studies by Feigelman et al. (2009) and Smith et al. (2011), both of which specifically examined posttraumatic growth in individuals bereaved through suicide. Noting the gap in the suicide bereavement literature, these scholars strongly emphasize the need for further research into posttraumatic growth among those bereaved by suicide (Smith et al., 2011). While the reason for the lack of research on posttraumatic growth in suicide bereavement is unclear, this gap in knowledge significantly limits our comprehension of the complete array of survivors’ lived experiences.

Although the data on positive sequelae of suicide bereavement are limited, the few available findings suggest that some suicide survivors do report positive outcomes from their
bereavement experience (e.g., Smith et al., 2011). For example, in their qualitative exploration of religious life during suicide bereavement, Vandecreek and Mottram (2009) found that a number of participants reported that the bereavement process led them to new and clearer religious purposes in life, strengthening their beliefs. Some participants described their new purpose in life as a commitment to help others (Vandecreek & Mottram, 2009). In a phenomenological study examining the lived experiences of eight suicide survivors, Begley and Quayle (2007) also posited that survivors found a sense of purpose in the suicide, speaking of positive outcomes such as a change in their priorities in life. Moreover, writing about the narrative approach to healing from suicide bereavement, Sands, Jordan, and Neimeyer (2011) highlighted the significant role of posttraumatic growth in the aftermath of a suicide and discussed the diverse posttraumatic growth narratives that survivors have reported. Lastly, in their qualitative study of suicide survivors’ emotional phenomenology, Clark and Goldney (1995) found that survivors yearned to create a new and positive purpose from their traumatic experience and constructed meaning from their loss through assisting other bereaved individuals.

In a study distinct from most other research in the area of suicide bereavement, Feigelman et al. (2009) specifically set out to examine positive sequelae of suicide bereavement by investigating the personal growth experiences of survivors. Using items from the Hogan Grief Reaction Checklist (HGRC, Hogan, Greenfield, & Schmidt, 2001), these researchers assessed personal growth scores among parents who lost a child to suicide. Items that assessed growth in this context inquired, among other things, about participants’ experience of having become “more tolerant, compassionate, caring, and better persons following the death of a loved one” (Feigelman et al., 2009, p. 184). The participants’ scores on this measure suggested that a large number experienced high personal growth. Participants conceptualized this personal growth as trying to make their lives meaningful again by “making something good come from the loss”
(Feigelman et al., 2009, p. 198). One finding that is particularly relevant for the present research is that a considerable number of suicide survivors who engaged in community activities such as providing support to other suicide survivors experienced this involvement as an important part of their healing process from the loss, and as a form of personal growth (Feigelman et al., 2009).

Another study that stands apart from other suicide bereavement research in terms of its focus was that by Smith et al. (2011), which took an interpretative phenomenological approach with six adult survivors of suicide. The interviewed survivors reported a sense of personal growth in the aftermath of their loss, which they described as a shift in their life view, an enhanced knowledge of self, and a change in their relations with others. Similar to the findings reported by Feigelman et al. (2009), these participants expressed a desire to “meaningfully contribute toward the lives of others” through activities such as voluntary work (Smith et al., 2011, p. 422). Drawing on their findings, Smith et al. (2011) suggest that while growth cannot be assumed to result from suicide loss, the concept of “growth” needs to be normalized among those bereaved through suicide to enable these survivors to “explore the possibility of gaining through their adversity” (p. 427).

While research on positive outcomes of suicide bereavement (such as a sense of personal growth) remains scarce, some researchers (e.g., Hung & Rabin, 2009) suggest that future studies in suicide bereavement need to continue to explore positive outcomes among suicide survivors, such as meaning-making in the aftermath of a suicide. Begley and Quayle (2007) particularly stress the importance of exploring positive sequelae of suicide bereavement through qualitative approaches. They argue that a “greater understanding of the meaning-making process in suicide bereavement is warranted, while the use of qualitative research designs may be essential if researchers are to elicit the important details in suicide bereavement” (p. 32). Similarly,
Rawlinson et al. (2009) affirm that qualitative research has an important place in the domain of suicide bereavement, as it will allow “the narratives of individuals to be expressed” (p. 15). Overall, an exploration of possible positive sequelae of suicide bereavement appears to be an important area for study if we are to comprehend survivors’ lived experiences in their full complexity.

3. Assisting Survivors: Suicide Postvention

Given the traumatic nature of suicide bereavement, the complex sociocultural context of suicide, and the ambivalent reactions to survivors, it is not surprising that the above-reviewed research reveals a range of difficulties that survivors suffer in the aftermath of the death. The acknowledgement of these difficulties has led to the development of specific postvention efforts for suicide survivors. Although suicide postvention programs are not widespread, there is some literature describing extant postvention efforts (for an overview of postvention programs in several different countries, see Grad, Clark, Dyregrov, & Andriessen, 2004; Jordan & McIntosh, 2011c). Notably, there is scarce outcomes data on their effectiveness (for a review of controlled studies, see McDaid, Trowman, Golder, Hawton, & Sowden, 2008; for a general review of existing suicide postvention efforts, see Jordan & McMenamy, 2004). The present section will draw on the available literature to provide a brief overview of common forms of suicide postvention. This will serve as a foundation for the subsequent detailed discussion of peer counselling, a particular type of suicide postvention central to my study.

Some scholars and clinicians have discussed particular individual and family therapy approaches and techniques as being effective with individuals bereaved through suicide. The specific approaches discussed in the literature include neurolinguistic programming (Juhnke, Coll, Sunich, & Kent, 2008), solution-focused therapy (de Castro & Guterman, 2008), systemic
belief therapy (Watson & Lee, 1993), and a culturally informed postvention model (Kaslow, Ivey, Berry-Mitchell, Franklin, & Bethea, 2009). Yet suicide bereavement literature generally suggests that a therapeutic or a support group is the preferred form of postvention for survivors (e.g., Cerel, Padgett, Conwell, & Reed, 2009; Jordan, 2011; Moore & Freeman, 1995; Wilson & Marshall, 2010). Notably, suicide survivors themselves often play an active role in such groups. In their survey of groups for suicide survivors in the USA and Canada, Rubey and McIntosh (1996) found that suicide survivors often facilitate or co-facilitate suicide postvention groups. In fact, a more recent survey of groups for suicide survivors in the United States revealed that 78% of surveyed groups had a survivor leader (Cerel et al., 2009). It has been suggested that the most beneficial format is one in which a professional and a survivor co-lead a group (Farberow, 1992).

Moore and Freeman (1995) suggest that a group environment can effectively address sentiments of stigma and shame as well as offer a sense of community, thus addressing the aversive social isolation that many survivors experience. In particular, in a support group consisting of other suicide survivors, the group environment can normalize survivors’ complex reactions, such as feelings of anger, relief, and guilt (Hopmeyer & Werk, 1994; Pietilä, 2002). It is therefore not surprising that “support groups for suicide survivors are among the most widely available type of support for survivors” (Cerel et al., 2009, p. 272). Research findings provide support for the therapeutic potential of this mode of postvention in terms of alleviating symptoms of depression and feelings of isolation; improving social adjustment (Constantino, 1988); and modifying the narrative of the suicide from a victimic to an agentic one (Mitchell, Dysart Gale, Garand, & Wesner, 2003). Indeed, survivors report that they find it tremendously helpful to speak with other individuals bereaved through suicide (Clark & Goldney, 1995; McMenamy et al., 2008; Pietilä, 2002; van Dongen, 1991; van Dongen, 1993).
The overview suggests that individuals bereaved through suicide play a key part in postvention efforts. One important way in which they contribute to suicide postvention is by volunteering as peer counsellors. Although peer counsellors are not professional helpers, they have a critical role in supporting individuals bereaved through suicide and in facilitating the healing process from this traumatic loss.

4. Survivors Supporting Survivors: The Peer Counsellor Phenomenon

The notion of individuals who have endured a particular life experience providing support to other individuals undergoing a similar experience is clearly not unique to the field of suicide bereavement. Historically, peer support can be traced to the work of Harry Stack Sullivan in the 1920s (for a discussion, see Rawlinson et al., 2009). At that time, Sullivan advocated using former mental health patients to assist current patients in psychiatric settings. In the 1930s, the Alcoholics Anonymous (AA) movement also adopted this helping format (Rawlinson et al., 2009). Moreover, in the early stages of this form of helping, school counsellors introduced peer intervention as a way to complement existing counselling services (Brunier et al., 2002). These interventions have since been expanded to various contexts, ranging from health promotion programs (e.g., Lynde, 1992) and breast-feeding support initiatives (e.g., Chapman, Damio, Young, & Perez-Escamilla, 2005) to settings such as oncology, HIV/AIDS, and with survivors of sexual violence (e.g., Crook et al., 2006; Hall, 2001; Rath, 2008; Remmer et al., 2001).

In this section, I will establish the conceptual framework for understanding the peer counsellor phenomenon by first drawing on volunteering theory and research. While this will provide the context for the subsequent discussion of peer counselling in suicide bereavement, I will not discuss the volunteering literature in depth, instead focusing more narrowly on the specific domain of peer counselling. Peer counselling differs from many other forms of
volunteering in two important ways. First, peer counsellors offer direct support to individuals suffering from similar afflictions, as opposed to other forms of help (such as fundraising or offering administrative assistance to a suicide postvention organization) (e.g., Rawlinson et al., 2009). Second, the defining element of peer counselling is that peer counsellors share some fundamental experiences with those they support (e.g., Brunier et al., 2002). In light of this, an important aspect of this form of help is the peer counsellor’s own journey through a specific life experience (e.g., Messias et al., 2009). Therefore, following a general brief overview of volunteering literature, I will discuss the notion of survivors’ personal journeys informing their subsequent helping work with others, particularly focusing on relevant writing in the counselling domain. Next, I will consider the broad context of this form of help in areas other than suicide bereavement. This will in turn bring the discussion to the focus of my study, namely, investigating the experiences of suicide survivors who become peer counsellors.

4.1 Understanding Peer Counselling: Volunteerism Theory

Volunteers provide a wide range of important services to the community, usually on a sustained and ongoing basis (Clary & Snyder, 1999). In their empirical inquiry into volunteers’ motivations and the functions served by volunteering, Clary et al. (1998) offer insight into this phenomenon. Based on their research findings, these scholars developed a Volunteer Function Inventory instrument (VFI) that lists six possible functions of volunteering (Clary et al., 1998). This instrument is commonly used in research that assesses the motivations of volunteers (Allison, Okun, & Dutridge, 2002). The VFI identifies the following functions: (1) values: expressing or acting on important altruistic or humanitarian values; (2) understanding: acquiring new learning experiences and exercising unused skills and abilities; (3) social: an opportunity to enhance relationships and engage in activities viewed favourably by others; (4) career: gaining
career-related experiences; (5) protective: an opportunity to address personal problems and reduce guilt over being more fortunate than others; (6) enhancement: an opportunity for personal and psychological development and growth (Clary et al., 1998; Clary & Snyder, 1999). Clary et al. (1998) state that their six-motive conceptualization represents “motivations of generic relevance to volunteerism” (p. 1528). Yet they also note that the items on the VFI “never speak of particular kinds of volunteering” (Clary et al., 1998, p. 1528). These scholars acknowledge that in specific forms of volunteerism, the functions may manifest differently (i.e., some of these six functions may be less relevant and additional functions may instead be present). This consideration is relevant to peer counselling. Although little academic knowledge exists about the dynamics of peer counselling work (Messias et al., 2009; Rawlinson et al., 2009), it is indeed possible that the motivations and functions served by volunteering may differ for this population. Therefore, while the theorizing of Clary et al. (1998) provides some foundation for thinking about individuals who volunteer as peer counsellors, and for the possible functions that their volunteer work serves, we need to examine their particular experiences to broaden the academic knowledge about this particular type of volunteering. The present study aimed to do just that by inquiring about the experiences of peer counsellors in the domain of suicide bereavement.

4.2 Understanding Peer Counselling: Personal Healing

One of the assumptions underlying the peer approach is that the shared experiences of the helper and the helped will facilitate trust and enable the volunteer to provide “credible and culturally appropriate information” (Messias et al., 2009, p. 571). In many cases of peer support, this shared experience is the struggle with an illness, or having survived a traumatic life experience (Brunier et al., 2002). Therefore, a central element of peer counselling is the volunteer’s own struggle with an affliction, the healing process, and the subsequent use of these experiences to assist others. The words of one Inuit Elder who is a survivor of suicide eloquently
illustrate this idea: “Being blamed [for the suicide] is the biggest problem—you are alone, guilty, lonely. There is nothing like that feeling, when you are blamed, ignored. Because I have gone through that experience, I can now help others” (Kral et al., 1998, p. 185). As this view suggests, by drawing on one’s personal emotionally painful experiences, one can be of help to others who are undergoing similar difficulties.

Scholars inquiring about the reasons behind people choosing to become professional or paraprofessional helpers (e.g., mental health professionals, physicians, addictions counsellors, and peer counsellors) have addressed how one’s own difficulties may inform subsequent helping work (e.g., Barnett, 2007; Groesbeck & Taylor, 1977; White, 2000). For example, White (2000) suggests that paraprofessionals working in the community as addictions counsellors are often individuals who have themselves recovered from addiction. In research with Canadian mental health professionals who integrate Aboriginal traditional healing practices with Western counselling interventions, Oulanova and Moodley (2010) found that most participants reported similar experiences of having undergone a personal journey of healing and recovery, using these experiences in their therapeutic work. In a qualitative study examining experienced therapists’ motivations to enter the helping profession, Barnett (2007) found that all the interviewed therapists had suffered some form of loss. Drawing on the interview data, Barnett (2007) notes:

They were still very much in touch with early experience and were not denying their pain. On the contrary, they knew those particular wounds would never be entirely healed but they had reached a place where they could think about them objectively as well as subjectively and were therefore able to help others in a wholesome way. (p. 269)

Groesbeck and Taylor (1977) echo the above thoughts, emphasizing the therapeutic potential inherent in being aware of one’s own healing process following a struggle with an
affliction. Laskowski and Pellicore (2002) further illustrate this concept through a case vignette from palliative practice wherein a nurse who is a cancer survivor assists a cancer patient. In her reflection on the interaction with the patient, she states, “I feel [the patient] trusts in my words. Not because of what I say, but because of who I am to be saying these words” (p. 405). As this quote suggests, it is the nurse’s experience of being a cancer survivor that fosters trust and rapport, enabling her to support others in their struggle with the illness.

In the context of suicide bereavement, survivors who support other individuals bereaved through suicide also likely undergo a type of personal healing. These individuals subsequently draw on their personal experience of having lived through the suicide of a loved one to support other survivors on their painful journeys (Rawlinson et al., 2009). Some suicide survivors choose to provide such support by becoming peer counsellors. In suicide bereavement, peer counsellors may offer one-on-one support to suicide survivors, join support groups for survivors, or co-facilitate therapeutic survivor groups. They may provide support to individual survivors, families, or to a community in which a suicide has occurred. Notably, in the present study, the definition of this kind of support is not restricted to the Western concept of counselling. For example, in Canadian Aboriginal communities, peer counselling may be informed by traditional indigenous approaches to helping. In this context, peer counselling in the aftermath of a suicide may involve providing in-person support through healing or sharing circles (e.g., France, 1997; Portman & Garrett, 2006). The purpose of the present study was to better understand the peer counselling phenomenon in the domain of suicide bereavement by addressing the question, what are the lived experiences of suicide survivors who become peer counsellors? The next section will situate the concept of peer counselling in a broader context, before focusing on the current knowledge of peer counselling in suicide bereavement.
4.3 Peer Counsellors in a Broad Context

Peer counselling brings together people who are on the same journey, and in this context, the helper shares key experiences with those he or she assists. Although peer interventions have been used in numerous contexts, such as in smoking cessation (e.g., Malchodi et al., 2003) and nutrition support programs (e.g., Stremler & Lovera, 2004), the present overview of research in the domain of peer counselling will be limited to peer interventions in the context of trauma and illness. The reason for this delimitation is that given the traumatic nature of suicide bereavement, experiences of peer counsellors who have undergone traumatic experiences (e.g., interpersonal trauma and illness) likely parallel some of the experiences of peer counsellors in suicide bereavement. Therefore, findings from such peer counselling contexts likely prove most informative for my study.

Research findings and anecdotal accounts suggest that peer counsellor volunteers play a significant role in many supportive programs for individuals suffering from a variety of afflictions or recovering from traumatic experiences. Yet only a small number of studies have specifically examined the lived experiences of these peer counsellors (Brunier et al., 2002). These few research endeavours nonetheless provide invaluable information about the dynamics of becoming a peer counsellor and about the lived experiences of providing support to individuals living with cancer (e.g., Remmer et al., 2001), HIV/AIDS (e.g., Crook et al., 2006; Hall, 2001), and survivors of rape (e.g., Rath, 2008), among others. In oncology, the peer counsellors are themselves survivors of cancer, or have lost a loved one to this illness (e.g., Remmer et al., 2001). Following their own difficult experiences, they go on to provide support to others on this challenging journey. I will next review some key findings in research conducted on the lived experiences of these peer counsellors in domains other than suicide bereavement. This
discussion will provide a foundation for the subsequent exploration of what is known about suicide survivors who become peer counsellors.

Research with peer counsellors in domains such as HIV/AIDS (e.g., Crook et al., 2006; Hall, 2001), oncology (e.g., Remmer et al., 2001), and sexual assault (e.g., Rath, 2008) suggests that a range of factors motivate individuals to become peer counsellors. Some of these parallel the six-motive conceptualization of the motivations and functions of volunteerism proposed by Clary et al. (1998) reviewed earlier. However, many of the motivations and functions reported by peer counsellor volunteers seem to reflect unique aspects of peer counselling. Commonly reported motivations to become peer counsellors include a desire to help others in ways in which they themselves had been helped (i.e., “giving back”), and the personal experiences of not having had access to sufficient information and support when it was needed (e.g., Messias et al., 2009). Many also report that becoming a peer counsellor enables them to use their difficult experience to assist others (e.g., Brunier, 2002). As one peer counsellor in a renal peer support program stated, “I’m now drawing on my experience to help other people, so that I’m able to do something now with that experience” (Brunier, 2002, p. 46). Other findings from qualitative studies with peer counsellors echo these words. For example, Hall (2001) carried out a qualitative interview study with volunteers who provide support to individuals living with HIV/AIDS. All these volunteers had in some way been affected by HIV/AIDS (either through being HIV-positive themselves and/or by having lost a loved one to AIDS). As peer counsellors, the participating volunteers shared some key experiences with those they supported. Hall (2001) found that for the participants the core process in being a volunteer was the “construction of meaning from loss” (p. 47). Important elements of this process included “an attempt to make some sense of the suffering and losses they had experienced” (Hall, 2001, p. 49), which participants described as an empowering experience that “assisted them to go beyond their loss
and see themselves as more than victims” (p. 51). Similarly, in a study with peer volunteers in a chronic pain program, Arnstein et al. (2002) reported that a core theme that emerged from the data was “a sense of purpose” (p. 94). These scholars explain this theme in the following way: “Acting as a peer to chronic pain patients provided these volunteers with a goal, a sense of accomplishment, and an opportunity to make a valuable social contribution” (Arnstein et al., 2002, p. 99). In sum, these findings suggest that peer counsellors conceptualize their volunteering as a way to use their difficult experiences to assist others and that they report obtaining important benefits from this process.

Moreover, peer counselling serves an important function in fostering social connections with individuals undergoing similar experiences (e.g., Arnstein et al., 2002). For example, participants in Hall’s (2001) research shared that they found volunteering to be a liberating experience in that it countered the stigma and secrecy surrounding HIV/AIDS and thus enabled them to develop a greater sense of connection with others. In their qualitative study of volunteerism in a community AIDS organization, Crook et al. (2006) similarly found that participants reported obtaining a sense of belonging and relatedness through their volunteer work.

A setting where peer counsellors play an important role is oncology. A number of cancer survivors or individuals bereaved through cancer go on to provide support to others struggling with this illness. In their inquiry into the experiences of such volunteers in an oncology setting, Remmer et al. (2001) found several motivating factors for this work. Many of these parallel the previously discussed findings in other healthcare domains. For example, participants reported a desire to help others (conceptualized in the research study as “altruism”); a wish to learn more about cancer; a desire for personal growth; a wish to give back the help that they had received;
and a search for positive meaning in their difficult life experience (Remmer et al., 2001). In terms of their experience with carrying out peer counselling work, participants reported several benefits, such as undergoing personal growth, learning about cancer, adapting to their personal cancer experience, being part of a new social network, and acquiring vocational skills (Remmer et al., 2001).

Research on the lived experiences of peer counsellors who volunteer outside the healthcare domain parallels many of the above findings. For example, in her qualitative study investigating the process of becoming a rape crisis counsellor among women who had experienced sexual assault, Smith (1997) found that the interviewed women reported acquiring a sense of connectedness and community through becoming peer counsellors. Smith (1997) highlights the important role of volunteering in the participants’ own healing process when she states that “doing rape crisis work also seemed to serve as an advanced step in [the participants’] process of recovering from sexual assault” (p. 180). Overall, Smith (1997) echoes the findings reported in research with peer counsellors in HIV/AIDS and oncology, noting that the participating sexual assault survivors “seemed to benefit personally from helping others cope with the trauma of sexual assault” (p. 189). Similarly, in another qualitative study with women training to become volunteer rape crisis counsellors, Rath (2008) found that the participants who were themselves survivors of sexual violence conceptualized becoming a rape peer counsellor as constructing something positive from their traumatic experience and as “a positive last step in their own healing process” (p. 24). Similarly, Schauben and Frazier (1995) found that female counsellors who had themselves undergone victimization experienced growth and change through their work with sexual violence survivors, and regarded this supportive work as helping them heal from their own victimization.
Yet another example is Hill’s (2001) qualitative inquiry into a support group run by and for mothers of sexually abused children. In this study, participants reported largely similar experiences to those described above. For example, the founding member of the group shared that using her experiences to help others provided an opportunity to “make sense of the trauma by bringing good out of bad” (Hill, 2001, p. 393).

Lastly, in an interview study with clinicians (most of whom had themselves undergone trauma) working with trauma survivors, Arnold et al. (2005) found that all participants reported a number of positive outcomes of such work and stated that “their work with trauma survivors had changed their lives in profound and positive ways” (p. 256). Some of these changes included a deepening of their faith and spirituality; gains in self-confidence; and the experience of increased resilience (Arnold et al., 2005).

The above brief overview of research examining the lived experiences of peer counsellors suggests that the following factors inform their decision to volunteer: wanting to “give back”; a desire to provide services not available to them in their own suffering; wishing to help others; seeking to learn more about their affliction; and a search for positive meaning in their difficult life experience. In carrying out their volunteering work, peer counsellors acquire novel knowledge and skills; join new social networks; experience personal growth; and construct meaning from their traumatic experiences, among other things. It seems that by providing support to other individuals affected by similar afflictions, they are able to experience personal benefits (e.g., Brunier et al., 2002; Remmer et al., 2001) and to create positive sequelae from their trauma (e.g., Hill, 2001). This in turn likely facilitates their ongoing personal healing process. In contrast to symptoms of pathology such as posttraumatic stress and depression, this
process can indeed be conceptualized as a positive outcome, or as a positive legacy of their trauma.

4.4 Peer Counselling and Suicide Bereavement: An Unexplored Area

In the area of suicide bereavement, some survivors also go on to become supportive counsellors and thereby assist individuals bereaved through suicide. Yet given the present lack of research examining their lived experiences, it is unknown whether the typical experiences of suicide survivors who volunteer as peer counsellors parallel those of peer counsellors in other settings (e.g., HIV/AIDS organizations, oncology, rape crisis centers). As a result of the present gap in academic knowledge, it is unclear how these survivors conceptualize their volunteer role, whether peer counsellors in suicide bereavement also experience some positive sequelae of their traumatic loss through volunteering, and whether/how their volunteering influences their own healing from the suicide. In spite of the lacking research in this domain, suicidologists have suggested that being a peer counsellor may hold considerable healing potential for the peer counsellors themselves (e.g., Hurtig, Bullitt, & Kates, 2011; Jordan, 2011). In her reflection on talking to another survivor, Anne Edmunds (a suicide survivor and the founder of a suicide bereavement group through the Canadian Mental Health Association) articulates just this:

We spent hours together, and when I thanked her [another survivor of suicide] she in turn, thanked me for giving her the opportunity to talk about her son’s suicide. This was the beginning of my realization that survivors often need to hear other people talk about their despair, how they began to cope with the pain, how to try to understand suicide, and how to attain some peace of mind (Edmunds, 1998, p. 372).
In the above quote, Edmunds (1998) highlights the apparent healing potential in sharing one’s story with another survivor. Feigelman et al. (2009) also articulate this idea:

One important way to facilitate survivor healing may be to take the loss out of the private and personal sphere and attempt to weave it into the fabric of society. As survivors do this they may find that their sadness lifts, and life again assumes new meaning with a sense of purpose. Joining with other survivors and working together within and beyond the boundaries of the survivor community may help suicide survivors to know they are not alone in their grief. It may also alleviate some of the hurt felt from their loss as they assume these acts of common purpose, make new friendships with other survivors, and broaden their perspectives to find new pathways of growth after the suicide of their loved one. (p. 200)

Similarly to Edmunds (1998), in the above quote Feigelman et al. (2009) propose that connecting with other survivors of suicide proves an inherently healing experience for individuals bereaved through suicide. These scholars suggest that such connection counters the loneliness and hurt that survivors of suicide often experience in the aftermath of their loss. An additional question emerging from the above quote is whether the process of providing support to other survivors represents some form of healing for the peer counsellors themselves. Indeed, in their comparative study of different bereavement groups, Hopmeyer and Werk (1994) found that suicide survivors reported gaining an increased sense of self-worth by reaching out to other survivors. If, as suggested by the findings in Feigelman et al. (2009) and in Hopmeyer and Werk (1994), connecting with survivors creates a sense of community and alleviates some of the emotional pain, might not this healing experience be shared both by the survivors who provide support and by those on the receiving end of this support? In their reflections on the peer support
model in suicide bereavement, Rawlinson et al. (2009) suggest just this. They argue that the providers of such support (i.e., the suicide survivors who go on to become peer counsellors) may experience important benefits, such as undergoing self-healing through helping other survivors. Drawing on their work with volunteers in suicide prevention and postvention, Hurtig et al. (2011) similarly suggest that survivors find it important to assist others in the aftermath of their loss, and that they benefit from this experience:

We are learning how important it is for families and friends to “do something” after a suicide; they want to feel that they are helping others and keeping the memory of their loved one alive. They want to take something tragic and find some good. . . . Volunteering seems to offer them some hope and a feeling of connectedness and community. (p. 347)

However, Rawlinson et al. (2009) also note that the substantial gap in research on the experiences of suicide survivors who become peer counsellors greatly limits our understanding of the peer counselling phenomenon in suicide bereavement. An examination of the suicidology literature reveals that other scholars have also stressed the need to address this gap. For example, Cerel et al. (2009) draw attention to this unexplored area:

Some survivors report that creating political will and actually seeing change is a healing experience, but evidence of the effect of advocacy as a component in suicide bereavement is completely lacking. Other survivors use their pain and grief to work toward suicide prevention and training with the goal of having other families not have to experience the loss that they experienced. (p. 272)
While Cerel et al. (2009) imply that some survivors attribute great importance to providing support to other individuals bereaved through suicide, the authors highlight the gap in research specifically addressing this phenomenon. Moreover, scholars in suicidology note that research in this domain needs to make the voices of survivors themselves heard (e.g., Rawlinson et al., 2009; McIntosh & Jordan, 2011). Consequently, Rawlinson et al. (2009) advocate qualitative research in this area as a way to “foster a deeper understanding of [survivors’] ‘lived experiences’” (p. 13). As suggested by the review of the literature, and as highlighted in the above words of prominent suicidology researchers, the phenomenon of peer counsellors in suicide bereavement is an important area for further inquiry.

5. Statement of the Problem and Research Questions

The aim of this study was to address the present gap in knowledge by seeking to gain insight into the lived experiences of suicide survivors who volunteer as peer counsellors with other individuals bereaved through suicide. The study addressed the central question, what are the lived experiences of suicide survivors who become peer counsellors? Through conducting in-depth qualitative interviews with suicide survivors who volunteer as peer counsellors, the study addressed the following underlying research questions:

1. What motivates suicide survivors to become peer counsellors in the first place at the time they decide to do so, and what makes them stay on in this role?

2. What is the peer counsellors’ lived experience of providing support to other survivors (including any challenges and facilitative factors they have encountered)?

3. How do the peer counsellors conceptualize their volunteer role in light of their own loss?
4. What role, if any, does their volunteer work have in their own healing process from their loss?

This chapter established the broad context and provided the theoretical framework for the study. It explored the effects of the sociocultural context (such as philosophical, religious, cultural, and legal views on suicide) on survivors’ experiences in the aftermath of this life event and proposed a conceptualization of suicide bereavement as a form of psychological trauma. Furthermore, this chapter reviewed quantitative and qualitative research on the experiences of suicide survivors and highlighted gaps in knowledge and current debates in the literature. It also identified peer counselling as one form of assistance available to suicide survivors and situated this type of supportive service in a broad context by discussing research on the phenomenon of peer counselling in domains other than suicide bereavement. Drawing on previous suicide bereavement research, it suggested important gaps in knowledge that this study aimed to address. Finally, this chapter presented the research questions directing the study. It will be important to bear in mind the specific issues reviewed in this chapter throughout the subsequent ones, as the literature review informed the choice of the particular research methodology and provided a context for the interpretation of the findings.
Chapter 3

Methodology

The purpose of the study was to gain insight into the lived experiences of suicide survivors who go on to volunteer as peer counsellors with other individuals bereaved through suicide. The study aimed to understand how they conceptualize their volunteer work and how their volunteering may affect their own healing from their loss. The central question underlying this study was, what are the lived experiences of suicide survivors who become peer counsellors? To shed light on this issue, the following research questions were addressed: (1) What motivates suicide survivors to become peer counsellors in the first place at the time they decide to do so, and what makes them stay on in this role? (2) What is the peer counsellors’ lived experience of providing support to other survivors (including any challenges and facilitative factors they have encountered)? (3) How do the peer counsellors conceptualize their volunteer role in light of their own loss? (4) What role, if any, does their volunteer work have in their own healing process from their loss?

In this section, I will describe the qualitative phenomenological research methodology used to address these research questions and my rationale for choosing this approach. I will address ethical considerations pertaining to conducting research with individuals bereaved through suicide. In addition, this section will provide an overview of the research design, describe how participants were recruited, and outline the data analysis approach. Lastly, I will address issues of trustworthiness, state the researcher’s assumptions, and discuss the limitations of the methodology.
1. Rationale for the Research Methodology

1.1 Rationale for a Qualitative Approach

I employed a qualitative approach to address the research questions underlying this study. Qualitative research is informed by the social constructivist paradigm, which holds reality to be socially, culturally, and historically constructed (Lincoln & Guba, 1985). The central assumption of this paradigm is that individuals develop subjective meanings of their experiences and that the researcher is to understand how these meanings are constructed in a particular context and at a specific point in time (Berg, 1998).

The choice of a qualitative framework was appropriate for the present study for two main reasons. First, qualitative research provides an extensive description and insight into the human experience by carefully examining how social occurrences are made meaningful and interpreted by people themselves. As McLeod (2001) explains, “qualitative research is a process of careful, rigorous inquiry into aspects of the social world” (p. 2), with the aim of developing an understanding of how this social world is constructed. Importantly, qualitative research “invites readers to enter the world of those who were studied” (Stiles, 1993, p. 595), thus providing a glimpse into participants’ experiences from their own viewpoints. This was highly congruent with the aim of my study, namely, to gain insight into the lived experiences of suicide survivors who go on to volunteer as peer counsellors.

A second reason for selecting a qualitative approach was its suitability for investigating a minimally studied research area or population (Sciarrà, 1999). As the review of the literature revealed, the experiences of suicide survivors who become peer counsellors have not been documented. Thus a quantitative investigation, with its reliance on hypothesis testing to analyze
causal or correlational relationships between variables, appeared inappropriate (Ponterotto, 2005). As Heppner, Kivlighan, and Wampold (1992) explain, “before one can test the adequacy of a theory in explaining a phenomenon, one needs a reliable and detailed description of the phenomenon” (p. 195). Furthermore, scholars (e.g., Hjelmeland & Knizek, 2010; Leenaars, 2006; Rawlinson et al., 2009) argue that more qualitative research is required in suicidology in their discussions of future research directions for this field. For example, Hjelmeland and Knizek (2010) state, “In order to avoid repetitious research and bring the field forward, we need to focus more on understanding and thus increase the use of qualitative methodology” (p. 75). The design of the present study was congruent with this recommendation. In sum, since the phenomenon of peer counsellors in the area of suicide bereavement has not been adequately described in academic writing, a qualitative inquiry was well suited to address this gap in current knowledge.

1.2 Rationale for Phenomenological Methodology

Within the framework of a qualitative approach, the study was most suited for the phenomenological tradition of inquiry. Phenomenology has its roots in the writings of Husserl (1859–1938) and was subsequently developed by Heidegger (1889–1976) and then by Merleau-Ponty (1908–61) (Bloomberg & Volpe, 2008). Phenomenological research usually entails in-depth interviews with a small number of participants to explore the meaning of their lived experiences, as described by the participants themselves. As Kvale and Brinkmann (2009) explain,

Phenomenology is a term that points to an interest in understanding social phenomena from the actors’ own perspectives and describing the world as experienced by the subjects, with the assumption that the important reality is what people perceive it to be. (p. 26)
Since I aspired to understand the experiences inherent in being a peer counsellor in suicide bereavement from the perspective of the peer counsellors themselves, the phenomenological tradition was well suited to the aim of my study.

1.3 Rationale for Interpretative Phenomenological Analysis

The Interpretative Phenomenological Analysis (IPA) approach (Smith et al., 1999; Smith, Flowers, & Larkin, 2009) informed the data analysis in the present study. Since one of the theoretical foundations of IPA is phenomenology (Smith, 1996), this approach to qualitative data analysis was consistent with the central paradigm underlying the study. In their detailed discussion of IPA, Larkin, Watts, and Clifton (2006) note that IPA may be considered “a ‘stance’ or perspective from which to approach the task of qualitative data analysis, rather than a distinct ‘method’” (p. 104). The central aim of IPA is to understand and describe the participants’ world by exploring in detail participants’ lived experiences and how they make sense of those experiences (Smith, 2004). Moreover, IPA aims to position the descriptions of participants’ experiences in the corresponding sociocultural context, thereby providing “a critical and conceptual commentary upon the participants’ personal ‘sense-making’ activities” (Larkin et al., 2006, p. 104). The approach thus goes beyond a mere description of participants’ experiences, offering an interpretative account of what these experiences mean to them and how they fit in the participants’ particular context (Larkin et al., 2006).

Importantly, IPA understands research to be a dynamic process wherein the researcher’s own conceptions are taken into account because they shape data analysis in important ways (Smith, 1996). As Smith (1996) explains,
While one attempts to get close to the participant’s personal world, one cannot do this directly or completely. Access is both dependent on, and complicated by, the researcher’s own conceptions which are required in order to make sense of that other personal world through a process of interpretative activity. (p. 264)

The central role of the researcher is recognized in IPA as the researcher inevitably draws on his or her own experiences and conceptualizations in trying to understand how the participants perceive their particular experiential world and render it meaningful (Smith et al., 2009).

As IPA is becoming more and more established in qualitative psychology, diverse research endeavours are employing this approach. Much health psychology research has used IPA to explore patients’ experiences with illness (e.g., Chapman, 2002; Osborn & Smith, 1998; Smith, 1996; for a review of health psychology research using IPA, see Brocki & Wearden, 2006). For example, Morris, Campbell, Dwyer, Dunn, and Chambers (2011) used IPA in their inquiry into the lived experiences of breast cancer survivors participating in a peer support program. In suicide bereavement research, one study employed IPA to examine the lived experiences of individuals bereaved through suicide (Begley & Quayle, 2007), while another used IPA to explore posttraumatic growth among suicide survivors (Smith et al., 2011).

Considering that this study aimed to understand the lived experiences of suicide survivors who become peer counsellors, IPA, with its emphasis on examining participants’ own perceptions and conceptualizations of their experiences, proved a highly appropriate approach. Moreover, given my own experiences with both suicide bereavement and peer counselling, it was critical that the selected research approach take into account the impact of the researcher’s own relevant experiences. As the above overview revealed, the key premises underlying IPA were congruent with the aim of the study and with my own positioning as the researcher.
1.4 Rationale for Qualitative Interviewing

Drawing on the phenomenological tradition of inquiry, the present study consisted of semi-structured qualitative interviews with suicide survivors who volunteered as peer counsellors. A data collection approach common in IPA studies (Larkin et al., 2006; Smith, 2004), the qualitative research interview “attempts to understand the world from the subjects’ points of view, to unfold the memory of their experiences, to uncover their lived world prior to scientific explanations” (Kvale & Brinkmann, 2009, p. 3). The method of the qualitative interview offered a highly appropriate venue for addressing the research questions since it had the potential to elicit rich descriptions, at the same time as it provided the opportunity to clarify statements and probe for additional information (Bloomberg & Volpe, 2008).

Kvale and Brinkmann (2009) suggest that the qualitative interviewer assume an attitude of “deliberate naïveté,” which they define as “openness to new and unexpected phenomena, rather than having readymade categories and schemes of interpretation” (p. 31). This suggestion was relevant to the present study since I sought to approach the participants in an open manner as a way to discover their own understanding of, and reflections on, their peer counsellor work. While my familiarity with relevant research literature did generate assumptions and tentative hypotheses about topics that might surface in the interviews, I was committed to engage in an active process of bracketing these ideas, so that I could remain open to what spontaneously surfaced in the interviews (Smith et al., 2009). As Kvale and Brinkmann (2009) note, “presuppositionlessness implies a critical awareness of the interviewer’s own presuppositions” (p. 31). Therefore, throughout this research, and in particular during the interviews with the participants, I continuously reflected on my assumptions in writing. I practiced bracketing by
striving to be aware of and subsequently put aside my taken-for-granted understandings of what suicide bereavement and peer counselling entail.

2. Ethical Issues

Although ethical issues relating to the protection of the participants are of vital concern in any research study (Berg, 1998), this seems especially relevant when conducting research on emotionally difficult experiences. Since the present study involved interviews with individuals who have lost a loved one to suicide, in the next section I will consider the risks posed to these individuals through participation in the present research and will outline safeguards put in place to ensure their protection. Prior to embarking on this research, ethical approval was obtained from the University of Toronto Research Ethics Board.

2.1 Risks and Safeguards

Understandably, talking about a loved one’s suicide is an emotionally difficult experience. However, even though all the participants in this study had by definition lost a loved one to suicide, the research did not require them to talk in detail about their loss during the interview. Instead, the interview focused on their experiences as peer counsellors in the domain of suicide bereavement. By inviting participants to share as much, or as little, about their personal experience with suicide as they felt comfortable, I encouraged them to determine which aspects of their story they discussed in the interview. This assisted them in regulating their level of distress during the interview. Kvale and Brinkmann (2009) point out that qualitative interviewing “requires a delicate balance between the interviewer’s concern for pursuing interesting knowledge and ethical respect for the integrity of the interview subjects” (p. 16), and this idea proved highly pertinent to the present study.
Given the stigma surrounding suicide, participants may have been concerned about issues of anonymity and confidentiality, as well as about the intended use of the interview data. I addressed these issues in the following ways. First, informed consent remained a priority throughout the study. I provided participants with verbal and written information about the study and its purpose, and gave ample opportunity to review this document and ask questions prior to providing their written consent. Second, I took care to protect participants’ confidentiality by replacing their names with pseudonyms that would be used in the dissemination of the study findings. I have also kept participants’ identifying information confidential.

Lastly, at the end of the interview, in addition to being provided with my contact information, participants were given a list of resources that they could access should they experience emotional distress following their participation in the study. These included local crisis lines and distress centers, as well as information on counselling resources in their area of residence.

2.2 Possible Benefits for the Participants

An overview of research findings suggests possible benefits for the participants from taking part in the present study. For example, Lakeman and FitzGerald (2009) note that research interviews with even very high-risk populations (such as individuals contemplating suicide) can be directly therapeutic in helping interviewees gain insight into their own situation and providing an opportunity to talk and be heard. Some suicidology researchers (e.g., Hawton, Houston, Malmberg, & Simkin, 2003; Henry & Greenfield, 2009) found that psychological autopsy interviews with survivors of suicide had beneficial effects for the participants. Henry and Greenfield (2009) note that being interviewed about the suicide allowed interviewees “to find meaning in the suicide, to find purpose through their altruistic participation, to obtain
psychological support, to experience connectedness with others, to accept the loss as real, and to
gain insight into their functioning” (p. 22). This is valuable information, as it is indeed possible
that the participants in my study experienced some of the above-mentioned benefits. In
particular, talking about their peer counselling work could have initiated self-reflection and novel
insights into their life situations, thus creating an “enriching experience” for the participants
(Kvale & Brinkmann, 2009, p. 32). The interview situation invited the participants to reflect on
their journey of becoming peer counsellors and the impact that their volunteer work with other
suicide survivors has had on their own process of healing from their suicide loss.

3. Study Design

The research questions underlying the present study were addressed by conducting in-
depth qualitative interviews with individuals who were survivors of suicide and who had been
volunteering as peer counsellors with others bereaved in this manner. Interview data were
analyzed for themes in accordance with guidelines provided by Interpretative Phenomenological
Analysis (Smith et al., 1999).

3.1 Participants: Inclusion Criteria and Recruitment

In accordance with guidelines for qualitative research sampling (Berg, 1998; Morrow,
2005), I used a purposeful criteria-based sampling approach to recruit 15 participants. In criteria-
based sampling, all potential participants have experienced the same phenomenon (in this case,
bereavement through suicide and subsequent volunteering as peer counsellors). This is a typical
sampling approach used in phenomenological methodology (Bloomberg & Volpe, 2008). The
criteria for the selection of participants were as follows:
1. All participants self-identify as bereaved through suicide for at least two years (i.e., have lost a loved one such as a family member or a friend to suicide), and

2. All participants have been volunteering as peer counsellors in the suicide postvention field for at least two years. In their role as peer counsellors, they provide direct support (this may take place one-on-one, with a family of survivors, or in a group format) to other individuals bereaved through suicide.

I decided on a delimiting period of two years to ensure that the participants had acquired adequate experience as peer counsellors and would be able to speak about their experience in some detail. Although the present study focuses on the experiences of survivors who provide in-person support to individuals bereaved through suicide, I acknowledge that peer counselling in this context may take a range of forms. Therefore, in this study, I did not restrict the definition of peer counselling to the Western understanding of this concept. For the purposes of this research, it was necessary that the participants were survivors of suicide and that they supported other survivors in an in-person format. However, I acknowledged that such peer counselling support may differ throughout diverse communities. For example, in Canadian Aboriginal communities, peer counsellors may assist other survivors through traditional approaches to helping, such as sharing circles (Portman & Garrett, 2006).

Potential participants were recruited from suicide postvention programs across Canada (such as the Survivor Support Program at the Toronto Distress Centre and the Ottawa Survivors of Suicide Support Program organized by the Canadian Mental Health Association). Participants were also recruited from the community (e.g., a survivor who facilitates a group for individuals bereaved through suicide who is not part of an official postvention program), through suicide bereavement list serves, and through snowball sampling.
As the first step, I contacted each suicide postvention program by telephone or e-mail and provided information about the study (Appendix A). I asked each program director to forward the participant recruitment letter (Appendix B) to the program volunteers who do peer counselling with individuals bereaved through suicide. This recruitment letter provided potential participants with detailed information about the study, including the inclusion criteria, and invited them to contact the researcher by telephone or e-mail for further questions and to set up a mutually convenient time for the interview. I also recruited potential participants through suicide bereavement list serves by posting the recruitment letter and inviting interested individuals to contact me directly.

Participants: Description of the Sample

This section will provide a brief description of the participants as a way to situate the subsequent discussion of their responses to the interview questions and thereby to establish a context for the themes that emerged from the interviews. A detailed description of each participant profile, enhanced with illustrative quotes from that person, is provided in Appendix E. Throughout this document, participants’ names have been replaced with pseudonyms.

Participants were 15 survivors of suicide (13 women and 2 men) who had been volunteering as peer counsellors for between 2.5 and 18 years, with a mean of 7 years. The number of survivors that they have supported varied from 5 to several hundred. In terms of the setting, 14 participants resided in Canada (urban and rural communities in Ontario, Saskatchewan, Alberta, and British Columbia), while one individual resided in the USA. Some volunteered for a bereavement organization, while others provided informal peer support in the community. The peer counsellors were between the ages of 42 and 75, with a mean age of 56.
Twelve participants lost one individual to suicide, and 3 participants lost 2 individuals or more.

The time since the suicide ranged from 3 to 42 years.

**Participants: Summary Table**

**Table 1. Participant demographic information**

<table>
<thead>
<tr>
<th>Participant (pseudonym)</th>
<th>Age at time of interview</th>
<th>Place of residence</th>
<th>Identity of individual who suicided</th>
<th>Years since suicide</th>
<th>Years as peer counsellor</th>
<th>Approx. number of survivors supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann</td>
<td>64</td>
<td>Saskatchewan (city)</td>
<td>son</td>
<td>20</td>
<td>18</td>
<td>200</td>
</tr>
<tr>
<td>Doris</td>
<td>44</td>
<td>Ontario (city)</td>
<td>father/ex-boyfriend</td>
<td>17</td>
<td>7</td>
<td>200</td>
</tr>
<tr>
<td>Rachel</td>
<td>49</td>
<td>Ontario (city)</td>
<td>mother</td>
<td>42</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Maria</td>
<td>65</td>
<td>Missouri, USA (town)</td>
<td>husband</td>
<td>7</td>
<td>2.5</td>
<td>6</td>
</tr>
<tr>
<td>Patricia</td>
<td>52</td>
<td>Ontario (rural community)</td>
<td>son</td>
<td>3</td>
<td>3</td>
<td>several hundred</td>
</tr>
<tr>
<td>Christina</td>
<td>56</td>
<td>Ontario (rural community)</td>
<td>husband</td>
<td>9</td>
<td>7</td>
<td>80</td>
</tr>
<tr>
<td>Tim</td>
<td>75</td>
<td>Ontario (town)</td>
<td>wife</td>
<td>7</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>Aysha</td>
<td>47</td>
<td>British Columbia (city)</td>
<td>son</td>
<td>10</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>Janice</td>
<td>54</td>
<td>Ontario (city)</td>
<td>nephew/sister/several clients</td>
<td>10</td>
<td>10</td>
<td>several hundred</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Location</td>
<td>Relationship</td>
<td>Number 1</td>
<td>Number 2</td>
<td>Number 3</td>
</tr>
<tr>
<td>--------</td>
<td>-----</td>
<td>------------------------</td>
<td>--------------</td>
<td>----------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>Alice</td>
<td>53</td>
<td>Ontario (city)</td>
<td>husband</td>
<td>13</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Lucy</td>
<td>56</td>
<td>Ontario (rural community)</td>
<td>husband</td>
<td>12</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>Jane</td>
<td>63</td>
<td>Ontario (town)</td>
<td>husband</td>
<td>5</td>
<td>3.5</td>
<td>40</td>
</tr>
<tr>
<td>Valery</td>
<td>48</td>
<td>Ontario (rural community)</td>
<td>brother</td>
<td>18</td>
<td>8</td>
<td>10-15</td>
</tr>
<tr>
<td>Andrew</td>
<td>42</td>
<td>Ontario (city)</td>
<td>sister</td>
<td>10</td>
<td>8</td>
<td>250</td>
</tr>
<tr>
<td>Susan</td>
<td>67</td>
<td>Ontario (city)</td>
<td>husband</td>
<td>21</td>
<td>12</td>
<td>35</td>
</tr>
</tbody>
</table>

3.2 Instrument

I used a semi-structured interview guide in this study (Appendix C). While this approach to interviewing facilitates the implementation of some structure in presenting questions to the respondents, it “allows [respondents] to tell their stories largely in their own words as they react to mostly open-ended questions (followed by probes or prompts when necessary) delivered in a flexible interviewing style on the part of the researcher and in a context of established rapport” (Fassinger, 2005, pp. 158–59). I drew on the conceptualization of the interview as “a dynamic, meaning-making occasion” and a “social encounter in which knowledge is constructed” (Holstein & Gubrium, 1997, pp. 117, 114). This was congruent with the constructivist paradigm underlying this study (Fassinger, 2005; Ponterotto, 2005).
In developing the interview questions I relied on the following sources: reviewing interview studies that have explored the experiences of peer counsellors in domains other than suicide bereavement; suicide bereavement research literature; consulting with scholars and clinicians who work with survivors of suicide; and my personal experience as a suicide survivor and a peer counsellor. I pilot-tested the interview guide with one friend/colleague (a survivor of suicide who volunteers as a peer counsellor) prior to commencing the study. She offered her feedback on the interview questions and on the overall flow of the interview.

I considered the interview to be a flexible tool, and I modified it slightly during the interviews depending on which aspects of his or her experience each participant chose to focus on.

3.3 Procedure

On potential participants’ agreement to participate, I scheduled a time for the interview (11 in-person interviews and 4 telephone interviews in those cases where meeting in person was not feasible). The in-person interviews took place in the following settings (based on the preference of each participant): the participant’s home; the participant’s workplace; the participant’s volunteer place; my home; and a private research office at the Ontario Institute for Studies in Education, University of Toronto.

Before starting each interview, I outlined the main objectives of the study, addressed the issue of confidentiality, invited participants to ask questions, and reviewed the consent form. I asked the participants’ consent for audio-recording the interview. All participants agreed to the latter.
At the start of each interview, I collected participants’ demographic and personal information (Appendix D) as a way to provide a context for their story, but also to build rapport before starting the main part of the interview. This information included the following: participant’s age; years since the loss to suicide; identity of the individual who died by suicide; years of volunteering as a peer counsellor; any other volunteering experience either prior to the suicide or following it. At this point, I also asked participants to create a pseudonym to represent them in the written report, as a way to protect their confidentiality.

After collecting demographic and personal information, I commenced the main body of the interview, which consisted of asking open-ended questions from the interview guide (Appendix C) to generate a conversation centered on their experience with volunteering as a peer counsellor in suicide postvention.

After the interview, I asked participants’ permission to contact them by e-mail or mail following data analysis. This was necessary to enable me to share findings (i.e., the themes generated from the interviews) with them and to invite their feedback. All the participants agreed to be contacted in this manner.

3.4 Data Analysis

In conducting the analysis of the interview data, I followed the guidelines for carrying out Interpretative Phenomenological Analysis (IPA) provided by Smith et al. (1999).

3.4.1 First level of analysis: Preparing a written reflection

Immediately following each interview, I reflected on the interview process in writing by noting my impressions about the interview. Writing down a “summary” directly following the
interview provided a way to capture these impressions while they were still salient in my mind. Moreover, this process facilitated documenting participants’ difficulties with questions and challenges that I encountered in directing the conversation. Furthermore, I recorded any emerging themes or preliminary interpretations of the interview data in these written reflections. Such researcher notes or “memos” enabled the ideas to be stored for future reference, at the same time preventing these hunches from interfering with the subsequent interviews, and with the analysis, thus allowing me to stay close, or grounded in the data (McLeod, 2001).

3.4.2 Second level of analysis: Transcription

I transcribed each interview verbatim, one or two days after the interview took place. The transcription represented the second level of data analysis. During this time I continued to “memo” any preliminary ideas and hunches about emergent themes.

3.4.3 Third level of analysis: Coding

Following the transcription of each interview, I proceeded to carefully read the transcript several times. The goal of the first reading was to become intimately familiar with the content of the conversation and to note any segments of interest. In particular, as suggested by IPA (Smith et al., 1999), I coded in the margins any segments that directly related to the research questions. However, during this stage I also coded those segments that were not directly related to the research questions but appeared salient for the participants. In accordance with guidelines for coding qualitative data (e.g., Neuman, 1994), this approach encouraged me to remain open to creating new themes and categories that my initial questions had not considered. Indeed, Stiles (1993) suggests that in qualitative research it is critical to remain open to unanticipated observations. He notes:
Investigators cannot eliminate their values and preconceptions, but they can work to make them permeable… It is argued that closer engagement with participants or text, in which interpretations are iteratively stated and refined, promotes a dialectical process by which the observations tend to permeate and change the investigator’s initial views. (p. 614)

During the coding of the transcripts, I used codes close to participants’ actual words to avoid interpretation. After some time away from a particular transcript, I returned to it, reading and coding it for a second time. As additional interview transcripts became available, I compared the emerging codes to other units of text, and connections between codes began to reveal themselves (Smith et al., 1999). I continued to record these connections in researcher notes, or “memos.”

3.4.4 Finding connections between codes and between transcripts

Throughout this research inquiry, the processes of interviewing, transcription, and analysis were intertwined. This helped with finding connecting points between the different interviews, noting concepts that surfaced in multiple interviews, and identifying any discrepancies between accounts presented by the participants.

After the first reading and coding of the transcripts, I searched for connections between initial codes. According to IPA guidelines (Smith et al., 1999), at this level of analysis, some emerging themes may cluster together, while others may appear to represent superordinate concepts. Hence, some initial codes that I had recorded in the words of the participants during the first coding were condensed into more inclusive categories that united analogous concepts or instances from multiple interviews. As I proceeded with examining emerging themes, I
continuously compared the emergent categories to the interview data to ensure that the emerging connections fit with the primary source material (Smith et al., 1999). According to Fassinger (2005), such comparison entails the following steps: (1) comparing and relating units of meaning to the emerging categories, (2) comparing emerging categories to new data, (3) describing the attributes of the categories, and (4) examining disconfirming instances (p. 160). This technique ensured that the emerging themes described participants’ actual experience as closely as possible. The aim of this phase of data analysis was to group the initial codes into more encompassing (core) categories, or themes. According to IPA, during this process of condensing themes, the researcher attempts to understand what the participants are saying, at the same time as the researcher draws on his or her own interpretative resources (Smith et al., 1999). Therefore, awareness of my own positioning as a researcher proved of critical importance.

The goal of my study was to capture the lived experiences of the participants. The data analysis thus stopped at the point at which a list of themes had emerged that described participants’ lived experiences in a coherent and comprehensive manner (Smith et al., 1999).

3.4.5 Feedback on the emergent themes/second interview

Once I completed the analysis of the interview data, I summarized the emergent themes and sent this summary to the participants by e-mail. I asked them to review the findings and to reflect on whether the emergent themes adequately represented their lived experiences, and whether they felt that any element of their experience had not been captured by these themes. Once they had had a chance to review the findings, I invited participants to take part in a second interview (either in-person or on the telephone, depending on each participant’s availability). While several participants took part in the second interview and offered feedback on the themes at that point, most individuals chose to e-mail me their responses and their thoughts about the
emergent themes instead. Only one participant was not able to offer feedback on the themes because of other commitments.

This phase of the research (i.e., obtaining participants’ feedback on the themes) proved important in ensuring that the participants’ experiences were adequately represented. At the same time, it actively engaged the participants in the research process. Other qualitative research studies (e.g., Sapsford, 1998) suggest that such a process may also prove therapeutic for the participants. For example, in a qualitative study of women’s experiences with losing a loved one to suicide, Sapsford (1998) suggests that in addition to being an important component of the research process, such follow-up may be experienced as beneficial by the participants. She explains, “One woman in this study cried as she read the first draft of the developing model, exclaiming how good it was to read an accurate account of her experiences and to have hers confirmed by reading other voices describing the same process she had lived” (Sapsford, 1998, p. 409). Furthermore, during the period between the first and the second interviews, participants had an opportunity to reflect on issues that had surfaced during the first interview. The second interview provided them with an opportunity to share their thoughts and to articulate any additional ideas that they did not have a chance to voice during the first interview. As Mathieson (1999) suggests, “a logical way to achieve depth of information is to consider repeat interviews” (p. 121). The novel findings that emerged during the second interview and in the participants’ written feedback on the emergent themes were incorporated into the data analysis.

3.4.6 Writing up

In the final list of themes, each theme was explained through examples (i.e., quotes of participants’ words) from the interviews. This final write-up thereby aimed to convey “the shared
experiences across the participants,” at the same time allowing “the unique nature of each participant’s experience to re-emerge” (Smith et al., 1999, p. 235).

4. Issues of Trustworthiness

In qualitative research, trustworthiness relates to efforts at “good practice” demonstrated throughout the research process (Merrick, 1999, p. 30). This term parallels criteria of validity and reliability central to quantitative research. Examples of ways to enhance trustworthiness include the following: disclosure of the researcher’s orientation; intensive and prolonged engagement with the material; triangulation; using individual examples from the data to support higher-level theorizing; and efforts to make explicit and reduce sources of bias by the researcher (Stiles, 1993). Merrick (1999) also suggests that trustworthiness necessitates reflexivity, or “awareness of self-as-researcher engaging in the research process” (p. 31). The specific elements of trustworthiness most relevant to the present study were the following: credibility, dependability, confirmability, and transferability (Guba & Lincoln, 1998). I will address each of these in more detail below.

4.1 Credibility

Credibility closely parallels the concept of validity in quantitative research. As Bloomberg and Volpe (2008) explain, “the criterion of credibility (or validity) suggests whether the findings are accurate and credible from the standpoint of the researcher, the participants, and the reader” (p. 86). The two types of credibility central to qualitative research are methodological and interpretative validity (Bloomberg & Volpe, 2008). Methodological validity refers to the fit between the selected research method and the particular research questions. A methodologically sound study calls for a logical connection between the study’s purpose, research questions, and
the corresponding research design (Bloomberg & Volpe, 2008). Interpretative validity, on the other hand, refers to the quality and rigour of the qualitative data analysis (Bloomberg & Volpe, 2008).

I have addressed issues pertaining to the methodological validity of this study by thoroughly considering and outlining my rationale for selecting a qualitative phenomenological interview design to address the research questions. To enhance the interpretative validity, I engaged in a self-reflexive process throughout the study (e.g., by clarifying my assumptions from the start; writing “memos” during data collection and data analysis; and by consulting with colleagues). This enabled me to approach each interview situation and the eventual analysis of the data in an open manner, with the awareness that “any analysis is contextually situated in time, place, culture, and situation” (Charmaz, 2006, p. 131). In analyzing the interview data, I followed the guidelines of Interpretative Phenomenological Analysis (Smith et al., 1999), which is a rigorous approach to qualitative data analysis. Lastly, I solicited participants’ feedback on the findings as a way to check my interpretations with them and to ensure that their experiences had been adequately represented in the final report (Stiles, 1993).

4.2 Dependability

As Lincoln and Guba (1985) argue, an important consideration in qualitative research is the issue of dependability, or whether the findings are consistent with the data collected. Dependability can be enhanced by thoroughly documenting all research procedures (what Lincoln and Guba refer to as an “audit trail”) and demonstrating a consistent approach to data analysis (Bloomberg & Volpe, 2008). I strove to augment the dependability of this study by keeping detailed notes regarding the evolution of my thinking about the research study and about decisions made pertaining to issues such as the development of codes and the emergence of
themes during the data analysis phase. Furthermore, I discussed the emergent codes with my supervisor and addressed any disparities in our interpretations of the interview data. Lastly, as already mentioned, participants’ feedback on the findings enhanced dependability by ensuring that the final report accurately reflected their experiences.

4.3 Confirmability

Bloomberg and Volpe (2008) explain that the concept of confirmability “corresponds to the notion of objectivity in quantitative research” (p. 87) in that the findings are not merely the outcome of researcher biases and subjectivity. I addressed this issue by engaging in continuous self-reflexivity and by entering into dialogue with professional colleagues throughout the phases of data collection and data analysis. This helped ensure that the findings of the present study were well supported by and firmly grounded in the interview data.

4.4 Transferability

Lastly, the issue of transferability refers to extrapolations from the present study to other contexts. Hjelmeland and Knizek (2010) suggest that while statistical generalization is not relevant to qualitative research, theoretical and analytical types of generalization are indeed applicable to studies such as this one. These authors explain that theoretical generalization entails connecting the findings of one’s study with personal/professional experience and with findings reported in the literature. Analytical generalization, on the other hand, involves other researchers deciding whether the results of a particular study are applicable to a different context based on similarities and differences between the two situations (Hjemeland & Knizek, 2010). Both of these types of generalization are relevant to this study. By providing rich accounts of the interviewees’ experiences, describing relevant background information about the participants and
the researcher, and situating the present study in the context of existing research findings, I anticipate that the knowledge generated from this study can be assessed by other scholars for its applicability to other contexts.

5. Researcher Assumptions

Based on my experience as a suicide survivor who volunteers as a peer counsellor in a suicide postvention program, I hold three primary assumptions regarding this study that I will make explicit in this section. First, I conceptualize suicide bereavement as a traumatic experience that brings considerable emotional difficulties for most survivors. This assumption is based on my clinical experience providing support to individuals bereaved through suicide, as well as on my familiarity with the extent of mental health and physical concerns that many survivors experience, as suggested by suicide bereavement research literature.

Second, I believe that suicide survivors who volunteer as peer counsellors play an important role in suicide postvention efforts. This assumption also stems from my clinical experience. Specifically, I have heard survivors emphasize on numerous occasions that they wish to speak with someone who has also lost a loved one to suicide and thus shares a similar experience.

Third, I assume that volunteering as a peer counsellor in suicide postvention in some way has an impact on the volunteer’s own experience of being a suicide survivor, and on his or her healing process from the loss. This assumption is based on anecdotal accounts that other peer counsellors have shared with me, as well as on research findings with peer counsellors in domains other than suicide bereavement.
6. Limitations of the Methodology

This methodology has certain limitations, some of which are common to qualitative designs in general, and some of which are specific to this particular research design. The next section will outline these limitations and describe the steps taken to minimize their impact.

6.1 Researcher Background

One limitation of the chosen research design stems from the researcher’s background as a suicide survivor and a peer counsellor. While this position can provide valuable insight, it can also introduce considerable bias to the emergent interpretation of the findings. Notably, the social constructivist paradigm underlying the present study posits that the researcher’s own background plays an important role because it affects the types of questions asked, the overall interaction between the researcher and the participants, and the eventual interpretation of the qualitative data (Lincoln, 1995; Smith et al., 1999). As Charmaz (2006) notes, “an interview reflects what interviewers and participants bring to the interview, impressions during it, and the relationship constructed through it” (p. 27). For this reason, I explicitly stated my researcher position in the introduction as a way to acknowledge my personal experiences pertaining to the research topic and to make transparent the ways in which these may have affected the study (Lincoln, 1995). Stiles (1993) stresses the importance of such disclosure: “[H]aving [researchers’] orientation in mind, whether or not we share it, helps us put their interpretations in perspective” (p. 602). Furthermore, I selected to follow the guidelines of Interpretative Phenomenological Analysis (Smith et al., 1999) in interpreting the data. This approach acknowledges that the researcher’s own conceptions influence the data analysis and shape the interpretative process in important ways (Smith et al., 1999). Therefore, throughout this research, I engaged in ongoing critical self-reflection (e.g., kept a research journal, consulted with
academic advisors, and entered into dialogue with clinical staff at the suicide postvention program where I volunteer). Lastly, as part of my data analysis, I shared emerging findings with the participants and solicited their feedback to ensure that I had correctly understood and accurately captured their experiences.

A related challenge concerned participants’ awareness of the researcher’s status as a suicide survivor. While this could have facilitated rapport, it also could have affected the interview process as participants may have offered the responses that they perceived the researcher to be seeking (Bloomberg & Volpe, 2008). Alternatively, awareness of the researcher’s background could have led participants to be guarded in their responses. In this case, they may have offered what Stiles (1993) refers to as “press release” (p. 605), in other words, superficial responses that fail to reflect participants’ in-depth lived experiences. Stiles (1993) notes that capturing participants’ perspectives in their full depth requires establishing trust between them and the researcher. To address this potential challenge, I made a conscious attempt to create an environment conducive to honest and open dialogue, and I approached each interview with an attitude of openness and curiosity. My prior experience as an interviewer proved helpful in this regard.

6.2 Interviewing

Although interviews have a number of strengths as a method of data collection, some limitations inherent in this method need to be acknowledged. First, as Bloomberg and Volpe (2008) point out, when it comes to responding to interview questions, “not all people are equally cooperative, articulate, and perceptive” (p. 82). To address this potential difficulty, I focused on building rapport with each participant before commencing with the questions. Further, I used probing questions when an interviewee struggled with describing his or her experiences. In the
case of the four telephone interviews, I was particularly cognizant of the importance of establishing good rapport with the interviewees before asking about their experiences. My previous extensive experience with crisis line volunteering and with conducting semi-structured research interviews on the telephone facilitated such rapport building.

Another limitation of interviewing as a method of data collection is that interview data represent the result of a social interaction that takes place between the researcher and the participants (e.g., Charmaz, 2006). Interviews are clearly not “neutral tools of data gathering” (Bloomberg & Volpe, 2008, p. 82). In this manner, the experiences that each participant related during the interview were shaped by the interview context and the personality and background of the interviewer. As Stiles (1993) explains, “context includes investigators’ and participants’ cultural and personal histories, as well as the immediate setting of the observations” (p. 596). For this reason, I have thus far provided a rich description of the context of the interview and of my own experience with the research topic (in addition to the information about the participants), as a way to make explicit the factors that may have affected the research findings.

In this chapter, I described the qualitative phenomenological research methodology used to examine the questions underlying the study and provided my rationale for selecting this approach. This chapter also outlined the study design, including participant recruitment, and the approach to data collection and data analysis. Lastly, I addressed issues of trustworthiness as they relate to the present research design and provided an overview of the researcher assumptions and the limitations of the methodology. It will be important to keep in mind these specific issues and the limitations throughout the next chapter, which presents the study findings.
Chapter 4

Results

The aim of this study was to gain insight into the lived experiences of suicide survivors who went on to volunteer as peer counsellors with other individuals bereaved through suicide. To examine this issue, I conducted in-depth qualitative interviews with 15 suicide survivors who provided peer counselling to other survivors. The interviews were transcribed and the transcripts examined for themes using the Interpretative Phenomenology Analysis approach. By outlining the themes that emerged from this analysis, the results chapter will present the understanding of participants’ lived experiences as peer counsellors that was generated from this study.

This chapter describes participants’ journeys from experiencing the suicide of a loved one, to the decision to become a peer counsellor, to the lived experience of providing support to other survivors. It also captures participants’ perspectives on peer counselling as they shared thoughts about the meaning of peer counselling in their lives and reflected on the motivations underlying their decision to take part in the present study. Closely reflecting the language of the participants with the goal of describing their experiences in their own words, this chapter presents participants’ responses by organizing the coded interview data thematically into five sections. These sections are briefly outlined below. In addition, I suggest that three core themes weave through and, like a thread, connect these five sections.

The first section of the results chapter reflects what participants said about their own loss to suicide and thereby provides the necessary context and background information for thinking about the other emergent sections. It is important to note that given the focus of this study on participants’ peer counselling experiences, rather than on their own suicide bereavement, the research did not require them to recount their stories of suicide loss during the interview.
However, all participants spontaneously talked about their own loss, grief, and coping, as well as about their gradual healing from this loss. They also described initial struggles, or challenges that they encountered following the suicide, and reflected on making choices in terms of addressing these challenges. Lastly, participants described shifts in their perspective on life issues and interpersonal changes that resulted from their suicide loss. By offering a concise summary of participants’ own experiences with suicide bereavement, this section serves as an entry point into their accounts that specifically focus on peer counselling.

The second section describes participants’ paths to becoming peer counsellors in suicide bereavement and captures the key influences and motivations that informed their decision to volunteer in this area. Many participants were drawn to peer counselling because of their desire to assist survivors of suicide, prevent other suicides, and offer a type of support that had been unavailable in their community at the time of their own loss. Moreover, participants were motivated to become peer counsellors because they believed that this volunteer work would help with their own coping process, thereby facilitating their ongoing healing from the loss, and that it would enable them to challenge the societal silence around suicide-related issues. Other motivations concerned giving back to the community; connecting with the community through volunteering; and creating meaning or making something “good” come from their experience of suicide loss. Lastly, participants explained that several factors influenced their process of becoming peer counsellors. These included participants’ particular personal qualities and values; receiving encouragement from others to pursue peer counselling; and actively seeking out information to enhance their knowledge of suicide-related issues.

The third section captures participants’ reflections on providing peer counselling. Participants described both the perceived rewards of this volunteer work and the challenges they
encountered. In terms of rewards, participants felt satisfaction at being able to help survivors and noticing changes in survivors’ functioning over time. They shared that serving as peer counsellors advanced their own healing process; allowed them to assume a different perspective on life; enabled them to have a voice on suicide-related issues; and facilitated an ongoing interaction with other suicide survivors. Additional rewards from this volunteering included undergoing personal growth, gaining self-confidence, and acquiring novel skills. In terms of challenging elements, they struggled with hearing the painful experiences of other survivors and with reliving their own loss while providing support. Participants also spoke of interpersonal difficulties both with other volunteers and with other survivors and described challenges around negotiating boundaries with those whom they supported. An additional difficulty concerned dealing with the treatment of suicide in society. Participants also described facilitative influences that assisted them in overcoming the challenges of peer counselling and the incentives that motivated them to stay on in this volunteer role through the years.

The fourth section addresses the meaning that participants drew from their supportive work in the area of suicide bereavement. Since reflecting on the meaning of their peer counselling work took place concurrently with carrying out this work, the fourth section of the results chapter is closely connected to the third. According to the participants, providing peer counselling meant offering hope; connecting with other survivors through actively sharing one’s personal experience with suicide; and maintaining an ongoing connection to one’s own suicide loss. Participants emphasized that peer counselling occupied a significant place in their lives.

The fifth and final section outlines the reasons underlying participants’ decision to take part in this study. As they reflected on the factors that drew them to this research, participants spoke about having a general interest in suicide, suicide bereavement, and peer counselling. They
wanted to contribute to knowledge and spread the word about suicide-related issues and the peer counselling model. Moreover, participants believed that there was healing inherent in sharing one’s experiences. Lastly, they hoped to enhance their own knowledge of suicide-related issues through taking part in the study.

As already mentioned, in addition to the five sections summarized above, I suggest that three core themes weave through and connect the sections.

The first such connecting core theme is transformative process, which describes the process and outcome of participants identifying positive and constructive elements in their own bereavement experience through providing peer counselling.

The second core theme is engaging with silence: finding a voice and lending an ear. This theme captures participants’ personal experience with the silence around suicide-related issues, their attempts to encourage dialogue about these issues, and their efforts to provide other survivors with a venue for sharing stories of suicide loss.

The third core theme is reaching out: countering loneliness and isolation, which refers to suicide survivors actively seeking connection with other survivors as a way to break the isolation inherent in suicide bereavement.

Figure 1A provides a visual illustration of the five sections of this chapter, while Figure 1B demonstrates the ways in which the three core themes weave through these sections. Figure 1A offers a simple illustration of the five sections described above. The positioning of the circle “Study Participation” in the illustration conveys that participants touched on the entire trajectory from their own suicide loss to becoming a peer counsellor, providing peer counselling, and the meaning they derived from peer counselling when they reflected on their study participation.
Figure 1A. From suicide survivor to peer counsellor. An illustration of the five sections of the results chapter.

Figure 1B adds another layer to the above representation of the sections by showing the ways in which the three core themes weave through and connect these sections. As a way to render this illustration less complex and focus on the participants’ actual lived experiences as peer counsellors, I have chosen to remove the circle “Study Participation” from Figure 1B.

Figure 1B. From suicide survivor to peer counsellor: Core themes. An illustration of the results chapter sections and the three core themes.
As Figure 1B suggests, the core themes are expressed throughout the entire trajectory from participants’ own suicide loss, to their decision to become peer counsellors, to their experience of providing peer counselling to other survivors of suicide. For example, the first core theme, transformative process, emerged in participants’ reflections on all of the following issues: their own loss to suicide, the process of becoming a peer counsellor, the experiences involved in providing peer counselling, the meaning they derived from volunteering, and the reasons for participating in the present study. Participants explained that having experienced emotional pain in the aftermath of their own loss, they chose to search for some meaning in this experience, and to identify positive aspects in their loss, thereby transforming the initial emotional hurt and turmoil of suicide loss into something affirmative and beneficial to other survivors.

In a similar way, the second core theme, engaging with silence: finding a voice and lending an ear, was expressed in participants’ discussions of their own suicide loss, since many individuals encountered aversive silence and subsequently searched for ways to voice their experiences with losing a loved one to suicide. Part of their motivation in pursuing peer counselling stemmed from the wish to offer other survivors a venue to share their stories of suicide loss. They also wished to speak out about suicide-related issues both in their families and in the society at large.

Lastly, the third core theme, reaching out: countering loneliness and isolation, captures both participants’ experience of having another survivor connect with them at the time of their own loss and their motivation to similarly reach out to other survivors, thereby breaking the isolation and loneliness that often characterize suicide bereavement.

The above provides an overview of the ways in which the three core themes weave through and connect the sections of the results chapter. As Figure 1B suggests, these themes are
not entirely exclusive, as in places they may overlap and two or all three themes may reflect a particular facet of the participants’ experience. Throughout the rest of this chapter, I will elaborate on each of the sections, demonstrate how the core themes are expressed in each section, and provide illustrative quotes from the interviews.

Finally, as Figure 1B demonstrates, the different sections and the core themes weaving through these sections are nested within participants’ particular sociocultural contexts. This aspect of the illustration suggests that a number of sociocultural factors (e.g., ethnic background, family-of-origin culture, religious beliefs, and place of residence) affected participants’ suicide bereavement, their decision to become peer counsellors, and their subsequent experiences with supporting other survivors of suicide. Therefore, in reflecting on the participants’ trajectory from their own suicide loss, to the decision to pursue peer counselling, to their peer counselling work, it is necessary to consider the particular sociocultural context shaping these experiences. Throughout the results chapter, I will highlight the different elements of participants’ sociocultural context pertinent to the understanding of their lived experiences.

This chapter will offer a portrayal of participants’ journey from surviving the suicide of a loved one and coping with this loss to engaging in peer counselling. Thereby, it will describe participants’ lived experiences of embracing the dual role of suicide survivor and peer counsellor.
From Suicide Survivor to Peer Counsellor

1. Participants’ Own Loss to Suicide

Although I did not specifically ask them to recount the details of their own suicide bereavement, all of the participants told the story of their own loss during the course of the interview. Some shared this story in detail, which included describing their relationship with the deceased, the circumstances around the suicide, and their bereavement experiences in the aftermath. Others talked about their loss only briefly, seemingly as a way to contextualize their peer counselling work. By offering a summary of participants’ reflections on their own loss, this section will provide the context for and an entry point to the subsequent sections, which center on their peer counselling experiences. I will outline the following topics that capture participants’ reflections on their own suicide bereavement: “Loss, grieving, and coping”; “Challenges of suicide loss”; “Making choices about how to cope and survive”; and “Changes in life perspective and relationships” (see Figure 2).

Figure 2. Own suicide loss. This figure illustrates the topics that emerged in participants’ conversations about their own loss to suicide.

1.1 Loss, Grieving, and Coping

Recounting the story of their own suicide loss, most participants described the emotionally difficult nature of this experience, and the process of coping with and beginning to
heal from the loss. These discussions included the following issues: undergoing emotional turmoil; personal experiences with receiving peer counselling; integrative and holistic coping methods; obtaining factual information about suicide; and making sense of one’s emotional reactions. I will elaborate on each of these and present relevant quotes from the interviews to illustrate survivors’ reflections on the above issues.

1.1.1 Emotional turmoil

All participants spoke of their grief in the aftermath of the suicide, their accounts highlighting the tremendous emotional turmoil that they experienced. In describing this turmoil, participants talked about a range of reactions to the suicidal death, including initial shock, hurt, sadness, loss of pleasure, and anger. For example, Janice, a participant who had lost a nephew, a sister, and a number of clients to suicide, felt hurt as she learned about the suicide of a young woman whom she had supported in her role as a social worker:

You know, when you get the news [about the suicide], it just hits you. I was at a meeting when it happened; it was like a wind came and hit me hard on the chest…. And I kind of went like that, hey, I felt like something hit me here [points to chest].

Janice, an Anishinaabe woman, was employed as a social worker in a city in northwestern Ontario at the time of our interview. Throughout the years, she had experienced a number of suicides in her community, both within her own family and among her clients. She explicitly spoke of feeling hurt in reaction to these deaths:

I worked with a number of youth, and some of them have completed suicide, and that was how I reacted. I felt hurt.
Several other participants shared feelings of sadness and intense emotional pain as they reflected on their own experiences with suicide loss. Valery, a participant who had resided in a small rural community in Ontario for most of her life, lost both of her brothers to suicide in the span of ten years. She described her emotions in the aftermath of the first suicide in the following way: “Just was sad; full of sadness. It was a sad, terrible, terrible tragic thing.” Another participant, Christina, who also lived in a rural community in Ontario, remembered the time immediately following her husband’s suicide in this manner: “The pain was so intense and the loneliness was so intense…. Because it’s so devastating, so traumatizing.” Christina had been married for 27 years at the time of her husband’s death. Patricia, who lost her young son to suicide, also stressed the intense hurt and emotional pain that she experienced in the aftermath of her loss. She shared this memory of her experience:

Our son took his life in May ’07, and we are from a small community of many communities…. And my son’s best friend took his life two months later. So these small communities we felt, I felt, as though we were like a flower waiting to open, and instead of having beauty, we were full of hurt and pain.

Aysha, a participant of Afghan background who lost her teenage son to suicide, similarly described overwhelming pain in the aftermath of her loss:

The pain, you know, is unbearable, I am telling you, especially when you lose a child…. That pain of losing a child, losing a family member to suicide is very devastating and, you know, I was devastated at that time.

Other reactions to the suicide included anhedonia, wherein survivors experience a loss of pleasurable emotions. Ann, who resided with her husband and young daughter in a city in
Saskatchewan at the time of her teenage son’s suicide, shared the following about the time immediately after his death:

Everything tasted like dust, there was no pleasure in anything. Within a couple of weeks we resumed our normal life, we went to play bridge, we went to the theatre, working, everything. But there was no pleasure.

Although her family members returned to their previous activities shortly after the suicide, on an emotional level, Ann described a complete loss of enjoyment.

Yet another salient reaction that the participants described was anger. For example, both Janice and Andrew felt angry toward the deceased individuals:

My feeling was more of anger. I became very angry with [my nephew] for doing that. Like, you know, “How could you do that? How could you do this to your family?” And then when I found my sister [who also died by suicide], even more angry. “How could you do this to your mother?” (Janice)

[The suicide] really fractured our family, and at the time, there was a lot of anger related to…what my sister did. (Andrew)

Speaking about his sister’s previous suicide attempts and her struggles with substance use and homelessness, Andrew provided some context for his feelings of anger: “For a long time before [my sister’s] death, she had had a strong impact on our family and those things that led up to her death.”

Several other participants (e.g., Tim and Valery) described anger toward the healthcare system for failing to protect and adequately support their loved one at a time of suicidal crisis.
For example, Tim explained that his wife had made three previous suicide attempts during their marriage. He spoke about his wife’s longstanding struggle with mental illness and expressed frustration with the way in which her case had been handled and, in particular, with the lack of support from his wife’s psychiatrist immediately prior to her suicide.

On the other hand, some individuals mentioned being angry with God. For example, Jane, a participant whose husband took his life, shared the following:

I had a tremendous struggle learning to deal with the anger piece at God… Because I didn’t want to be a walking cloud of anger for the rest of my life. The piece was the anger piece, and I don’t remember ever having to deal with that much anger ever in my life.

At the time of the suicide, both Jane and her husband were very active within the church in their home community and held leadership positions in the church. Jane shared that she has both a “ministerial” and a nursing background. Jane’s description of the intense anger that she experienced conveys the particular emotional turmoil that this participant underwent following her husband’s suicide.

Notably, as they described their emotional turmoil in the aftermath of the loss, a number of survivors explained that they struggled with a range of difficult emotions for many years after the suicide. For example, Susan noted that although 21 years have passed since her husband’s suicide, she continues to re-experience the sadness and the pain of her loss:

I mean I still have moments where I can be dissolved in tears over [my husband’s] death, almost in a way that it was in the beginning.
Susan shared that she recently saw a film that reminded her of her husband and that brought many memories, leaving her feeling emotionally distraught. Rachel similarly described being affected by her loss despite the passage of time. Although Rachel, who grew up in Israel, lost her mother as a young child, she spoke of dealing with the resulting pain and shock throughout her life:

I am still shocked that my mother would take her life. The shock never goes away really, even though they say it does.... People are shocked that after 42 years I am still dealing with it. I was stuck for many years, and I feel that I wasted years because I didn’t know what to do with my pain or I didn’t know who to see, who to talk to, how to change things. I just didn’t know how.

Another participant, Maria, referred to dealing with her husband’s suicide as “a life journey.” However, she noted that the pain decreased with the passage of time:

And it’s a life journey, it will be with me forever, but it eases, you know, there is not as much pain and that kind of thing.

Speaking about healing from her son’s suicide, Ann emphasized that although she felt considerably better with time, one does not “get over” this life event:

See, I was very lucky, in the sense that apart from [my son’s] suicide, and we had a lot of issues with him right from the time he was little, so there was a lot of heartache there, but apart from that…. I had a wonderful childhood. I felt so loved, so I never had any traumas, apart from this trauma. So I think that my healing process, I mean, you never get over the suicide, but I certainly felt stronger, and by the end of the second year, I felt I was leading a perfectly wonderful life again.
As Ann’s words convey, she felt that her previous family history and life experiences enabled her to eventually resume “a good life” after the suicide of her son. However, from her comment that one does not get over the suicide, and also from the experiences that she shared during the interview, it seems that her son’s death continued to affect Ann in significant ways.

Alice, whose husband took his life 13 years ago, noted that the emotional hurt of her loss left a significant mark. She articulated her experience of this facet of being a survivor in the following way:

Pretty much every day, I would say, it affects me every day in some way. I will think about it fleeting, or.... Probably every day.

As their accounts convey, participants experienced considerable emotional turmoil in the aftermath of their suicide loss. This turmoil typically manifested in feelings of shock, sadness and hurt, loss of pleasure, and anger. For many participants, these feelings lingered for years after the suicide. Although these emotions lost some of their intensity over time, they continued to surface in and to affect participants’ day-to-day lives.

1.1.2 Coping through peer support

The above overview of survivors’ emotional turmoil establishes the background for talking about their coping and healing from their loss, which most individuals conceptualized as an ongoing process that required substantial effort. In Ann’s words, “Not only it takes time; it takes hard work to heal.” In the aftermath of the suicide, many participants sought contact with other survivors of suicide as one of their coping strategies. This typically took the form of either individual or group peer counselling. As Jane articulated,
When I lost my husband, when I sort of looked at, how on earth am I going to cope with this, one of my first reactions of course is sharing, and so I looked up initially what were the support groups accessible to me.

For those who obtained this form of support, the most helpful element seemed to consist of the shared experiences inherent in the peer counselling model. For example, Lucy sought out other individuals who had lost a spouse to suicide immediately after her husband’s death. She explained:

The one thing I needed, wanted desperately, was I had to speak to someone who had gone through what I’d gone through. Not just another death. I needed suicide, I needed a spouse.

Her words suggest an intense need to converse with an individual who had undergone a similar type of loss. When Lucy did manage to make contact with another woman who had also lost a husband to suicide, she found this immensely useful. The following memory of that experience suggests specific elements that were valuable to Lucy:

If I had not got the help, directly this help, specific help, I wouldn’t be where I am today…. And she was again the one who said, “It doesn’t go away.” She takes me to the garage and shows me where her husband had blown his brains out and, oh my god! And again I say, “Oh, I am so glad it wasn’t at home, and it wasn’t messy.” But it hurts just the same. So it gave me that initial feeling that you can get through this, not overnight, and you don’t have to do it alone.
Connecting with another survivor provided Lucy with hope; it also gave her a sense that she could rely on others’ help in coping with the loss, rather than having to handle this life event on her own.

While some participants obtained peer support years after the suicide (as, for example, in the case of Tim), others, similarly to Lucy, felt the need to speak with other survivors very soon after their loss. For example, Doris sought out a suicide survivor support group almost immediately after the suicide of her father. A number of participants described the benefits of such support:

It was my life line…. The only thing I wanted to do was go there and be with that group of people who understood…. That group was wonderful. Listening to other people’s stories, knowing you are not alone. (Ann)

It was such a huge benefit to me…. I remember my first group, and I remember what it felt like to sit in that group and listen to each person share something, and when it got to me, was the first time I cried in 12 days. Because I knew I was in a group where every single person understood. (Doris)

It was very comforting to know I wasn’t the only one, that I wasn’t so alone…. I had met other people that had lost loved ones to heart attacks and other illnesses…. In spite of that, I still felt alone because when I said, “My husband died this way,” the reaction I got was not the reaction the others got. So when I attended the [suicide survivor] group, I felt a sense of belonging. That took a small edge off the pain of loneliness away, and any relief is good relief. (Christina)
It seems that speaking with other survivors provided a sense of belonging, acceptance, and understanding, countering the loneliness that the participants experienced and thereby alleviating some of their emotional hurt and sadness. Doris further elaborated on this as she reflected on her experience with peer support:

It’s one thing to be supported by a family member, and it’s another when you receive some peer support from people you didn’t know because you realize the bigger picture that you are not alone as an individual, you are not alone as a family in this experience. You are not alone as a community in this experience.

As her words imply, Doris found it helpful to speak with other survivors because peer support countered her feeling of aloneness in the aftermath of the suicide. Aysha and Patricia, who both lost their young sons to suicide, explained that speaking with other survivors was helpful because it enabled them to break the isolation of their grief. Aysha recalled:

People came to help me to talk about their experiences. For example, a pastor came, a pastor of church came, and he was sharing his experiences that he lost a wife to suicide. A 45-year-old woman came, and she shared her experience that she lost her mother to suicide.

When asked what it was like for her to hear other survivors’ stories, Aysha replied, “That I am not alone. This is not something that just happens to me and to my family.”

As the above excerpts suggest, connecting with other survivors of suicide proved tremendously helpful to the participants, particularly in terms of alleviating some of the loneliness and isolation they felt in the aftermath of their own loss. The third core theme, *reaching out: countering loneliness and isolation*, is therefore highly pertinent to understanding
participants’ experiences of coping with their own suicide loss. For many participants, having other survivors of suicide reach out to them in the aftermath of the suicide normalized their bereavement reactions, lessened their feelings of isolation, and offered them a sense of hope. This core theme conveys that such reaching out facilitates connections between individuals who have undergone a similar type of loss, helping them feel less alone in their grief and assisting them in coping with and healing from the loss.

Finally, I mentioned earlier that while some participants sought peer counselling immediately after their loss, other individuals waited several years before contacting a postvention organization. While the reasons for this delay varied (e.g., Rachel was a child at the time of her loss and sought peer counselling as an adult many years later), the case of Tim is particularly informative. Tim provided the following explanation for delaying seeking out postvention support: “Well, guys are tough; guys won’t do this stuff, hey. I can deal with this.” As evident from these words, Tim expected himself to be able to cope with his wife’s suicide on his own. As he later reflected on the low numbers of men in suicide survivor support groups (an issue that a number of other participants also brought up), he elaborated further:

Very few men in these [suicide survivor support groups]. I don’t know what it is about males…. I do, I do know. It took me two years. What am I talking about!? Of course I know. You figure, “I can deal with it.” Even though I am not that kind of person. I don’t have much use for macho-type bravado. Nonetheless, talk about social training. Guys are not supposed to do this stuff. Even though I know intellectually it’s stupid, I still did that.

As his account illustrates, Tim initially found it difficult to seek out peer counselling in the aftermath of his loss, and his reflections on this difficulty suggest possible reasons for the low numbers of men who choose to obtain peer counselling as part of their coping with suicide loss.
In sum, obtaining support from other survivors of suicide played an important role in the aftermath of participants’ own loss by removing some of the isolation during a time of intense emotional turmoil and by enabling participants to interact with a group of people who could understand their grief. This in turn helped participants feel less alone in their bereavement experience. In this manner, connecting with other survivors facilitated participants’ coping and allowed healing to begin to take place.

1.1.3 Integrative and holistic coping methods

In addition to obtaining support from other survivors of suicide, several participants sought out integrative and holistic approaches as part of their coping, thereby attending to their own physical, emotional, and spiritual needs. For example, Lucy shared that following her husband’s suicide, significant components of her coping included practicing tai chi, which she referred to as her “de-stressor,” and directly addressing the needs of her body by obtaining massage therapy. Maria explained that since the time before her husband’s suicide and to this day, she continues to engage in therapy that addresses her physical as well as emotional and spiritual needs. Speaking about her ongoing healing process from the suicide loss, Maria shared:

So you know, it’s head therapy, but also I think it’s important to include the whole body kind of healing. And that is very powerful…. I am going to my therapist that deals holistically, and we will be doing some light movement and different reiki kind of energy therapy, which I think it goes along with the head therapy.

Maria noted that many years prior to her husband’s suicide, she recognized the need to attend to her spiritual as well as her physical needs, and she explained that in the aftermath of the suicide, this approach proved valuable in terms of her coping:
I knew I had to attend to my spiritual life, and so I began to go to spiritual growth retreats where I learned how to be with God…. I learned how to just be and to bask in that love, to journal, to listen, to walk, to be in nature, and I learned things that would feed my soul…. I began every morning, we have a scripture study, a daily bread…. and I journal, and then I’d had my prayer list…. So every morning since that time I use those tools to become more balanced and not be so busy…. And so when suicide came I had some tools that if I hadn’t had those tools, I don’t know if I would have been able to be on my journey as far as I am.

While some, similarly to Maria, relied on their previous self-care strategies, other participants discovered novel ways of coping in the aftermath of the suicide. For example, Jane spoke of her experience in a therapeutic group for suicide survivors that incorporated a number of healing traditions from different cultures, some of which she had not been previously exposed to. Jane explained that among others, these included the Aboriginal traditional practice of smudging; practicing yoga; burning incense; lighting candles; and the Buddhist practice of using singing bowls. Jane shared the following reflection on her experience with this group:

I loved it! It just felt so open, and accepting, and reaching out to other cultures. I thought it was wonderful…. I just think there is so much value in those rituals. If I learned anything, for me, it’s the value of rituals.

Another participant, Ann, spoke about supplementing talk therapy with artwork as a way of helping herself deal with the loss of her son. She described the impact of integrating art into her coping process in the following way:
And it’s funny, through artwork I found that I was able to get insights into things, into things I hadn’t even thought of before.

These excerpts suggest that as they searched for ways to cope with their loss, participants resorted to holistic and integrative healing approaches to address the multiple facets of their bereavement experience. Some of the participants had been using such healing methods prior to the suicide loss, while for others these holistic and integrative approaches represented novel ways of coping.

1.1.4 Obtaining information and making sense of feelings

Another important component of participants’ coping involved obtaining factual information about suicide and trying to make sense of their emotional reactions to this life event. For example, Jane and Valery explicitly articulated their need to learn more about suicide as a way to understand their loss:

When I first lost my husband, that was one of my coping methods, was to read. And so I tried to read everything I could. Need to learn more, need to understand this; I need to open the doors and figure out whatever I can. (Jane)

One of the first things that I did was I went looking for information when I lost my brothers. And I found it very limiting. I was a sponge and I wanted to read, and talk to, and do, and absorb anything I could about suicide. I wanted to understand it so much more. (Valery)

For a number of participants, acquiring information played a central role in the aftermath of their loss. Increasing their knowledge of suicide-related issues seemed to assist participants’
coping by enabling them to make some sense of the suicide. As Christina reflected on her search for such information following her husband’s death, she explained that this process helped her cope:

The more I read, the more pieces I could put together, little ones anyway, and that helped. I just picked up a book on suicide and mental illness and started from scratch. And I found that helped me a lot. In my situation, going back to knowledge is healing for me. Because the more knowledge I acquired, I could sit back at my little table and start putting the puzzles together. Knowledge are the little puzzle pieces.

While some survivors (e.g., Alice and Andrew) searched for ways to enhance their knowledge on their own, for others, peer support groups presented an opportunity to learn about suicide-related issues. Taken together, participants’ accounts suggest that seeking out information about suicide constituted an important part of their coping because it helped them begin making sense of this event.

In addition to searching for factual information on suicide, participants coped by attempting to understand and manage their emotional reactions. For example, talking about coping with her son’s suicide, Ann emphasized the need to comprehend the bereavement process and her feelings in the aftermath of his death:

Getting knowledge was really important for me, both about suicide and about the grieving process…. being able to explore my feelings was so important.

Janice also described trying to make sense of her feelings in the aftermath of her losses, “I had to deal with the emotions that I went through.” She emphasized that working through her emotional reactions played an important role in her coping. Describing his experiences following
his wife’s suicide, Tim noted that he struggled with his emotional reactions for two years without seeking any assistance. However, he eventually connected with a suicide bereavement group. He stated that the peer support from the fellow survivors in this group enabled him to uncover and begin to understand his feelings. This, in turn, proved critical in his coping with and starting to heal from the loss: “So once I understood what was happening emotionally, I could deal with it, and recover actually.” Another participant, Maria, mentioned the need to attend to her emotional reactions, and she emphasized the ongoing nature of this complex process while reflecting on her coping process following her husband’s suicide: “And you know, it’s almost seven years, and I am still dealing with these emotions that have been there.” Participants’ accounts indicate that learning about suicide-related issues and making sense of their own emotional reactions assisted them in understanding this life event, thus proving central to their coping.

1.2 Challenges of Suicide Loss

Earlier discussion suggests that participants experienced considerable emotional turmoil in the aftermath of their loss. Their accounts also indicate that losing a loved one to suicide brought about a number of specific challenges. These included encountering stigma and fearing negative reactions from others; experiencing isolation, loneliness, and family silence; and undergoing a loss of confidence in oneself. I will next elaborate on these challenges and present verbatim illustrative excerpts from the interviews.

1.2.1 Encountering stigma and fearing negative reactions

Many participants shared fears of stigmatization and actual experiences with it because of the suicidal nature of the death. For instance, some individuals were labeled as mentally ill
because a family member had taken his or her life. Rachel, who lost her mother to suicide when she was a young child, described her experience in the following way:

I was scared to tell people, because then they would think that I am crazy. If I told people [my mother] died of cancer, it would be acceptable. But once I said she committed suicide, it would be, “Oh, you must be crazy like your mom.” I heard enough of that, so I just stopped telling people as a kid.

Rachel lived in Israel at the time of her mother’s suicide. She spoke about the profound impact of stigmatizing attitudes on her religiosity:

When my mom died, they couldn’t bury her in the cemetery, and I remember that very, very clearly, so it kind of turned me off religion. And I am not religious at all, but I like the values of Judaism, it’s not so much the religion.

As Tim talked about his experiences in the aftermath of his wife’s suicide, he also brought attention to the possible challenges that stigmatizing attitudes can bring to a survivor who is involved in a religious community. Notably, in his reflection on this issue, Tim mentioned the potential comfort that religion may offer:

I am not a religious person. In fact, I am an atheist, so I don’t have that pillar of strength that some people fall back on. On the other hand, not being religious, at least I am not a Catholic, so I didn’t have to worry about the suicide part. It has its ups and its downs.

A number of participants spoke about their experiences with stigmatization outside of a religious context. For example, Patricia shared the following about the aftermath of her son’s suicide:
Sometimes it would be easy to walk in shame; walk like you don’t want anybody to see you. You hope you are invisible because they see suicide, they see my son took his life, oh my God, I must have done something. I don’t know why that stigma is there! I don’t know! I have felt that a little bit, but I fight it off…. The first time I felt that stigma, oh, it was like poison eating me! I wanted to melt and not be seen. It’s such a horrific feeling.

For Patricia, this experience of stigma had profound consequences:

Unfortunately, I had to quit my full-time job 18 months after my son took his life because of the stigma in the workplace. It was so sad, the stress on me, I had to quit.

Patricia’s account suggests that she felt severely judged because of the suicidal nature of her son’s death. Notably, Aysha, who also lost her young son to suicide, explained that her family refrained from telling others about the cause of his death because they worried about people’s judgment. She shared:

My husband, my other family members, they didn’t want to talk about it because suicide is stigmatized. That you are not a good parent; you are not a good family; you didn’t raise a good kid.

Ann, another participant whose teenage son took his life, also stated that she has exercised caution with respect to telling others about this life event. However, as she spoke about suicide-related stigma, Ann referred to the stigma as being “within” herself:

And with suicide there is a lot of prejudice and stigma involved…. Obviously we never talked about suicide until it happened in the family. But I think culturally we must have got the feeling that there is something wrong about it, about suicide. And so, you know, I
don’t share with strangers that my son took his own life…. So I guess still the stigma is there within myself.

Valery, a participant who lost two brothers to suicide, explicitly spoke about the stigmatizing attitudes she encountered in her community. She stressed that although 10 years had passed from the first suicide to the second, the negative attitudes largely remained the same:

I mean stigma is huge, huge…. the stigma was. It was 10 years apart from one death to the other, so I was thinking that attitudes would change, and I was just astounded that in 10 years’ time, that the attitudes towards suicide hadn’t changed that much. And it was all the way through all of society. It was from professional, medical people to family and friends. And I was just blown away. I thought that there should be more progress than there was.

Lucy also reported experiencing stigma following the suicide of her husband. She shared the following thoughts on this issue:

Most part, [mentioning the suicide] shuts people down. Because you got disease? I don’t know. It’s not talked about. Suicide is a stigma—“happened to them.” I don’t know what they think they are going to catch.

Lucy explained that growing up in a small rural Ontario town, people did not talk about issues such as suicide: “You didn’t talk about stuff back in those days.” From the above excerpt, it appears that when she returned to her home community many years later, she encountered that same lack of talking with respect to her own loss.
Participants’ words imply that stigmatizing attitudes were a salient issue and a considerable challenge in the aftermath of their loss. Since survivors worried about being labeled as mentally ill and feared negative judgment from the community, some refrained from disclosing the cause of death of their loved ones, thereby choosing to be silent about their loss.

The above overview of participants’ struggles with stigmatizing attitudes and the silence surrounding their suicide loss, which sometimes resulted from their fear of stigma, suggests how the second core theme, *engaging with silence: finding a voice and lending an ear*, is expressed in this section. I will continue to elaborate on this core theme throughout the rest of this section, and I will offer a more detailed analysis of this theme later in this chapter. However, at this time it is important to understand participants’ experiences with and fears of stigma and their resulting silence around the suicide loss to appreciate their eventual wish to find a voice in the domain of suicide and suicide bereavement and their desire to lend a listening ear to other survivors.

1.2.2 Experiencing loneliness and isolation

Reflecting on their experiences in the aftermath of the suicide, participants described feelings of intense loneliness and isolation as yet another specific challenge they encountered. Participants’ struggles with these feelings were already briefly mentioned in the previous subsection on coping with the suicide loss through peer counselling (subsection 1.1.2). Indeed, it was largely because peer counselling countered the loneliness and isolation inherent in suicide bereavement that participants found this form of support to be so valuable. The third core theme, *reaching out: countering loneliness and isolation*, therefore proves highly pertinent to this subsection.
Speaking about her experience with isolation in the aftermath of her son’s suicide, Patricia explained that although she grew up attending a Catholic church, she faced a lack of support and a sense of alienation from her church because of the suicidal nature of her son’s death. However, she noted that her family was able to bypass dealing with the church in the aftermath of the suicide:

I was brought up Catholic. And Catholic is against suicide; they ban it. They just don’t have any nice wonderful “we love you”; you are not in their community when there has been suicide. But you know what; I was not affected by that. I was very fortunate that it did not matter. We just didn’t go through the church; we went straight through the funeral home.

However, as she remembered her experience immediately after the suicide, Patricia spoke of a sense of isolation from her community:

Nobody, I can’t stress that enough, nobody and nothing was there…. Not one phone call came in.

Another participant, Christina, who lost her husband to suicide, shared her experiences with isolation and loneliness in the aftermath of the suicide:

The pain was so intense and the loneliness was so intense…. I found that after my husband’s death I was left alone a lot, because people didn’t know how to approach me or what to say for the first maybe year. And after that year passed, “Oh, we didn’t know what to say.” One friend said, “I didn’t know how to deal with it with you, so I thought you needed to be left alone and deal with it on your own.” And I thought, “That’s the complete opposite!”
Several other participants spoke of similar experiences with feeling isolated at different stages of their grief. For example, reflecting on the difficulties in the aftermath of their losses, Alice and Lucy explained that although they received some support immediately after the suicide, as time passed, this support rapidly diminished, leaving them feeling alone.

1.2.3 Family silence

In addition to struggling with the stigmatizing attitudes that they encountered from others and the feelings of isolation from the larger community, many participants spoke about the lack of talking about the suicide in their immediate family. Alice, Ann, and Valery shared that while there was some talk about the suicide during the early stages, this quickly changed. As Alice reflected on her experiences following her husband’s suicide, she shared that in the immediate aftermath, family members seldom spoke about the suicide, and they eventually stopped talking about it altogether:

There is a certain length of time, if you are lucky, it’s six months, but that’s pretty long.
And then they don’t want to hear it anymore, they don’t…. ‘Cause it’s tiresome and depressing.

As she spoke about her family background, Alice offered one reason for the silence in her family:

My background is such, you know, British upbringing, stiff upper lip kind of thing, you know, you get on with things, you don’t wallow in self-pity and you get on with things.

She later elaborated,
My father was English, from London. And he had a saying which was, “least said, soonest mended.” Meaning, the less you say, the less crap that comes out of your mouth, the less you have to cover it up or apologize for. And I was brought up, “Get on with it! Shit happens.” So that actually probably has had a big influence on me.

Alice’s account suggests that her particular family culture significantly affected her bereavement experiences in the aftermath of her husband’s suicide, and it appeared to account for the family silence that she encountered as a survivor.

In Ann’s case, her family initially provided emotional support and discussed the suicide of her son, but such conversations became less frequent with time:

And especially with my family, I found that everyone was protecting everyone else, and my husband and daughter (she was only 12 at the time), they were wonderful. They were always there, and I cried, and I cried buckets, they were there to put their arms around me and hold me. But you know, a lot of the time, and especially later on, the talking wasn’t so great…. After a while, people don’t really want to hear the same thing repeated again and again, right.

Valery described a similar experience as she remembered the aftermath of her brothers’ suicides:

I found that as a survivor, the friends and family get tired; they don’t want to talk about it. They want you to move on. Some people will give you time frames and you can’t put it on a clock…. “Oh, it’s been a year, you should be fine by now! Never mind about that, quit talking about that!”
As these accounts suggest, the notion of time is important to consider in thinking about participants’ experiences with suicide loss. From their descriptions, it appears that with the passage of time, the family silence about the suicide became more and more pronounced. Participants’ accounts suggest that such lack of talking about the suicide can persist in the family for many years, and it seems that this topic does not become easier to broach as years pass. For example, Rachel lost her mother to suicide when she was a young child. During the interview, she also expressed that the silence in the family presented a significant challenge:

That’s one of the big problems in my family—that they don’t talk. Even up to today, there is no talk [about the suicide].

Rachel shared that even as an adult, 42 years after the suicide, she continues to find it difficult to broach the subject of her mother’s suicide when speaking to her own children:

It was always secretive, and I can’t break that for some reason. It’s just very, very hard to talk to my kids about my mom.

Another participant, Janice, spoke about losing her nephew to suicide and shared that although 10 years have passed, it is something that was not discussed at the time it happened and is still not talked about in the family:

It’s not OK, it’s still not OK. Even though that happened years ago, but I think it has to do with taking their own life, ending their own life. That kind of makes it not OK. We didn’t talk. I never mentioned it to [the parents of her nephew] again. Even up to today. Never. Nobody ever brought it up.
Aysha, a participant who lost a young son to suicide, also described the silence in her immediate family in the aftermath of the suicide and noted that her family refrained from speaking about her son’s suicide from the very beginning.

Although many participants spoke about struggling with the family silence around the suicide, this issue did not present a challenge for everyone, and it is important to note these exceptions. Three of the survivors shared that they did speak about the suicide openly from the very beginning. For example, Andrew explained that he has not encountered silence around his sister’s suicide. Doris, who lost her father and, some years later, an ex-boyfriend, shared a similar experience:

My family was never silent. I never had to deal or cope with people not wanting to talk about it, or people being in denial about it with my father or my ex-boyfriend; it was very open, it was very talked about and shared.

Another participant, Susan, spoke about experiencing silence around her husband’s suicide in the larger community, but emphasized that within her immediate family, and in particular with her children, there was no silence:

We are a family that talked things out, any time of the day and night, we just talk, talk, talk. And the same with their father’s death, everything was out in the open. So I don’t feel that there was silence.

Although a few of the participants shared that they did not experience silence in their respective families in the aftermath of the suicide, taken together, most participants’ accounts imply that for many survivors, family silence posed a considerable difficulty. To comprehend participants’ eventual motivation to engage with silence (which so often surrounds suicide) by
speaking out about suicide-related issues and by providing other survivors with a space to share their stories of suicide loss, it is necessary to consider their personal experiences with silence in the aftermath of the loss. As the above excerpts reveal, the topic of silence surfaced as a significant issue in most participants’ descriptions of their own suicide loss. For many individuals, a central challenge of suicide bereavement involved struggling with family silence around the suicidal death. Therefore, the second core theme, *engaging with silence: finding a voice and lending an ear*, highlights the impact of silence on participants’ experiences in the aftermath of the suicide. A more detailed description of this core theme will be offered in later sections of this chapter, as I will outline the ways in which this experience of silence motivated participants to seek out a sense of voice and provide other survivors with a space to share their stories of suicide loss. However, the present subsection serves to introduce this core theme and demonstrate the way it is expressed.

1.2.4 *Loss of self-confidence*

Lastly, some participants spoke about struggling with a loss of self-confidence in the aftermath of the suicide. For most survivors who talked about this aspect of their experience, the loss of self-confidence stemmed from having failed to predict and prevent the suicide and recognizing warning signs and cues only in hindsight. Jane explained this in the following way:

My greatest challenge comes in the area of any kind of confidence. I lost phenomenal confidence in myself after the suicide. I had missed the cues for my husband’s suicide; that is part of that confidence piece.
Lucy and Christina shared similar sentiments after the death of their husbands, explaining that they had missed the warning signals. As Christina reflected on this issue, she shared some reasons for this:

I wasn’t grown up in this arena of mental illness. I was not knowledgeable about anything. And my husband didn’t show signs of depression until later in the marriage.

And we were together for 27 years.

Another participant, Valery, stated that after her second brother’s suicide, she experienced a loss of self-confidence. As she explained, the loss of self-confidence stemmed from her failure to prevent the suicide:

Loss of self-confidence is a huge element in my case, as I was dedicated to providing a safe place and plan for my second brother with him and his health professionals. We all failed him. I have to live with that.

Aysha, who lost her teenage son to suicide, shared that she lost confidence in herself as a mother and began to question the quality of her parenting following her son’s suicide.

In sum, participants encountered a number of challenges as part of their own suicide bereavement. For most survivors, such challenges included stigmatizing attitudes and the resulting concern about being labeled as mentally ill, as well as fearing negative judgment from the community. Many participants also spoke about struggling with a sense of profound loneliness and with family silence in the aftermath of the suicide. Lastly, several survivors mentioned a loss of self-confidence because they had missed the warning signs leading up to the suicide. The two core themes reaching out: countering loneliness and isolation and engaging with silence: finding a voice and lending an ear weave through the above subsections,
highlighting the salient elements of participants’ experiences with their own suicide loss. Yet the above subsections merely serve to introduce these core themes. The rest of this section will continue to elaborate on these themes and uncover the manner in which they are expressed in the different subsections, thereby capturing the key facets of participants’ lived experiences.

1.3 Making Choices about How to Cope and Survive

Describing their experiences with losing a loved one to suicide, some participants spoke about having had to make important choices in the aftermath of the death. Having endured emotional turmoil and encountered a number of specific challenges following the suicide, participants were confronted with choices about coping with and surviving the loss and about accommodating this life experience. Lucy had this to say about making choices following her loss:

I can’t control what [my husband] did. That was his choice. And then it was just that I could have picked up a big bottle of vodka and gone into a corner for the rest of my life. And that would have been very easy to do.

Another participant, Patricia, also explicitly spoke about making choices in the aftermath of the suicide. Notably, this participant regarded herself as a “survivor” even prior to her son’s suicide. She explained that she had grown up in an abusive home, which she had left at age 14. In addition, Patricia’s firstborn child died aged 4. As she recounted these experiences, she spoke about making choices with respect to how to survive these difficult life events:

Well, I had no choice in being a survivor. I had no choice in my son taking his life. I had no choice in our new life. The choice I have is how I go from the next day after his life and how I go the rest of my life. Those are my choices. I had no choice in being a
survivor. I would be damned if I will be a poor survivor. I want to be the best survivor of suicide for the rest of my life. Just as when I left home at age 14, I could have had a terrible life, lived on the street. I could have had whatever I had; instead I chose to survive and make the best of it. And I will do the same as a survivor. There is no difference.

As their words suggest, Lucy and Patricia perceived making an important choice in terms of the route they took to cope with the loss and of the overall approach to surviving the suicide. Similarly, as Aysha spoke about her experiences in the aftermath of her son’s suicide, she stated, “I had to make a choice how to survive.” She elaborated that following the suicide, she perceived that she had to choose between “moving forward” and “becoming depressed and withdrawn from the community.” Aysha explained that she made the former choice, which entailed helping others through volunteering as a peer counsellor. Indeed, Lucy’s mention of having the option to “pick up a big bottle of vodka, and go into a corner for the rest of [her] life” in the aftermath of her husband’s suicide also reflects the other alternative she had as a survivor, namely, withdrawing from the community and engaging in maladaptive coping. Although only several participants explicitly talked about choosing between reaching out in the community and withdrawing in the aftermath of their loss, all of them actually implicitly confronted such a choice. Since all participants chose to volunteer as peer counsellors, they evidently made the former choice. The first core theme, transformative process, may be considered here. Part of the participants’ journeys into peer counselling can be conceptualized as transforming the pain of their own suicide loss into using this experience to assist other survivors of suicide. Therefore, making choices in terms of how to cope with and survive their loss marked the start of this transformative process wherein the participants converted the pain and the hurt of their loss into a constructive force that could assist other survivors.
1.4 Changes in Life Perspective and Relationships

In the midst of the conversations about the emotional turmoil and the other challenges that they underwent following the suicide and their reflections on ways of coping with this loss, participants also spoke about the changes in their perspectives on life issues and in their relationships with others that resulted from losing a loved one to suicide. Specifically, for a number of survivors, suicide bereavement initiated a shift in life priorities and in their interpersonal interactions. It is in these accounts of changes that resulted from the pain of the suicide loss that the first core theme, *transformative process*, comes to expression once again. Janice shared the following thoughts about the changes in her life after she lost her sister and her nephew to suicide:

There is certain things that happen in our lives that make us change, and one of them is losing our loved one to suicide. You do change. And we see things in a very different way, and we start having relationships in a very different way as well.

Susan further elaborated on such changes as she reflected on her life in the aftermath of her husband’s suicide:

So no question in terms of not taking life for granted, in terms of enjoying things more. And your priorities shift in a way. Now, [my husband’s] death, because it was a suicide, it certainly has had an impact on realizing the fragility of life, and maybe being just a little more aware of not taking things for granted. I always feel that I owe him in a sense the way my life changed.

Susan’s words imply that the suicide began an evaluative process, forcing her to examine her priorities and causing her to be more appreciative of the good things in life. Jane shared a similar
experience as she talked about the changes that took place in the aftermath of her husband’s suicide:

I think I learned to see life as even more precious and fragile and be aware of the present and speak the things you need to say and make sure you don’t leave unfinished business. So I think that brought that more to the forefront.

The above accounts suggest that losing a loved one to suicide brought considerable changes to participants’ outlook on life issues. These changes included an examination of and subsequent shift in priorities, and a transformation of their interpersonal relationships. Patricia emphasized such outcomes of her son’s suicide as she reflected on her experiences: “I feel so honoured; truly I feel honoured that my son showed me a new meaning to life.” She spoke about being a survivor in the following way:

Sometimes I think being the survivor of a suicide is what keeps me walking straight. I draw on my survivor-of-suicide strength to stand tall and say, you know what, it’s OK. I find it’s my strength and I draw on it.

For Patricia, one of the changes that stemmed from the suicide loss was a feeling of inner strength. Another participant, Maria, reflected on the change in her religiosity that resulted from losing her husband to suicide:

I would not have as deep a relationship with God if I hadn’t had the suicide. I don’t think I would be where I am at today. So I could say what a blessing that suicide was for me!
Notably, Maria served as a minister of a church at the time of her husband’s suicide. Although Lucy called attention to a different type of shift that resulted from her husband’s suicide, she also described a considerable change:

And I can say, “Damn you! I wouldn’t be in this situation.” But then I stop. But if you hadn’t done that, I wouldn’t be here having these quality years with my mom. I wouldn’t have had the fun of meeting very great people that I worked with and for.

Lucy’s words imply that, similarly to several other participants, she perceived changes in the interpersonal domain that resulted from the suicide. Having grown up in rural Ontario, Lucy had moved away from her home community and lived in several large urban centers throughout Canada, for many years residing far away from her mother. Following her husband’s suicide, however, she chose to return to her hometown and live with her elderly mother. The “quality years” with her mother thus proved one unanticipated outcome of her husband’s suicide. Furthermore, Lucy shared that her volunteering as a peer counsellor allowed her to establish a number of meaningful relationships with other survivor-volunteers, which was another change that resulted from her loss.

During the interviews, participants spontaneously talked about their own loss to suicide, describing their emotional turmoil, coping methods, and the gradual healing from this life event. They also shared thoughts on the specific difficulties they faced in the aftermath of the suicide, and on making choices in terms of dealing with their emotional turmoil and with the other challenges. In addition, participants talked about the life changes that resulted from this event. These discussions, captured in section 1, are important in establishing a context for and an entry point to the subsequent sections of this chapter, which uncover participants’ paths to becoming peer counsellors and their experiences related to peer counselling work.
Moreover, this first section demonstrated how the three core themes, (1) *transformative process*; (2) *engaging with silence: finding a voice and lending an ear*; and (3) *reaching out: countering loneliness and isolation* were expressed in each subsection, thereby capturing the salient aspects of participants’ own experiences with losing a loved one to suicide. For example, as they spoke about their own suicide loss, the associated emotional turmoil, and the specific challenges they encountered, the participants described seeking out integrative or holistic healing approaches and information about suicide-related issues, as well as trying to make sense of their own emotional reactions. These actions represented their early attempts at coping with and beginning to *transform* their difficult experience of suicide loss. Indeed, the participants perceived considerable changes, or *transformations*, that resulted from their suicide loss and from their coping efforts in the aftermath. Specifically, these took the form of shifts in life priorities, religiosity, and interpersonal relationships. These changes may be conceptualized as the start of the *transformative process* that the participants underwent following their loss. Eventually deciding to become peer counsellors and to provide support to other survivors also represented a significant *transformative process* for the participants (an idea that will be elaborated on in sections 2 and 3), since they continued to transform their experiences with suicide loss through supporting others. This first section proves important in revealing which of the participants’ experiences eventually underwent such transformation through their peer counselling work (i.e., emotional turmoil, loneliness, isolation, a loss of self-confidence, stigmatizing attitudes, and family silence) and describing the initial stages of the *transformative process*. The subsequent sections of this chapter will continue to trace this transformation as it manifested in the participants’ lived experiences.

The second core theme, *engaging with silence: finding a voice and lending an ear*, was also expressed in section 1 and proved highly relevant to understanding participants’
experiences. Although a few of the participants did not experience silence in their respective families in the aftermath of the suicide, most participants’ accounts imply that for many survivors family silence did pose a considerable difficulty. Moreover, having experienced stigmatizing attitudes from the larger community in the aftermath of their loss, some participants refrained from openly talking about the suicide, which also resulted in an experience of silence. To comprehend participants’ eventual motivation to engage with such silence by speaking out about suicide-related issues and by offering other survivors a space to tell their stories of suicide loss, it is necessary to consider their personal experiences with silence in the aftermath of the loss, as described in section 1. Participants’ experiences with silence around the suicide loss partially account for their eventual wish to find a voice in the domain of suicide and suicide bereavement and for their desire to lend a listening ear to other survivors.

Finally, section 1 revealed that many participants struggled with a sense of profound loneliness and isolation in the aftermath of their loss. Coping with their own loss through obtaining peer counselling, and thereby having other survivors reach out to them during that time, proved a therapeutic experience for many participants. The third core theme, reaching out: countering loneliness and isolation, thus captures the participants’ experience of being reached out to at a time of feeling alone and isolated from others. When other survivors reached out to them, the participants could tell their story of suicide loss to a supportive other, and by finding their voice in this manner, they started to break the silence that surrounded them in the aftermath of their loss. In such connections with other suicide survivors and while voicing their experiences, participants’ distressing feelings of loneliness and isolation began to lift. As already mentioned, the participants described undergoing significant change, or transformation, in the aftermath of their suicide loss, and it appears that connecting with other survivors proved important to facilitating such transformation. For some, obtaining support from another survivor
was essential for the transformation to begin. Lucy captured this precise sentiment referring to having another survivor reach out to her: “If I had not got the help, directly this help, specific help, I wouldn’t be where I am today.” While the other sections will elaborate on the participants’ experiences of reaching out to other survivors through their volunteering, section 1 demonstrated that in many cases, it was participants’ own positive experience with having someone reach out to them that informed their decision to become a peer counsellor (and idea discussed in more detail in section 2).

Section 1 introduced the three core themes and began to outline the ways in which they weave through and connect the subsections. The subsequent sections of the results chapter will continue to unveil and elaborate on these three core themes, thereby demonstrating how the core themes are expressed throughout the participants’ trajectory from suicide survivor to peer counsellor.

2. Becoming a Peer Counsellor

Serving as a transition from the description of participants’ own suicide bereavement experiences to the subsequent portrayal of their peer counselling work, the present section will describe how participants arrived at volunteering in suicide postvention. Specifically, this section will summarize participants’ motivations and the influences underlying their paths to becoming peer counsellors. For some individuals, the timing of their decision to pursue peer counselling coincided with particular life events, which triggered in the participants a reaction to want to become involved in suicide postvention. This section will therefore also gradually uncover the specific moments, or turning points, in participants’ lives at which they decided to volunteer in suicide postvention.
The following topics emerged in participants’ reflections on the decision to volunteer in this area: “Helping myself heal”; “Breaking the silence”; “Addressing an unmet need”; “Giving back”; and “Helping others heal and preventing suicide.” In addition, participants identified the following factors as influencing the process of becoming a peer counsellor: “Personal qualities and values”; “Encouragement”; and “Seeking information on suicide-related issues.” These topics are shown in Figure 3, and in the present section, I will elaborate on each of these topics, providing illustrative quotes from the interviews. Lastly, this section will continue to uncover the manner in which the three core themes weave through and connect the different facets of participants’ lived experiences.

Figure 3. Becoming a peer counsellor. This figure illustrates the motivations underlying participants’ decisions to pursue the path of a peer counsellor in suicide bereavement, and the factors that influenced this path.

2.1 Helping Myself Heal

Participants’ accounts suggest that they conceptualized peer counselling as serving a dual purpose: that of assisting other survivors and that of facilitating their own healing. Reflecting on the decision to volunteer in suicide postvention, most participants gave among their motivations
the belief that such volunteering would assist them in continuing to heal from their own loss. Components of this ongoing healing included creating meaning and what participants referred to as making something “good” or “positive” from their experience with losing a loved one to suicide, as well as reconnecting with the community through volunteering. In this way, becoming a peer counsellor may be conceptualized as a transformative process, since participants regarded their path into this volunteering as transforming their painful loss into a meaningful and influential life experience that they could draw on to assist others. It was in part through such transformation that the participants experienced personal healing.

As they described the motivations underlying their decision to volunteer in suicide postvention, participants expressed the belief that such volunteer work would prove therapeutic for them. When they reflected back on their peer counselling experiences, participants acknowledged that being active in peer counselling did in fact facilitate their own healing. For example, when asked to describe their motivations to do peer counselling, Christina and Maria shared the following thoughts:

Helping other survivors got me through that pain…. It’s been like therapy for me.

Helping others helps yourself. (Christina)

And only in the telling do I realize some new things about my story, and only in the sharing do I see, oh, yeah, this connects with this! Or, this is the first time I voiced it and that’s powerful. I might have thought it, but when you voice it, it gives it life, and so I think that’s very important. And so the motivation is to help me as well as to help others.

And in sharing the story, there is healing. (Maria)
As their words indicate, both Christina and Maria regarded sharing their stories of loss with other survivors of suicide as therapeutic in terms of facilitating their own healing process. As Maria explained, such sharing enabled her to articulate various facets of her story, thereby augmenting her understanding of her own experiences. Therefore, advancing on their own healing journey through supporting others represented one motivation for pursuing the path of a peer counsellor for these participants. Similarly, Aysha, Lucy, Andrew, Jane, and Valery stressed that part of their initial motivation to support other survivors was to help themselves cope and thereby facilitate their own ongoing healing. For some participants, arriving at a better understanding of this life event represented one way to advance one’s own healing from the suicide loss. For example, Andrew explained,

I felt that [becoming a peer counsellor] would give me a chance to help other people, but it would really help me understand things a little bit better.

Just as Maria acknowledged that speaking about her experiences in the context of assisting other survivors facilitated a greater comprehension of her own process, one of Andrew’s motivations to become a peer counsellor entailed enhancing the understanding of his own experience with suicide loss. In turn, participants conceptualized such an improved understanding of their own experiences as contributing to their ongoing healing process.

Moreover, many participants chose to volunteer in suicide postvention because of a wish to find meaning in their experiences with losing a loved one to suicide. These participants explicitly stated that they did not want the suicidal death to have happened in vain and expressed a strong desire to give some purpose to this event. Aysha and Ann articulated this idea in the following ways:
That [my son’s suicide] is not in vain. I am doing something meaningful for the other people. (Aysha)

And the other thing that was really important to me, when I was doing this voluntary work, at the back of my mind was, I don’t want this suicide to have been totally in vain. I want to have some meaning come out of it. Otherwise, I mean, what a waste. An 18-year-old life. What a waste. But in this way certainly I think I can help people in a way that somebody who hasn’t experienced this would never be able to help. (Ann)

Their words convey that both Aysha and Ann were motivated to become peer counsellors as a way of bringing some sense of meaning or purpose to their children’s deaths. Indeed, Ann’s thought, “I can help people in a way that somebody who hasn’t experienced this would never be able to help,” suggests that it was her specific experience with losing her son to suicide that she could draw on to assist others. Another participant, Lucy, spoke about transforming her experience with her husband’s suicide into something “positive” by “making something good” come from this life event:

Taking that negative, taking that dark moment of time, that nightmare, and how to turn it into a positive, through volunteering, to help somebody. By doing what I am doing with volunteer work, I am taking that situation and I am just trying to make some good come from that situation, as much as you can. (Lucy)

A number of other participants shared similar sentiments. For example, Valery spoke about needing “to find a way to make something good of this very, very bad situation” in the aftermath of her second brother’s suicide. Susan also shared that she wanted to bring some
meaning to her husband’s suicide as she discussed her motivations for becoming a peer counsellor:

You know, it was saying, your death was not completely a waste. I mean, he was 47 years old. He was at the height of his career. And so it was not a complete waste in some ways, because look at all the things that have happened and that all of us, my own family has in a sense grown from it. So definitely it was part of my healing, part of my grief processing.

Furthermore, supporting other survivors allowed another participant, Jane, “to find some kind of blessing in that experience that could be positive, could be shared, could help.” Jane shared the following thoughts on her peer counselling experience: “I think it’s given me a sense that there can be positives out of my experience.” Jane was able to draw on her experience of suicide loss to help other survivors, a process that she regarded as affirmative.

As their accounts imply, for most survivors, the decision to do peer counselling was in part driven by a strong desire to transform the painful and difficult experience of surviving the suicide of a loved one into something “good,” “positive,” and meaningful that could be of assistance to other people. Given that the participants did not wish for the suicide to have happened for nothing, they embarked on the path of a peer counsellor as a way of transforming, and thereby bringing some purpose or meaning to this event.

Yet another way in which participants helped themselves through volunteering was by reconnecting with the community. Indeed, as already discussed in section 1, when speaking about their own experiences in the aftermath of the suicide, and reflecting on the particular time at which they decided to become involved in suicide postvention, some survivors described
intense feelings of isolation. For these participants, the decision to become a peer counsellor stemmed in part from the need to reconnect with the community. The feelings of isolation and alienation from their communities triggered in some participants the idea of doing peer counselling. For example, Doris explained that she had lived overseas for a number of years and that during that time, she felt disconnected from other people. On returning to Canada, Doris “wanted to reconnect with my community,” and becoming a peer counsellor provided her with an opportunity to do just that. For Doris, the return to her home country and the disconnection that she felt from others on her arrival proved a triggering event for wanting to volunteer in suicide postvention. Her experience prompted her to consider becoming a peer counsellor, representing a turning point. Similarly, Lucy shared her experience of feeling disconnected from others in the aftermath of her loss. Although she grew up in rural Ontario, Lucy had lived in large urban centres throughout Canada for much of her adult life. When she moved back to her hometown following the suicide of her husband, Lucy felt a lack of connection to the community there. Much as happened to Doris, the experience of returning to her hometown triggered in Lucy the idea of becoming a peer counsellor. It was through volunteering that she found a way to become involved and begin to make this community her home once again. Reflecting on her peer counselling work throughout the years, Susan also emphasized the importance of experiencing such a “community feeling.” Participants’ accounts indicate that one triggering moment for deciding to become a peer counsellor was a sense of loneliness and isolation. In turn, a motivator to pursue peer counselling at such a time was participants’ desire to feel part of their communities once again. These individuals identified becoming a peer counsellor and thereby engaging in what they conceptualized as a meaningful and important activity as a route to reconnecting with their communities. Deciding to embark on this volunteering path represented a
turning point in that marked the start of transforming experiences of disconnection and alienation into reconnecting with others and becoming part of the community once again.

In sum, as participants talked about their decisions to become peer counsellors, they explained that part of their motivation was to help themselves cope with and heal from the suicide loss. For some, articulating their own story of loss as part of peer counselling, and thereby acquiring novel insights into their experiences, proved therapeutic. Other participants decided to support survivors as a way of creating a sense of meaning for their loss. Lastly, some individuals were driven to peer counselling because such volunteering enabled them to reconnect with the community at a time when they felt alone and isolated. Therefore, this subsection illustrates that participants’ paths to peer counselling represented a significant transformative process. It was by pursuing the path of a peer counsellor in suicide bereavement that the participants were able to actively transform their own experiences of suicide loss and the associated feelings of loneliness and isolation from their communities.

2.2 Breaking the Silence

Another motivation underlying participants’ decision to become peer counsellors stemmed from their experience of silence in the aftermath of their own loss. I offered a detailed description of this aspect of participants’ own suicide bereavement in subsection 1.2.3. Some participants shared that volunteering in suicide postvention represented a way to put an end to family silence around the suicidal death and thereby to initiate dialogue about the suicide in their immediate family. Others conceptualized becoming involved in this area as breaking the silence about suicide in the community at large. As Ann put it while reflecting on her motivations to pursue peer counselling:
So one would be about breaking the silence.... You know, suicide is something people
don’t talk about, and talking about how other people’s silence to your loss has affected
you. So that’s one issue—the breaking the silence.

Several survivors spoke about the silence they encountered among their relatives
following the suicide of a family member, and about their resulting motivation to break this
silence. For example, Christina described silence in her family following her husband’s death.
Reflecting on her painful experience of encountering such silence, she suggested that part of her
reason for becoming involved in suicide postvention was to encourage her family to speak about
what had happened:

My parents are of old Europe, and the old beliefs. My father is very elderly, late 80s, so
when this happened, it was not talked about. There was a lot of silence. Actually, that
might be another reason that drove me to look into it and do something. Because it wasn’t
them suffering as much as me; I was the one suffering the most with my son.

For Christina, it was her experience of family silence and her reflection on the impact of
such silence on suicide survivors that served as a turning point, triggering the idea of pursuing
peer counselling. Similarly, another participant, Rachel, explicitly stated that she became
involved in suicide postvention as a way of encouraging dialogue about her mother’s suicide in
her family:

If I was more involved in the [suicide bereavement] centre, maybe it would encourage
[family members], because they would know of my volunteer work. That was another
motive that I wanted some of my family members to know of the [suicide bereavement]
program. Even maybe it would bring up the topic more.
Part of Rachel’s motivation in becoming a peer counsellor stemmed from her desire to “bring up the topic [of her mother’s suicide] more.”

While for some individuals the decision to volunteer in suicide bereavement stemmed from having encountered family silence in the aftermath of the death, others faced silence around suicide-related issues in the larger community. These individuals wished to put an end to such silence by actively promoting dialogue about suicide. For example, Aysha pursued peer counselling as a way to encourage the local Muslim community in her home city in British Columbia to speak about suicide, thereby raising awareness about this issue and combating the stigma. Aysha shared the following thoughts about her decision to volunteer in this area:

I am actually originally from Afghanistan, and I am a Muslim. In our culture, suicide is very, very bad. The word suicide. They don’t want to talk about it. They are embarrassed. You are scarred for life for that. So that’s why I was motivated to help other immigrants, Afghani, Iranian, Pakistani, or doesn’t matter…. They say in Islam when somebody dies by suicide, it’s very, very bad…. But I let them know, that’s why I was motivated to take a stand to help them…. And to take the stigma away, to talk freely about it…. And that’s my reason that I got motivated.

A number of other participants also wished to speak openly about suicide and cited this as one motivation for pursuing peer counselling. For example, Valery, who resided in a predominantly Christian rural community in Ontario, encountered silence and shame around the suicide of her brothers. She found it necessary to initiate dialogue about this issue to “attack the stigma” and thereby bring about a change in people’s attitudes. Valery shared that when her second brother took his life, the family of her sister-in-law wanted to keep the suicide a secret. Valery explained that religious convictions played a role in this:
I am a spiritual person, but I am not a religious person…. With my younger brother, his wife is Catholic background and her family and herself they couldn’t, they didn’t want us to even say the word suicide. They didn’t want people to know that [my brother] had died by suicide…. My family, we looked at each other and we said, “Sorry! This is the second time this family has gone through this, and we are not going to hide anything. We can’t do that for you.” And of course that was pretty much the end of that relationship, unfortunately.

As Valery’s account conveys, there were grave consequences of her breaking the silence around her brother’s suicide, as the action of speaking openly about the suicide caused a rupture in the relationship with her sister-in-law’s family.

Lastly, reflecting on breaking the silence and speaking out about suicide as a motivation to pursue peer counselling, Ann drew attention to a subtle facet of this issue:

If you are speaking because you have this overpowering need to speak, you are not quite ready to be a facilitator [of a suicide survivor group]. But if you can just with a few anecdotes back up what you are saying, without feeling this compulsive need to talk, you are OK [laughter].

Ann’s words suggest that while the wish to articulate their experiences with suicide loss and thereby break the silence around suicide may be an important motivation for survivors to become peer counsellors, survivors need a certain distance from and control over this desire to speak out to be effective helpers.

Taken together, the above excerpts convey that it was important for the participants to find a voice with respect to their suicide bereavement and to thereby break the silence around
suicide-related issues, both in their immediate families and in the larger communities. Participants’ personal experiences with the silence surrounding suicide acted as a trigger in terms of motivating them to become involved in suicide postvention.

In sum, a number of participants were motivated to engage in peer counselling as a way of breaking the silence around the topic of suicide in their own families and in the community at large. Through such active engagement with the silence, participants found a sense of voice in the domain of suicide bereavement. However, in some cases, such breaking of the silence and speaking out about their experiences had grave interpersonal consequences for the participants.

2.3 Addressing an Unmet Need

Several participants arrived at the decision to do peer counselling because of their own, often negative, experiences in the aftermath of their loss. As the previous subsection suggests, for some individuals, such negative experiences consisted of the silence around suicide-related issues in their families and in the community. Moreover, a number of individuals faced a lack of postvention resources in their areas of residence. This gap in support services was especially evident in rural communities, as well as in smaller towns. Recognizing this unmet need for postvention support, some decided to initiate support services. Both Christina and Patricia shared that they founded suicide bereavement peer support groups in their respective communities in response to such a lack in postvention services and as a way of addressing an unmet need. As Christina explained:

There was nothing in my area for miles and miles. I felt very alone. So I decided the need was great. I was desperate myself, so I thought others must be desperate.
Following the suicide of her husband, Christina learned that there were no specific programs for suicide survivors in her area of residence and that she would need to drive a long distance to the nearest urban centre to obtain specific suicide postvention support. Her new awareness of this unmet need in her home community acted as a turning point for Christina, triggering in her the idea of bringing peer counselling support to her community. She approached a local distress centre about the need to create postvention resources in their rural Ontario community. She was encouraged to use her own experience as a suicide survivor to design a program for other survivors. At that point, Christina decided to undertake the challenge of founding a suicide survivor group:

So that’s what I did! I did a lot of research and reading as well….There was a sense of urgency for me. I was driven. That two-year period after my husband died, I felt I needed to do something.

Another participant, Valery, resided in a small Ontario community at the time of her brothers’ suicides. She also shared that she decided to volunteer in suicide postvention once she experienced the extent of this unmet need in her home community. As she spoke about her peer counselling work, Valery suggested that in her peer counsellor role, she is able to offer other survivors the type of support she never received in the aftermath of her own losses:

[Suicide survivors] know that I am approachable, and that I would give them good information. They know that I am a safe bet, that I am not going to steer them wrong, that I am not going to shut them down, that I am going to be supportive of them. So that helps me heal because those are the things that I really could have used, and I didn’t get that with either of my brothers.
As she reflected back on her experience with losing her two brothers to suicide, Valery’s words indicate that she did not obtain the kind of support that would have been helpful to her at the time of her most acute grief. During the interview, Valery shared that her own experience with such lack of postvention support proved an important motivation in her decision to volunteer in this area. In other words, Valery wished to reach out to other survivors as a way to break their loneliness and isolation. She decided to counter the silence surrounding suicide bereavement by offering other survivors a safe place to share their stories of suicide loss.

While the need for postvention support was most often unmet in small rural communities, some participants who resided in large cities encountered a similar problem. For example, Ann lived in a large urban centre in Saskatchewan at the time of her son’s suicide. She explained that the suicide bereavement group that she participated in ceased to exist shortly after she had completed the sessions. Given her own experience with suicide loss and with the healing environment of a group, Ann recognized the value of and the need for this kind of support for survivors. As a result, she became active in postvention and eventually founded a peer support group for suicide survivors in her home city.

Moreover, some participants felt that the postvention support offered them failed to address their specific needs or that there were no specialized services for suicide survivors in their particular ethnic or religious community. For example, although Aysha resided in a major urban centre in British Columbia at the time of her son’s suicide, she was confronted with a lack of postvention support in her own cultural and religious community. Recognizing the need for specialized services, Aysha became involved in suicide education, prevention, and postvention in her city’s immigrant Muslim community. As she reflected on her volunteer work in this area, she implied that such services were unavailable in her community prior to her son’s suicide:
I wish somebody else made it public before that I knew that suicide is a big issue…. I raised the awareness. I let them know it’s OK…. I wished somebody else did the same work in the community before [my son’s] suicide.

Since a number of participants faced inadequate or entirely lacking resources in the aftermath of their own loss, the desire to respond to this unmet need motivated them to initiate specialized postvention services in their home communities. Thereby these individuals offered other survivors of suicide a listening ear—a safe space to speak about their experiences of suicide loss.

2.4 Giving Back

Although the above discussion suggests that a number of participants encountered a lack of postvention resources in the aftermath of the suicide, for those individuals who did have access to postvention support, peer groups and one-on-one contact with other survivors provided an important venue to speak about their experiences. Having experienced firsthand the therapeutic effects of another suicide survivor reaching out to them, these participants were motivated to become peer counsellors to reach out to other survivors and thereby return this favour. In the course of the interviews, participants spoke about wishing to give back to the postvention program that helped them at the time of their own loss. Reflecting on her decision about where to volunteer, Doris shared:

So when I was moving home, I thought I need to feel that connection to my community, I’d like to volunteer somewhere outside my own work, outside my own family and my own kind of usual daily routine. And I thought, who should I volunteer for? And of course, the first organization, I hadn’t been a part of, it was 10 years at that point, popped
into my mind, and I thought, of course I’ll volunteer for the organization that made a difference to me.

Doris decided to offer her time to the suicide bereavement organization that had provided valuable assistance to her in the aftermath of her own loss. Similarly, Rachel, Tim, Lucy, and Susan expressed wanting to give back to the bereavement programs that had been helpful to them. The following excerpts illustrate participants’ reflections on this issue:

As I got better, through the stages, through the journey, as I healed, I made up my mind that I wanted to give something back, somehow in some way return this. From the very beginning, I said I will give back, some way, one day. (Lucy)

I went through [the survivor support program] myself many years after…. I was a little girl when [the suicide] happened…. So after my life settled down a little bit and I had time on my hands, I called the centre and asked to do something…. It helped me so much that over the years, as I was maturing and I felt good about myself, I thought it would be a good thing to give back. And since this is a free service, I thought my time would be of value. Give back to the centre that really I felt was instrumental in me moving on to a different point in my life. (Rachel)

With respect to the timing of her decision to volunteer, Rachel shared that she decided to contact the postvention program at a very particular point in her life:

My oldest son was the age I was when [my mother] died. So it really hit me hard how young I was. I never really understood what a kid of seven knows and doesn’t know. But seeing it through my kids made me realize how young I was…. It really made me realize
how I would not have known anything, or how they were scared to tell me the truth because they thought I wouldn’t understand…. It kind of triggered a lot of things.

For Rachel, the experience of her son reaching the age she had been at the time of her mother’s suicide represented a critical moment, triggering in her the idea of becoming involved in postvention. In this way, this was a turning point for this particular participant.

As their accounts suggest, both Lucy and Rachel wished to “give back” to the programs that had helped them on their own journeys of coping with and healing from their loss. Likewise, speaking about his decision to volunteer in suicide postvention, Tim articulated his motivation as “wanting to repay what [other peer counsellors] had done for me.” Similarly, the “essential piece” of Jane’s coping with her husband’s suicide entailed having had several people reach out to her, thus enabling her to share her experiences. Having benefited from such support, Jane was motivated to become a peer counsellor because of a wish to “be there for someone else.” As participants reflected on the motivations underlying their decision to do peer counselling, many remembered the benefits of another survivor reaching out to them in the aftermath of their own suicide loss and expressed a desire to return the support that they had received and to assist other survivors in a similar manner.

2.5 Helping Others Heal and Preventing Suicide

Most participants explicitly cited their desire to help other survivors heal, as well as to assist anyone at risk of suicide, as important motivations for volunteering in suicide postvention.

Participants expressed a firm belief in the healing potential of the peer support model, and this seemed to be a significant part of the driving force behind their decision to assist other
individuals bereaved through suicide. For example, Maria overtly articulated this belief as she spoke about her reasons for becoming a peer counsellor in suicide bereavement:

When you share with others, or help them share their story, you just open up a powerful sense of healing for them. And it helps them on their journey, this adventure we call life…. I think having been in counselling, I knew the power of the story and how in the sharing of the story, empowers other folks and the healing process. So I knew the potential of that in like circumstances becomes very powerful.

Similarly, Christina was motivated to support other survivors because of her intimate knowledge of suicide bereavement and the difficulties inherent in this process:

Because I know this pain and if there is someone else in pain like that, to not help will almost be cruel. I should be doing this because now I know how difficult surviving this is. There aren’t a lot of places to get help for this sort of thing. And I want to be the one to do that.

Christina’s awareness of both the intense pain inherent in suicide loss and the limited resources available to survivors inspired her to volunteer in suicide postvention. Aysha, Alice, Lucy, Valery, and Jane also emphasized wanting to help other survivors cope as one of their main motivations for becoming peer counsellors. In Valery’s words:

So if I can do one little thing that puts [survivors] on the road to getting some help; we can’t prevent every suicide, but we can help a whole lot of people not suffer as badly as they do now.
Similarly, Andrew decided to volunteer for a suicide postvention program because he believed this “would give me a chance to help other people.” For most participants, a wish to help other survivors in the aftermath of their loss to suicide proved an important factor in their decision to do peer counselling.

Thinking about the motivations on their path to becoming peer counsellors, some participants explained that in addition to wanting to help other survivors, they were specifically motivated to assist anyone at risk for suicide and thereby prevent this kind of death. For example, Aysha expressed the belief that survivors themselves may contemplate suicide in the aftermath of their loss if they are not offered a safe space to process their experiences. She spoke about her motivation for becoming a peer counsellor in the following way:

The most important part that motivates me is that you are saving your community; you are raising awareness about this issue. And the more people are aware. For example, if you don’t express your emotion, don’t get help for your depression, if you don’t connect to other people, you become depressed and you become suicidal. You yourself become suicidal.

For Aysha, becoming a peer counsellor in suicide bereavement meant offering support to individuals at risk of suicide because of their high levels of distress in the aftermath of their loss. Therefore, becoming a peer counsellor represented one way to prevent other suicides in the community. Lucy, Valery, and Jane shared similar sentiments when they reflected on their paths to peer counselling. As Jane explained, “I had a sense that by opening up my story, I could help prevent other people’s suicides.” Jane was motivated to speak about her own experiences with suicide loss to other survivors as well as to the general public because she believed that sharing such experiences could prove preventative. Similarly, Susan wanted to do for others what she
could not do for her husband, namely, provide support at a time of suicidal crisis. This wish, in turn, led her to volunteer in suicide prevention, and eventually in suicide postvention:

[My husband] was alone in the hotel room, and he killed himself around midnight. He was really down, really depressed; he was drinking that night. And it was so obvious to me that it was so sad that he didn’t reach out, he didn’t call me, he didn’t call the distress centre, or anything. So there was a real sort of obvious thing. Like I want to be on the other end of the phone…. It’s that weird thing that we try to correct history somehow, [laugh] which we can’t. So that’s why I went [to volunteer] into the distress centre.

Susan explained that she initially provided support through the distress centre to anyone in the community who was feeling suicidal. It was only later that Susan limited her supportive work to survivors of suicide.

Participants cited the desire to help others as an important motivation on their path to becoming peer counsellors; this included supporting survivors of suicide as well as preventing other suicides in their communities.

2.6 Personal Qualities and Values

While the above topics uncovered the main motivations underlying participants’ decisions to become peer counsellors, three significant factors affected this decision: participants’ personal qualities and values; receiving encouragement from others to pursue peer counselling; and seeking information on suicide-related issues.

Participants identified their particular personal qualities and values as one factor that influenced their path into peer counselling. For a number of survivors, the drive to volunteer
stemmed from the idea that the work of a peer counsellor might be a good fit with their personal qualities and values. As survivors talked about their volunteering, they shared that they felt their peer counsellor roles were largely congruent with other engagements in their lives. For Ann, who worked as a special education teacher for many years, the decision to reach out to other survivors clearly reflected her family values and core beliefs:

My mom, she was an immensely empathetic person, so what little empathy I’ve got, I’ve got from her [laughter]. My father was a surgeon, so again this giving to the community was so important. And teaching, it’s not highly paid or valued, but there is no nobler profession than to be able to reach out to a child and make a difference. So I guess all these sort of things came together in reaching out to help other people.

As she spoke about her path into peer counselling, Ann also shared that she came from “a very mixed cultural background,” having been born in India, growing up in England, and relocating to Canada as an adult. She explained that because of her particular life experiences, she has “empathy for people who have ever experienced prejudice of any sort.” Ann elaborated:

Not that we experienced very much prejudice in England. We, as a family, were very fortunate, but I mean, I did have experiences of being really hurt through prejudice. So again this feeling that when people are hurting, I want to reach out and help. And with suicide, there is a lot of prejudice and stigma involved. So again, I suppose that would tie in together with that.

Another participant, Susan, shared that she grew up in a large urban centre in Ontario, stating, “I came from a pretty ‘WASPy’ [White Anglo-Saxon Protestant] family” where community involvement and volunteering were highly valued. Prior to her suicide loss, Susan
had volunteered in a church and assisted with election campaigns in her riding. She explained that her decision to volunteer in suicide postvention was congruent with her previous engagements. Similarly, as Jane spoke about her active involvement with the church and within her community prior to the suicide, as well as about her background in nursing, her choice to become a peer counsellor appeared to fit with her overall approach to life:

I think in terms of a religious sense, that spiritual sense, I think I grew up very much with a philosophy of community, a philosophy of participation, offering your giftedness, receiving others. Those values are huge in my family. I think education-wise, nursing sets the stage for seeing other people’s needs…. Seeing needs, that set me into a stage and wanting to ameliorate those needs to sort of offer whatever you can.

Reflecting on her decision to volunteer in suicide bereavement, another participant, Rachel, also spoke about her active involvement in the community prior to her experience with suicide loss, and she similarly articulated a firm belief in the importance of helping others through volunteering. Rachel grew up in Israel, and she had the following to say about volunteering and community involvement:

Well, in our religion [Judaism], in my religion, there is a very strong emphasis on repairing the worlds, that’s what it is called, and on giving and helping…. So we teach our kids to volunteer and to help out. The community is very important. So I was taught that from a young age. So it’s not unusual for me to volunteer. I didn’t work with suicide survivors [before becoming a peer counsellor], but I did teach English as a second language, and I worked with all kinds of different things over the years as I was growing up. I had to volunteer; they don’t give you a choice as a kid where I grew up. I grew up in Israel. So I had to volunteer.
As Rachel’s account suggests, her decision to offer peer counselling to survivors of suicide was congruent with her belief in community involvement and with her prior engagements.

Valery also expressed a similar commitment to the value of helping others. Specifically, she emphasized the good fit between doing peer counselling and her personal qualities:

I’ve always been the helpful little girl. It’s just my nature; it’s who I am. It’s something that has always been there. And I’ve been a caregiver for my family for a lot of years. So it feeds my nurturing spirit. To do that, to do good. It does make me feel good. It makes me feel like I am doing what I was born to do.

Although Alice and Jane spoke of a somewhat different set of personal qualities, these participants also highlighted the congruence between their particular characteristics and peer counselling work. Alice shared the following about her path into peer counselling:

Well, it was in the paper that they needed volunteers, and I looked at it, and I thought, yeah, OK, I think I can do this. Because people talk to me easily, people will tell me things that they wouldn’t necessarily tell others.

In Alice’s case, seeing an advertisement in the local paper recruiting volunteers for a suicide postvention program triggered the idea of becoming a peer counsellor. However, it was specifically because of her particular quality of being an approachable person that she decided that she was capable of doing such volunteer work. She shared this memory of her decision to become a peer counsellor:
I just happened to see. Like I wasn’t sitting around thinking, “I need to do something.” You know, I wasn’t thinking that at all, but I happened to see it in the paper, and it was kind of a motivating factor I guess.

Jane similarly noted that her personal qualities played a role in her path into peer counselling:

I think I am a people person to start with. And so I am a sharer, and my whole personality style is one of shared experiences with friends and family and that sort of thing. It probably stems a little bit from personality.

As participants reflected on their paths to volunteering in suicide bereavement, they explained that this kind of volunteering was highly congruent with their personal qualities and their core belief in the value of helping others. Becoming a peer counsellor was consistent with participants’ other life engagements and their involvement in the community. This congruence between their personal qualities and values seemed to be an important factor in these participants’ decision to become peer counsellors.

2.7 Encouragement

Another factor that played into participants’ decision to do peer counselling involved receiving encouragement from others. Although this was explicitly addressed by only a few participants, it is included in the present discussion because it seemed to play an important role for those individuals. In Maria’s case, another survivor provided such encouragement, suggesting that her contribution to suicide postvention would be greatly beneficial to others. For Ann, the encouragement came from an administrator in the suicide bereavement program that she had completed as part of her own coping with the loss. Ann noted that had it not been for this, she
may not have considered becoming involved. She stated: “I just felt that with [the administrator’s] encouragement, that I could reach out.” Ann shared this reflection about her path into peer counselling:

It’s really thanks to [the administrator] and the encouragement she gave me. She said, “You can do it! I believe in you. I trust you.” So gently, through her encouragement, just doing more and more and more.

In Jane’s case, one of her professors in college offered the necessary encouragement. As Jane explained, “I was lacking in confidence about my ability and what I could offer.” With this encouragement, however, Jane shared, “I really felt that I would give [peer counselling] a try.” These participants’ accounts imply that for some individuals, encouragement from others proved significant in the decision to do peer counselling. Such encouragement triggered in these participants the thought of doing peer counselling in the first place, and subsequently helped instill confidence in their own ability to carry out such supportive work. In this way, receiving encouragement represented a critical event in their thinking about this kind of volunteering and marked a turning point for these participants.

2.8 Seeking Information on Suicide-Related Issues

Lastly, a factor that played a role in participants becoming peer counsellors was their own active process of seeking out information and education on suicide-related issues. For example, Patricia and Christina both shared that they did a lot of reading on suicide-related issues as part of becoming peer counsellors. Several participants sought formal training, such as college courses on bereavement and education in a variety of helping approaches. Lucy and Valery shared that in the process of becoming peer counsellors, they underwent specific training in this
area. Lucy completed “suicide intervention skills training” because she was looking for “just anything that was going to give me exposure to the suicide, give me the tools.” Another participant, Jane, obtained formal education in the aftermath of her husband’s suicide on her path to becoming a peer counsellor: “I had gone back to school, and so I started doing bereavement education to get a bereavement certificate at college.” Therefore, at least for some survivors, part of the path to peer counselling entailed seeking out specific information and education on suicide-related issues.

Reflecting on their motivations to volunteer, participants viewed becoming a peer counsellor as serving the dual purpose of assisting others and helping themselves continue to cope with and heal from their loss. The first core theme, *transformative process*, captures the notion of participants transforming their experiences of suicide loss into an experience that could be of assistance to others. In section 1, I suggested that the suicide loss itself, as well as the changes that resulted from this loss and from beginning to cope with this life event, marked the start of the participants’ *transformative process*. Section 2 illustrated that deciding to volunteer in suicide bereavement represented the next step in this process. While section 1 captured the initial stages of the transformation wherein participants addressed their suicide loss experiences by connecting with other suicide survivors and sharing their own stories, at this point in their trajectory, the nature of this transformation had changed. Rather than having other survivors reach out to them, and searching for ways of coping with their emotional turmoil and other challenges of suicide bereavement by voicing their experiences (a process captured in section 1), participants decided to reach out to other survivors and to lend a listening ear to others. In participants’ own words, their decision to reach out to other survivors represented an effort to give meaning to, or make something “good” or “positive” come from the suicide, thereby continuing to transform their suicide loss experience. Ann captured the essence of this stage of
the transformative process when she explained, “And the other thing that was really important to me, when I was doing this voluntary work…. I don’t want this suicide to have been totally in vain. I want to have some meaning come out of it.”

Another motivation for deciding to become a peer counsellor concerned participants’ desire to break the silence around suicide by openly speaking out about suicide-related issues and by offering other survivors a safe space to tell their stories of loss. The second core theme, engaging with silence: finding a voice and lending an ear, captures this dual motivation the participants described. For many individuals, a commitment to engage with and thereby break the silence surrounding suicide proved an important motivator for embarking on the path of a peer counsellor. While in section 1 participants’ engagement with silence was limited to needing to voice their own experiences of suicide loss, section 2 suggested a shift in describing participants’ desire to offer other survivors a listening ear. At the time of their decision to become peer counsellors, this engagement with the silence became twofold: participants wished to speak out about suicide-related issues as well as to offer other survivors an opportunity to share stories of suicide loss.

Yet another motivation for deciding to pursue peer counselling concerned participants’ desire to reach out to other survivors in the same manner as others had reached out to them (or, in some cases, as they imagined would have been helpful to them at the time of their own loss), thereby breaking the isolation and loneliness surrounding suicide bereavement. The third core theme, reaching out: countering loneliness and isolation, reflects just this, as it emphasizes participants’ commitment to combat the loneliness and isolation that suicide survivors frequently experience by actively reaching out to individuals bereaved through suicide. Again, while section 1 described the participants’ experience of having other survivors reach out to them in the
aftermath of their loss, at this time, participants wished to reach out to others to break the isolation and loneliness that they assumed other survivors experienced.

Finally, the timing of the decision to pursue peer counselling coincided with particular life events for some of the participants, such as returning to their home communities and experiencing alienation and disconnection from others on their return. These individuals regarded volunteering in suicide postvention as one way to reconnect with their communities. For others, a turning point came when they suddenly recognized the lacking postvention support resources in their places of residence and felt a resulting desire to provide previously unavailable support. Lastly, direct suggestions from others triggered in some participants the idea of doing peer counselling. The above overview of participants’ paths to peer counselling is important for the subsequent section, which will centre on their experiences with providing peer counselling.

3. Providing Peer Counselling

Reflecting on their experience with providing peer counselling, participants spoke about the enjoyable aspects of this volunteer work, as well as about its challenges. Participants found many rewards in providing peer counselling. They felt satisfied at being able to help other survivors and at noticing positive changes in survivors’ functioning over time. Volunteering further aided participants’ own healing process from the suicide loss, contributed to their personal growth, enhanced their self-confidence, and gave them new skills. Furthermore, being a peer counsellor provided participants with the opportunity to actively engage with suicide-related issues and to interact with other survivor-volunteers.

Yet alongside the rewards, participants identified a number of challenging aspects of peer counselling. Some of these difficult elements directly related to the traumatic nature of
suicidal death and to participants’ own experience with having lost a loved one in this manner. For example, participants found it difficult to hear survivors’ painful stories and to relive their own suicide loss while supporting others. They also struggled with the logistics of such volunteer work and the overall treatment of suicide-related issues in society.

Lastly, participants spoke about the facilitative influences that assisted them in overcoming the challenges of doing peer counselling and about the specific factors that have acted as incentives in making them stay on through the years. The topics here included particular features of the peer counsellor model, such as being provided with specific guidelines and policies to direct their volunteer work, and the relationships with other volunteers and staff. Moreover, participants explained that routinely engaging in self-care activities, as well as recognizing the value and benefits of peer counselling, has helped them stay on as volunteers.

Taken together, the above topics capture participants’ lived experiences with providing support to other survivors of suicide, and Figure 4 offers a visual illustration of these topics. In this section, I will elaborate on each one and present illustrative quotes from the interviews. I will also continue to demonstrate how the three core themes, transformative process; engaging with silence: finding a voice and lending an ear; and reaching out: countering loneliness and isolation, weave through this section, reflecting and connecting different facets of participants’ lived experiences.
Figure 4. Providing peer counselling. This figure illustrates the topics that emerged in participants’ discussions of their experience with providing peer counselling.

3.1 Rewarding Aspects of Providing Peer Counselling

Participants described a number of rewarding aspects of providing peer support. They felt satisfaction at helping other survivors and at noticing changes in survivors’ functioning over time. Volunteering facilitated participants’ own ongoing healing process from the suicide loss, contributed to their personal growth, enhanced their self-confidence, and gave them novel skills. Lastly, peer counselling provided the opportunity to engage with suicide-related issues and to interact with other survivor-volunteers.

3.1.1 Satisfaction in helping

Most participants stated that they derived satisfaction from being able to assist other survivors and explicitly talked about this as an important aspect of being a peer counsellor. For example, part of Ann’s volunteer role entailed answering a specific telephone line for survivors of suicide and directing them to appropriate resources in the community. She reflected on her experience in the following way:

I have the “after-suicide” line in my house. So, you know, anybody who phones, I monitor the phone calls, and I will respond to them. So I dread getting phone calls, but I also get a sense of real satisfaction from being able to sense [survivors’] needs, and so to
direct them to either one-on-one visits, or to a group, or whatever it is they need…. It’s always hard, though, I think, over the phone…. because you hear their pain right away. But I am able to distance myself enough, I can leave their pain behind, I don’t carry it home with me, so that’s good. The experience is just a tremendous satisfaction.

Although Ann acknowledged that providing peer counselling in this context can be a stressful endeavour (“I dread getting phone calls”), she appeared to derive considerable contentment from being able to assist another survivor. Speaking about her peer counsellor work (both on the telephone and in person) later in the interview, Ann added, “If I feel that I’ve been able to help [survivors] in some way, however small, I feel good.” Another participant, Aysha, expressed a similar sentiment when she described her experience with supporting suicide survivors:

Being able to work as a volunteer or peer support counsellor with other survivors is very rewarding. You see the positive impact on the survivor and the motivation that you have to help the other people and the feelings you have. You feel good when you see other people are happier.

Many participants shared this experience of satisfaction and a “good feeling” from being able to help another survivor. For example, Lucy stated that one positive aspect of being a peer counsellor is “the reward, the satisfaction that I have helped somebody feel a little bit better today.” Similarly, Tim experienced pleasure at being able to assist another survivor:

I feel good about it. I always, the minute I start feeling good about it, I feel suspicious, why I am feeling good about it? But I do. The vast majority of cases when you see that you’ve helped somebody, it’s a good feeling. Just a good feeling.
Moreover, Rachel spoke about a very specific element of being a peer counsellor that she found satisfying. She explained:

It is really, really enjoyable for me to work with men. Because I grew up with men after my mom died; I have two brothers and my father. And they never talked. So having a man in the session, and talking, or trying to talk, or just coming to the sessions, to me is remarkable. I love it! So I really enjoy working with men.

As these accounts illustrate, most participants derived satisfaction from being able to reach out to other survivors of suicide, offering them a listening ear and a safe space to share their stories of loss, and this feeling appeared to be an important facet of doing peer counselling for these participants.

Reflecting on their experience with supporting survivors, participants shared that they enjoyed a particular aspect of their volunteer work, namely, noticing positive changes in survivors’ functioning over time. This element of the peer counselling experience was salient for a large number of individuals. When participants spoke about noticing changes, they referred to witnessing survivors begin to heal from their loss. Susan spoke about observing such changes in the following way:

You actually could see a change over the eight weeks, and that’s very satisfying. They come in and they are completely, everything is so dark, and they see no point in going on, and they just can’t believe how devastated their world is. And it is. It is devastated. And then to see over the weeks, when people are starting to have plans for the future. I mean, it’s seeing that resilience of human nature, it’s seeing how amazingly strong people are.
Susan’s reflection suggests that she felt a sense of real satisfaction in bearing witness to survivors’ gradual process of coping with and beginning to heal from the suicide loss, as well as the resilience that suicide survivors demonstrate. Other participants’ accounts also convey that witnessing such change is a meaningful and rewarding experience for the peer counsellors themselves. As they described their volunteer work, Andrew, Patricia, Aysha, and Tim spoke about such experiences as greatly satisfying. The following excerpts from interviews with Rachel and Janice echo many other individuals’ thoughts on this facet of peer counselling:

I see a tremendous difference from the time the client comes, from the first meeting with the volunteers, to the eighth meeting. I see a tremendous difference, and it makes me really happy, even if it’s a minute step. (Rachel)

I get emotional when I hear them, when they say, “I am feeling better today.” I get emotional, I am proud of them. I am so proud of them that they are saying that today and I know they are healing. I just know that healing is like a big gift. (Janice).

Taken together, the excerpts presented in this section reveal that many participants derived satisfaction from assisting other survivors and witnessing them begin to heal from their loss.

3.1.2 Personal healing

In addition to identifying rewarding aspects in assisting other survivors, participants spoke about moving along in terms of their own healing from the suicide loss through supporting others. This, in turn, seemed to be another benefit that participants identified when reflecting on their peer counsellor role. For example, although sharing their own stories of loss to suicide as
part of peer counselling proved emotionally difficult for a number of participants, such sharing was perceived as facilitating healing. Jane explained this:

> I think every time you share your experience it’s different; you share pieces and different parts. Sometimes you have different “ahas!” I think healing does continue to occur as part of volunteering.

Aysha also explicitly articulated her view of peer counselling as therapeutic for the peer counsellors themselves:

> It’s for both sides. By helping others, I help myself. By listening to them, by helping them, I help myself to survive.

Indeed, in a similar way as described by Jane and Aysha, peer counselling aided many participants’ own ongoing healing from the suicide loss. Andrew seemed to summarize others’ experiences when he articulated his conceptualization of this phenomenon:

> So when you tell the story, even 10 years on, the opportunity to, it’s a continual reflection. And the thing is when you are supporting other survivors, you are always reflecting on your own story. You cannot not reflect on it.

Later in the interview, Andrew expanded on this idea:

> Maybe in some way, in some unrelated process through working with survivors, I’ve been able to reflect enough on my own experience that it puts it in place…. I think you are always, I mean you, I can’t, you wouldn’t be healing if you didn’t reflect on your experiences, and I think you wouldn’t be good at supporting others if you didn’t bring that experience to have some part.
Similarly to Jane, Andrew noted that peer counselling facilitated an ongoing reflection on one’s own experiences with suicide loss. According to both Jane and Andrew, such reflection allows one to make greater sense of this event, and thereby advance in terms of one’s own healing. Drawing on these accounts, providing peer counselling to other survivors appeared to help participants transform their own painful experience with suicide loss and, in so doing, move forward in their healing process.

As he reflected on his peer counselling work, Andrew identified yet another aspect of such volunteering that he has found therapeutic. For Andrew, the act of being able to assist another survivor was in and of itself healing:

In a large sense, the idea that you can be there for others is healing. What I am getting at is that in almost a philosophical sense, or a general sense, that I can actually be there for others, to share their pain, to open the doors to their healing in a general sense, is helping me heal.

Whether it was through sharing elements of their own stories with other survivors or simply through knowing that they were assisting another individual cope with this particular life event, a number of participants reported that they advanced in terms of their own healing as a result of being a peer counsellor. In this way, participants underwent a change with respect to how they related to their own suicide loss in the course of supporting other survivors. In this way, providing peer counselling represented a transformative process for the participants.

3.1.3 Shift in perspective

Another aspect of being a peer counsellor that directly concerned the participants themselves centered on how one’s perspective on general life issues, and particularly, on issues
related to suicide, was altered through supporting others. Many participants spoke about experiencing a change in their outlook through volunteering. As Susan succinctly put it, “[peer counselling] shifts your thinking about the world and your life and everything.” Here again the first core theme, *transformative process*, finds expression, since according to the participants, providing peer counselling transformed their perspective on a number of life issues, including their own loss.

Indeed, for a number of individuals, supporting other survivors of suicide and hearing their stories of loss put their own bereavement experience in perspective. For example, Rachel and Tim shared the following as they reflected on their peer counselling work:

> Sometimes it puts my life in perspective and I say, “Oh, I must have not had it so bad.”
> It’s not the reason I volunteer, but it helps me understand that even though I had this terrible event happen, I had a pretty good life. I thought I had the worst life, and I didn’t really. (Rachel)

> And so you sort of quickly learn that when you think that you are the sorriest bugger on the street, you are surely not. That there is people who have gone through a lot more. (Tim)

Hearing survivor stories in their role as peer counsellors enabled both participants to reflect on their own experience with losing a loved one and on their life in general. Peer counselling encouraged many participants to assume a different perspective on their loss, as well as on quotidian issues in their lives. For example, Doris shared the following thoughts as she spoke about doing peer counselling:
I feel it’s a stress releaser. It may seem a strange thing, but because it puts perspective, some things in perspective in one’s life. If you are feeling stresses in other parts of your life, or whatever, you show up and you facilitate a group, and people are in different places in their journey of their grief, but you recognize, “I’ve come a long way with it!” I feel very good that I’m in a different place with it.

Supporting other survivors allowed Doris to compare her bereavement experiences at the present time to how she felt in the immediate aftermath of the suicide and thus recognize that she has advanced in terms of her own healing.

In addition to commenting on the shift in perspective on their own bereavement and on life in general, a number of participants spoke about having undergone a change, or a transformation, in their thinking specifically about suicide-related issues as a result of meeting many other survivors in their role as peer counsellors. As Lucy put it, it was specifically though her peer counselling work that she came to realize that no one is “protected” from suicide:

Suicide touches everybody. You are not protected because you are Roman Catholic, you are not protected because you are 65 or 3, you are not protected because you are black, white, speak Spanish or Hindi, or unemployed or a president of a company. So you’ve got to be open to that big world that is out there to meet with anybody and give what you can to them.

Another participant, Janice, shared that her thinking about individuals who die through suicide has changed. She stated,
I started to be more sympathetic or empathetic with them because I am aware of some of their history…. I was raised as a Catholic, so I was raised to think if you take your own life, you are going to hell [laughter]. I don’t think that any more.

Although Janice is an Anishinaabe woman who grew up in a largely Aboriginal community in northwestern Ontario, she was “raised as a Catholic” and had been taught to regard suicide in a negative light. As evident from above, Janice underwent a considerable transformation in terms of her outlook on suicide and in terms of her opinion of individuals who die in this manner through her work with survivors. It was in this way that providing peer counselling to other survivors represented a transformative process for this participant. When Susan shared her experience with a similar shift in perspective, she shed light on how such a transformation actually comes about. Susan explained:

I was pretty judgmental. So I think also I realized that with suicide there is always extenuating circumstances. Things don’t just happen out of the blue, and it is always important to take that into account that it’s a long road, it’s a hard road, that journey that you go on to finally do that is hard, and who are we to judge and to say, “Oh wow, they could have done something else!” Because we don’t know what it was like to really feel that despair. That was really important learning…. Because every case you see, you see that there were circumstances and you see the sadness of it, but how people have reached that stage where suicide seems to be the only option. That for them that seems to be the only thing to do. So yeah, that was really great learning experience for me.

Through hearing survivors’ stories of suicide loss, Susan acquired an appreciation for the complexity of suicidal behaviour and greater empathy for individuals who choose to take their lives. In Susan’s own words, this outcome of peer counselling represented a “great learning
experience.” Similarly, Patricia became more “accepting” with regard to suicide-related issues through her volunteer work and noted that this represented a change in her outlook. As Doris reflected on the changes that she has experienced through being a peer counsellor, she also highlighted the shift in her view of suicide:

Because part of me feels now with all the exposure I had from my volunteering that suicide is another way that people die…. Yeah, my perspective definitely changed…. So the volunteer aspect helped give me that bigger perspective…. Because I am volunteering, and it’s something I am more immersed in as a result. There is no shame in it; there is no guilt in it. Nothing. And there is no judgment…. I am grateful for that experience, because it’s also made me drop any kind of stereotype about suicide, beliefs that aren’t serving, that don’t serve us. Me, as an individual, or others. That judgment has fallen away.

Providing peer counselling and interacting with many suicide survivors helped Doris regard suicide in a more accepting way, freeing her of a judgmental attitude toward this life event.

As these accounts suggest, one outcome of being a peer counsellor concerned undergoing a transformation in one’s outlook on a number of life issues, including on participants’ own suicide bereavement experiences, as well as on matters related to suicide in general.

3.1.4 Personal growth, self-confidence, and novel skills

Participants reported that other outcomes of providing peer counselling involved undergoing personal growth; experiencing a shift in self-confidence and self-perception; and acquiring novel skills. This again highlights the ways in which providing peer counselling proved a transformative process for the participants. For example, while many survivors cited a
loss of self-confidence as one result of their own suicide loss, in the course of supporting other
survivors, participants noted that they acquired greater self-confidence and learned novel skills.
Through volunteering as peer counsellors, they experienced personal growth and underwent a
shift in self-perception. When asked to reflect on his years as a peer counsellor, Andrew
explicitly spoke of a sense of growth:

I mean if there is any one word, is shift or growth. When I look back on myself before I
started volunteering and after to now, there is a difference. To me, there is a huge
difference.

Several participants also identified personal growth, as well as a gain in self-confidence,
when they discussed the impact of their volunteering. Ann articulated this outcome of being a
peer counsellor in the following way:

I’ve grown as a person because of this work. You do things that you never dreamt you
would. It’s given me a lot of confidence. Basically it’s given me a lot more confidence,
that you know, this is something I can do, that I can make a difference. So how it’s
changed me is that it helped me grow, it’s helped give me confidence.

As evident from her words, Ann acquired confidence in her abilities to assist others and
to “make a difference.” Similarly, thinking about the meaning of peer counselling in her life,
Christina noted that this volunteer work has increased her self-confidence, but has also helped
her recognize some aspects of her personality:

It has given me a bit of confidence. It has proved to me that I had more empathy for
human beings that I didn’t know I had. I learned a lot about myself…. We don’t really
know ourselves so much until I think a powerful event takes place… The main role that it plays in my life is self-confidence in spite of what happened.

In addition to gaining confidence through providing peer counselling, Christina experienced a change in self-perception in terms of regarding herself as a more empathic individual.

For a number of participants, the shift in self-confidence resulted from the new skills that they mastered as peer counsellors. This shift in turn manifested through their engagement with new and challenging activities. For example, participants mentioned that as peer counsellors, they engaged in public speaking on a regular basis, and noted that this was a significant skill that they acquired through volunteering. Indeed, for many, their role as facilitators of survivor groups demanded a considerable amount of public speaking. Part of a survivor’s job as a group facilitator entailed speaking about his or her own experience with suicide loss in front of survivor groups, as well as providing other survivors with information about suicide and suicide bereavement. Moreover, for a few individuals public speaking also involved addressing community members and healthcare professionals about suicide-related issues. Tim, Aysha, Lucy, and Valery spoke in detail about this aspect of their peer counselling work. Indeed, both Lucy and Valery obtained considerable experience with public speaking about suicide-related issues through peer counselling:

The biggest thing it has done for me is I was never good at public speaking. So that is a big thing that I am able to do. (Lucy)

It really helped to build my confidence because I am not afraid to speak in public any more, I am not afraid to put myself out there. It has given me the strength that I needed to
move forward, because I just felt so tender and so raw and, you know, I never thought I would be strong enough to move forward. (Valery)

As their words suggest, learning to speak to large groups of people and acquiring a sense of comfort with this activity represented one of the skills that these participants attained as peer counsellors. It was in part through such public speaking that the participants acquired a sense of voice with respect to suicide-related topics and were able to break the silence around these issues. Therefore, the second core theme, *engaging with silence: finding a voice and lending an ear*, weaves through this subsection, capturing important facets of participants’ lived experiences.

Notably, in the above excerpt, Valery explicitly connected the ability to engage in public speaking with increased self-confidence and a sense of inner strength. Reflecting on the meaning of peer counselling in her life and on the growth that she has experienced as a result of this volunteering, Lucy similarly spoke about acquiring such strength:

I think it makes you stronger. You can still talk about [the suicide] without all the emotion, more as an educational thing than a tragedy, a major tragedy event in your life.

For Lucy, this strength manifested in the ability to speak about her loss in a constructive manner (“as an educational thing”). A number of other participants also witnessed such shift in the relationship to their own loss through volunteering. Janice offered the following reflection:

We start to have a bit more insight into how much pain we can feel. But also, as we continue to live each day, that we can survive that, that we can do it. So that’s something that I gained a lot of insight into when I listen to [other survivors].
Janice acquired insight into and a greater understanding of the emotional processes related to her own suicide bereavement by listening to other survivors’ stories. Andrew also shared that he had experienced a considerable change in this realm through being a peer counsellor. He stated: “I’ve grown in the capacity to really be there with that pain.” Moreover, for Andrew this sense of growth also manifested in a nonjudgmental and more accepting outlook:

So that’s another part that really has come out, you know, it’s the grey areas, it’s the lack of judgment, which has extended to other parts of my life.

Yet again, Andrew’s reflection conveys that providing peer counselling proved a transformative process.

Moreover, a number of participants reported having acquired a particular skill set through their volunteer work, namely, active listening skills. For example, Ann and Susan shared the following reflections:

And this is work in progress, is improving my listening skills. Because I am slightly impulsive [laughter]. I tend to want to leap in before I think. (Ann)

I’ve calmed down a bit, I think I am better at listening. I am better at silences. I am better at just really not doing too much projecting. No question, I learned a lot. (Susan)

Both participants noted that peer counselling has helped them to become better listeners.

Although Ann had been a peer counsellor for 18 years at the time of this interview, she referred to this skill set as “work in progress,” implying that she continues to hone her listening skills through her ongoing support of suicide survivors. Furthermore, Susan shared that it was
specifically because of her peer counselling experiences that she decided to pursue further training in psychotherapy:

> Because of [volunteering], I enrolled in the four-year Gestalt program, and I think it was a direct result of that because I really enjoyed the one-on-one and listening…. I probably wouldn’t have gone into the Gestalt program if I hadn’t done that…. Knowing that I could handle that—people in crises—and so I already got my feet wet.

In sum, thinking about the outcomes of their volunteering, a number of participants identified a sense of personal growth as well as increased self-confidence, accompanied by the perception of inner strength and resilience. Other participants spoke about having acquired a deeper understanding of their own and others’ emotional processes and having embraced a more accepting outlook toward others. The first core theme, transformative process, captures the above-described changes that the participants underwent as a result of their peer counselling work. Lastly, a number of individuals reported improving their listening skills, as well as learning to speak to large groups of people and acquiring a sense of comfort with this activity. In this manner, participants acquired a sense of voice with respect to suicide-related issues, a notion captured in the second core theme, engaging with silence: finding a voice and lending an ear, which will be elaborated further in the following subsection.

### 3.1.5 Having a voice

Participants shared that being a peer counsellor has enabled them to talk about issues related to suicide. In other words, taking on the role of a peer counsellor gave participants a sense of voice in the domain of suicide and suicide bereavement. For some, this meant being able to speak openly about their own experiences with losing a loved one to suicide, while for others,
it entailed speaking about suicide-related issues more generally. For example, Patricia identified being able to express herself as one rewarding aspect of being a peer counsellor. She shared the following thoughts on the importance of having an opportunity to articulate one’s experiences:

Expressing. Having a voice. Being able to speak out loud and share…. Being able to express yourself. I realize that in life this human being has a big problem being able to express themselves. Expression is everything. Expression is grieving, expression is healing.

For Patricia, sharing the story of losing her son to suicide in the process of supporting other survivors proved an important element of peer counselling in that this process facilitated her own healing from the loss. Likewise, supporting other survivors provided another participant, Susan, with “a chance to honour the [deceased] person in a reasonable way that allows the story to be told, the full story.” She identified being able to voice her story of losing her husband to suicide as a significant component of being a peer counsellor.

For several other participants, the concept of having a voice extended beyond being able to speak about their personal experiences with suicide. Aysha conceptualized volunteering in suicide postvention as sharing her own experience with suicide loss and thereby raising awareness about suicide and suicide bereavement in her community, and in particular, among Muslim immigrants. Following the suicide of her teenage son, Aysha decided to offer support to other bereaved parents:

I said, let’s talk, I want to talk, I don’t want to hide it. I want to save other parents, other people. They don’t talk about suicide.
Motivated by a desire to talk about suicide, she founded a survivor support group for parents bereaved through suicide as a way to create a venue for sharing their unique experiences. Aysha explained that most of the parents who attended this group were first-generation immigrants of Muslim background:

I put an ad in the paper, so they contacted me, they came, and some of them brought their teenagers with them…. I started to share my experience. We met about 10 times…. It was not specific, I didn’t say “immigrants,” but they contacted me because they weren’t able to talk about suicide. They thought it was an accident, their son had a heart attack, or kidney failure; they hid it from the public. But when they came, they openly talked about it, and I was explaining to them that nothing is wrong if we say it’s suicide.

Valery also shared that as a peer counsellor, she was able to bring greater awareness to suicide-related issues. In this case, Valery spoke to healthcare professionals:

Being more involved and stepping up and sitting down at a round table with doctors and lawyers and professional people and saying, “I have good solid information here. I am a survivor, I lived this.” And drawing on that experience.

Participants explained that volunteering in suicide postvention gave them a sense of voice, thereby providing a venue for sharing their own bereavement experiences and raising awareness about suicide-related issues in the community. In this way, providing peer counselling enabled participants to engage with the silence surrounding suicide by speaking out about suicide-related issues.

In sum, reflecting on their peer counselling efforts, participants described a number of rewards they perceived in this volunteering. Indeed, participants derived satisfaction from
assisting other survivors of suicide by reaching out to these individuals, offering them a listening ear, and thereby creating a safe space for these survivors to share their stories of loss. Participants enjoyed bearing witness to other survivors beginning to cope with and heal from their loss. In addition, participants advanced on their own healing journeys through providing peer counselling. They also underwent a shift in their perspectives on their own bereavement, suicide-related issues, and life in general. Moreover, they acquired novel skills, experienced personal growth, and felt an increase in their self-confidence. In this way, providing peer support to other survivors of suicide represented a transformative process for the participants. At the same time as participants reached out to other survivors, lending a listening ear to others, they also found a sense of voice with respect to suicide-related issues. This volunteering provided them with an opportunity to speak about their own loss, as well as to articulate their thoughts on suicide and suicide bereavement in general. The second core theme, engaging with silence: finding a voice and lending an ear, captures this facet of participants’ lived experiences.

3.2 Challenges of Providing Peer Counselling

As participants talked about their peer counselling work, many described considerable challenges that they encountered in supporting other suicide survivors, alongside the rewarding aspects. I will next elaborate on these difficult aspects of being a peer counsellor.

3.2.1 Hearing painful stories

A challenge mentioned by most participants entailed hearing survivors relate their painful experiences with losing a loved one to suicide. Participants found it emotionally difficult to facilitate survivor groups and offer one-on-one support because of the distressing stories that survivors share in these settings. As they talked about this aspect of their work, peer counsellors
noted that other survivors’ experiences touched them profoundly and that they continued to think about these stories for some time after the supportive session. This is what three of the participants shared about this issue:

First night of group. I am focusing on group ‘cause mostly that’s where the challenge always lies. The first night of the group. Having to listen to all of the stories. It’s very sad. And it’s painful. And when I go home I think about it again. I feel for everyone. (Christina)

We had that suicide bereavement support group, and sometimes it is quite heavy because there is anywhere from six to seven people, all share their stories, and two hours with them…. (Janice)

It’s very hard, it’s very hard emotionally. You know, quite often, a stressful session, I’ll go home, and it’s hard to de-stress, it may be a sleepless night, I may need to go and have a stiff drink, something like that. It’s difficult. (Valery)

These participants’ words convey that hearing other survivors relate their experiences with suicide loss is a taxing undertaking, and certainly one of the challenging aspects of being a peer counsellor. Both Christina and Valery mentioned that they are deeply touched by other survivors’ accounts and noted that they frequently take these accounts home with them. Indeed, these participants referred to their experience of listening to other survivors’ stories as “painful,” “heavy,” and “very hard emotionally.” Although Christina, Janice, and Valery had been peer counsellors for between 7 and 10 years, and had supported a large number of survivors during that time, they continued to find this element of peer counselling to be emotionally difficult, in
spite of their considerable experience. Another participant, Rachel, spoke about her experience with survivors’ traumatic stories in this way:

I get really involved emotionally, so sometimes it’s really, really hard, because I can’t forget about it when I come home. And that’s the hard part about this work…. So you take it with you, and during the day, I am thinking about them, I am thinking about the next session…. so it does not end when you close the door. You take it home.

Speaking about the challenges inherent in hearing stories of loss, a few participants simultaneously noted that the rewarding side of the volunteer work compensates for this difficult aspect. Valery explicitly articulated this idea:

You know that it’s draining and it takes a lot out of you. And I am going, because the good of it weighs heavier than any of that.

While acknowledging the demanding nature of peer counselling, Valery emphasized that the “good” facets of being a peer counsellor prevail over the challenges. Similarly to Valery, a number of individuals stated that they did not mind hearing survivors speak about their painful experiences because the rewards of being a peer counsellor outweigh the difficulty of hearing survivors relate distressing stories. Andrew shared the following thoughts on this subject:

And so to hear [survivors’] stories is always sad, tragic, emotional, painful—but OK. Because for me, you are recognizing that you are beginning that journey with them and in any language that they are sharing for the first time their loss, you can be a witness to that, that you can get to know that person that died, get to know them…. Some of them are very violent, some of the stories I hear are incredibly violent, but it is to me symbolic of their pain, and you wish in that moment that you could take the survivor’s pain away,
but you can’t. But it’s OK to hear that, that story. And to be led into whatever tragedy they want to reveal.

Although he acknowledged the emotional intensity and the distressing graphic imagery that he encounters while listening to survivors’ stories, Andrew also emphasized the hopeful and rewarding aspect of this experience. Overall, drawing on participants’ accounts, for many individuals, a challenge inherent in being a peer counsellor entailed hearing survivors relate their painful experiences. However, a number of participants explicitly stated that they did not mind this facet of being a peer counsellor because of the greatly rewarding nature of this work.

3.2.2 Reliving own loss

While many participants found it difficult to hear survivors’ stories because of the emotional pain and the violent imagery inherent in their narratives, for some, listening to such stories presented an additional challenge. A number of participants shared that they relived their own loss while hearing other survivors’ bereavement experiences. As Valery explained:

> With every [group] member, you relive every moment, because as they are telling their story, you are finding common factors and you are looking at them, going “Oh, I feel your pain!”… And you go through the emotions when you are in a room full of strangers that you’ve never met before. Yeah, that’s the hard part, to keep reliving it, to keep pushing yourself to do it.

The reliving that Valery described seemed to be particularly salient when there were important parallels between the peer counsellor’s and the survivor’s experiences. Doris, who lost her father to suicide when she was in her 20s, articulated this:
There are phone calls that hit me personally more closely, or more emotionally. You know, if it’s a young woman and it’s her father.

As her words suggest, in her peer counsellor role, Doris has found it especially taxing to support a survivor with a loss similar to hers. Likewise, Rachel shared that she has been reminded of her own loss while supporting other survivors:

So I see sometimes how hard it is, and that sometimes triggers and brings back all the stuff that happened to us, and it’s not easy. As much as I am doing well, the triggers are always…. It’s good, I guess it’s all good in the end, because it is always good if you have another cry about it; it’s always good to work on more. You never work on yourself enough.

At the same time as Rachel acknowledged the difficult aspect of reliving her own suicide bereavement, she also regarded this as a constructive experience because such reliving seemed to assist her in the ongoing healing from her own loss.

In addition to survivors’ accounts triggering participants’ painful memories, a particularly difficult element of being a peer counsellor entailed telling survivors about one’s personal experiences with suicide loss. As peer counsellors, participants frequently shared their own stories with losing a loved one to suicide, which represented yet another way of reliving the loss. Aysha, Valery, Lucy, and Tim explicitly spoke about this as a challenging experience. For example, Aysha shared:

The challenging part is when you talk about your own experience and bring the memory back; the night the police came to notify me about my son’s death, the first day that I missed him, the first year.
Tim also commented on this element of peer counselling:

And you get emotional. I mean not to this extent you did when you were a client and you were there for the first time, it’s nasty. But you still. It’s ’cause you bring back, you are going back to the day; you are going back to the feelings. It’s not a pleasant thing in itself to retell your story and go through week after week after week of digging up all the details and you are trying to get your emotions back and describe to people the process, your healing process. It’s not a fun idea…. It diminishes and these things bring it up. But, you know, I don’t mind that.

As Tim reflected on the difficulty of repeating the story of losing his wife to suicide, he stated that he does not “mind” this element of peer counselling. Other participants also shared that although such a repetition of their own story may be painful, first, it is not as painful as in the immediate aftermath of the suicide; and second, they are not opposed to speaking about these experiences.

Some participants shared that although they do relive their own suicide loss while providing peer counselling, they do not necessarily perceive this as a difficult experience. For example, Susan spoke about this aspect of offering peer support to another survivor in the following way:

Every time I take on a new case, I relive my own. So I always know that I am carrying it in a different way. It’s like I bring it from, maybe, out of a darker cupboard, a little closer to, maybe more into the light. And that pain gets revisited. Maybe not lifting the scab off completely, but looking at the wound again. Whether that’s hard, I guess on some
level… I don’t know that I’d use the word *hard*. On some level, my own pain gets revisited, but it’s so much less acute, so it’s all degrees, I guess.

As her words indicate, Susan also routinely relives her own loss to suicide while supporting other survivors, thereby re-experiencing some of the pain. However, saying, “I don’t know that I’d use the word *hard*,” she hesitated to describe this as a difficulty. In the same way as Tim, Susan also stressed that over time the pain of her own suicide loss has become less intense. Moreover, from Susan’s reflection on this issue, it appears that she did not mind such a revisiting of the pain as part of her volunteering.

In sum, a number of participants shared that as peer counsellors, they frequently relive their own experience with losing a loved one to suicide, either through being reminded of the details of their own loss while listening to another survivor’s narrative, or through the repeated narration of their own story. While most individuals perceived this to be emotionally demanding, they did not appear to mind this element of the peer counselling experience.

### 3.2.3 Navigating interpersonal dynamics

In addition to the challenges of hearing another survivor’s distressing story and being reminded of one’s own loss, some participants experienced difficulties with navigating interpersonal dynamics in their role as peer counsellors. These interpersonal dynamics concerned the relationships with survivors whom they supported, as well as with other volunteers.

In terms of navigating interpersonal dynamics with survivors, participants noted that difficulties typically occurred in group settings. For example, Ann shared:
When we are running our support groups, the challenges, there are quite a few, like having somebody who is very difficult, so they would be trying to monopolize the conversation. So I am pretty firm, and we try to give everyone time to talk. So, you know, that’s difficult. And we try never to interrupt, but sometimes we have to do it. Or if people are starting to talk about things which I don’t feel the group should be hearing, like if they start talking about horrendous nightmares and things, I will cut them off.

According to Ann, a challenging situation occurs when survivors describe the graphic details of their suicide loss, which could prove traumatic to other group members. Another participant, Rachel, similarly spoke about struggling with navigating the content of the sessions:

The client had so many other problems that we can’t; I am not a professional in the field, so I couldn’t help her. She needed really different help for other issues, but with suicide, we did help as much as we could. And we tried to focus on that; she kept bringing up all the other stuff that happened. And then we are not effective because I am not experienced in that.

As their accounts suggest, both Ann and Rachel identified negotiating the interpersonal dynamics and the content of the group meetings as a considerable challenge in their volunteer work. Jane eloquently captured this difficult aspect of being a peer counsellor in the following reflection:

Everybody’s experiences are so profound; some are more current. It is a fine-tuning thing to do group leadership and to enable people all to feel like they have been heard at a meeting and yet to recognize some are more raw than others and need more time. And I think that’s a very challenging piece.
While the above excerpts illustrate the interpersonal difficulties that participants encountered in their helping relationships with other survivors, for several individuals, the main difficulties emerged in their interactions with the other volunteers. In most settings, participants provided peer counselling in dyads (e.g., two group facilitators in a suicide bereavement group wherein at least one of these facilitators is a survivor of suicide), and interpersonal challenges surfaced in the context of these volunteer-to-volunteer relationships. For example, Alice, who typically co-facilitated supportive sessions with a volunteer who was not a survivor of suicide, shared the following thoughts:

The challenge is usually my partner. Often my [non-suicide survivor] partner somewhat annoys me because they haven’t been there, they can take courses, they can do this and they can do that, but if they haven’t actually been there to feel what it’s like, they cannot.

While for Alice, the difficulty stemmed from her partner’s seeming inability to understand the lived experiences of a suicide survivor, other participants reported interpersonal challenges of a slightly different nature. For example, although Susan provided peer counselling in a similar setting wherein she co-facilitated with a non-survivor, she explained that the major challenge of working alongside another volunteer related to discrepancies in interpersonal styles. She shared:

I think one of my struggles with the [suicide bereavement] program was working with another volunteer. I found it hard to negotiate the style and the timing.

Susan’s reflection suggests that co-facilitating a peer counselling session with another volunteer poses difficulties because the two facilitators may differ in their helping approach in terms of the pacing and the types of interventions that they employ.
Overall, reflecting on the challenges of being a peer counsellor, participants stated that they have found it difficult to negotiate the interpersonal dynamics both with survivors and with other volunteers.

3.2.4 Maintaining boundaries

Describing the interpersonal dynamics of supporting suicide survivors, a number of participants reported struggling with a particular aspect of the peer counselling relationship, namely, managing boundaries. Although participants explained that they did not intend to establish a strictly “professional” relationship with those they supported, most individuals drew a distinction between being a peer counsellor to another survivor and being a friend. As this was not always congruent with the survivors’ understanding of the helping relationship, setting up and maintaining adequate boundaries occasionally proved a demanding undertaking. Patricia’s description of her struggles in this realm is representative of the difficulties that the other participants encountered:

I realized I was vulnerable because of the effect it was having on me by allowing another person to rely on me. I was being responsible for their feelings. Responsible, and absorbing, and allowing myself to be. And, I don’t mean it this way, but it felt like I was being dumped on. I never ever for a moment saw it as a friendship. I saw it as a griefship. This person began seeing it as a friendship.

As a result of this experience, Patricia decided to set up boundaries to protect herself:

So I had to have structure. I had to develop a guard around myself, emotionally. I had to tell this person that I am only a volunteer. My experiences are not the same as yours. This is only about talking and connecting. I can do nothing more for you, but give you hope.
In this case, the survivor reacted negatively to her attempt to establish boundaries. Patricia explained:

But this person got very angry and started saying terrible, cruel things on the phone; even she started texting me crazy.

As Patricia’s experience illustrates, negotiating interpersonal boundaries with survivors sometimes proved a difficult task for the peer counsellors. Indeed, Ann and Rachel also described struggling with this aspect of peer support, drawing attention to a slightly different issue that has come up in their peer counselling work. Ann related the following experience:

We had one young woman who was very suicidal. Really, I didn’t feel it was my role and yet I felt obliged to go. In the end we had to phone victim services and ask them to take her into the hospital, and visiting in the hospital. And I felt that this was getting beyond my role, but there was nobody else to do it. That was definitely hard.

Similarly to Patricia, Ann perceived her involvement with this survivor to extend beyond her responsibilities as a peer counsellor and appeared to find it challenging to negotiate this aspect of the helping relationship. The above examples convey that managing boundaries in their relationships with other survivors proved to be a difficult undertaking for some of the participants.

3.2.5 Dealing with suicide in society

While the challenges discussed thus far have focused on the specifics of the helping relationship, this last subsection will describe a somewhat different challenge. For a number of individuals, one difficulty of their peer counselling work concerned general societal attitudes
toward suicide and suicide bereavement, which manifested in a number of issues, such as a shortage of funding for suicide postvention programs and a lack of awareness about suicide bereavement experiences. These issues, in turn, often directly affected their volunteer work. For example, both Doris and Tim mentioned their struggles with the lack of funding for suicide bereavement programs. Doris shared:

There is difficulty related to the [suicide bereavement] organization having to fund itself, and be running, and be sustainable. So we are talking about a nonprofit, volunteering for a nonprofit.

Likewise, Tim spoke about his frustration with inadequate financial support in the area of suicide postvention:

Volunteers are absolutely necessary, but we need stable funding. We don’t want our volunteers going out selling cookies. That’s not what they are supposed to do. And yet they do! Because we got to fund the operation. So I get angry about that.

Both Doris and Tim described this insufficient financial support for specific suicide postvention programs as a significant obstacle to their peer counselling efforts.

In addition, several participants spoke about the general silence and lack of information around the issues of suicide and suicide bereavement as posing difficulties to their peer counselling work. As Patricia put it, “Suicide itself is really untouched. Let alone us survivors.” Both Lucy and Doris also spoke at length about this issue. Doris shared the following thoughts:

It frustrates me to see that in Canada we haven’t got a suicide prevention strategy.

Frustration with the silence. The general public has no clue, they have no clue. So, I
mean, it’s frustrating when you know that the service you provide is very, very valuable and that you are not even reaching one quarter of the amount of people that could use that support because it’s not talked about. People aren’t aware, the community is not aware.

It is apparent from Doris’s words that her frustration with society’s treatment of suicide-related issues stemmed from her perception that such attitudes rendered it difficult for peer counsellors to reach out to suicide survivors. Christina shared a similar reflection:

Through all this, I have sadly learned that bereavement and suicide, the whole struggle of it, is not getting enough attention. There is people suffering on both ends. And the attention out there is minimal. The knowledge is minimal in society.

Lastly, as Ann and Rachel spoke about their involvement in peer counselling, they explained that societal attitudes toward suicide hinder them from disclosing the details of their volunteering. Both participants shared that they fear negative reactions from others, and as a result, exercise caution in telling people about their peer counselling work:

Sometimes people talk about voluntary work, what voluntary work am I doing. So I tend to skim over that. If I feel that the person is really empathetic, I will open up to them. But again, it will be a judgment call. (Ann)

I don’t even tell people, I tell people I work with grief. A lot of times I don’t go into it. (Rachel)

As evident from these words, the particular place that the topic of suicide occupies in society has a profound impact on the lived experiences of individuals who choose to actively engage with this issue.
The above subsection outlined the major challenges that participants described as they reflected on their experiences with providing peer counselling to suicide survivors. Some of these involved the emotionally difficult nature of supporting other survivors, such as hearing painful stories of suicide loss and reliving one’s own suicide bereavement experiences. A number of participants identified challenges in the interpersonal realm, such as navigating interpersonal dynamics with survivors and with other volunteers and managing boundaries in their helping relationships. Lastly, some participants spoke about struggling with societal attitudes toward suicide and suicide-related issues. While subsection 3.1 described the rewards participants derived from reaching out to other suicide survivors, participants’ accounts presented in this subsection capture the “costs” of reaching out in this manner.

3.3 Facilitative Influences and Incentives to Stay On

As the previous sections suggested, in addition to the rewarding aspects of peer counselling, this kind of volunteering presented participants with a number of challenges. Indeed, during the course of the interview, most participants spoke about some element of being a peer counsellor that they found difficult. Therefore, it is important to explore the factors that assisted participants in overcoming such challenges, or, in other words, facilitative influences that have helped them to stay on in the peer counsellor role. The present subsection will offer a summary of participants’ reflections on these issues.

3.3.1 Guidelines to follow

The specific structure of the peer counselling model (i.e., a set of pre-established guidelines clearly outlining a peer counsellor’s role and responsibilities) helped participants deal with the challenges of supporting other survivors. This seemed to hold particularly true for
participants who provided peer counselling under the umbrella of a particular bereavement organization or program. For example, Rachel shared that an important facilitator involved having clear “policies and guidelines” outlined by the program where she volunteered. Drawing on the participants’ accounts, particularly helpful guidelines concerned the recommended level of involvement with other survivors and the time commitment expected of them in their role as peer counsellors. Other guidelines that participants spoke about as facilitating their volunteer work included the recommended topics to be covered in the peer counselling sessions and the types of psychoeducational materials to offer to survivors as part of group and individual supportive work.

3.3.2 Relationships

Some participants identified relationships with other volunteers and with suicide bereavement program staff as an element that assisted them in overcoming obstacles and motivated them to continue volunteering. For example, Ann found it helpful to work with a co-leader in the suicide bereavement group, thereby being able to debrief about emotionally challenging sessions or having the co-facilitator support her during a difficult interaction with a group member:

We rarely have to deal with difficult people, but there have been the odd times, and the worst part is telling somebody you know what, I don’t think this group is right for you. I am a coward [laughter]. We always do this, we are co-facilitators, we never work just one, so there is always someone to back it up.

Indeed, the relationships with other volunteers and with suicide bereavement program staff appeared to play a significant role for a number of other individuals. Patricia and Rachel
both explicitly mentioned that such relationships have assisted them to stay on through the years. Rachel shared the following thoughts on this issue:

That’s another reason I am there. Is my connection with [the suicide bereavement program director]. I really feel that she has helped me so much. She is interested in the volunteers; she does not just take it for granted. So that’s one of the big reasons I stayed. Because you know there is a lot of places to volunteer in the city. This subject touches me personally, and I really feel connected to it, but if you don’t have a good boss, doesn’t matter.

As another participant, Valery, reflected on the factors that motivated her to go on as a peer counsellor, she articulated the important role of the relationships with other volunteers:

I think what helps me is the bonds that I’ve created with some of the other [peer counsellor] survivors, because we can get together and we can laugh and we can not talk about suicide at all, we can just silently be there for each other.

Participants’ accounts imply that interpersonal relationships with individuals involved in suicide postvention play an important part in assisting them with overcoming the difficult aspects of their role as peer counsellors, and with continuing in this supportive role through the years.

3.3.3 Self-care

A number of participants spoke about utilizing particular self-care strategies to cope with the challenges of peer counselling. For example, Patricia reflected on the importance of coping with the stress of volunteering and of caring for oneself in the following way:
Important to make sure that your energy goes to the right place. Could be exhausted so easily…. It drains you. And you must allow yourself to energize. I always visualize when I am really feeling exhausted, I visualize myself hooking a battery to my body…. And you know there is a difference, you recharge your emotional, you recharge physically, and you recharge your heart…. Your heart is your emotion. The heart needs to be healthy.

Christina shared that as part of her self-care, she may actually resort to the coping strategies that she teaches survivors in the suicide bereavement group she facilitates: “Sometimes I read my own material that night. Because if it’s helping them… [laughter].”

One form of self-care that the participants described concerned taking time away from their peer counsellor role when they felt the need to do so. As Lucy explained:

But I also have to get away from that once in a while…. You have to watch yourself; even now, even today, 12 years later, you have to watch the balance.

Participants noted that the flexibility within the suicide bereavement program where they volunteered was important in this respect. By taking time off on an as-needed basis, participants were able to face the emotional challenges inherent in supporting other survivors. Valery and Rachel had the following to say about this issue:

Sometimes I literally have to shut down and step back from the volunteering, and I know that that is just what I need to do. To take care of me. To take a step back and to breathe and to focus on the living because you can get caught up in reliving. It’s like Groundhog Day, where I seem to be just reliving the losses constantly. (Valery)
I like the idea that if I need time between. It’s not like a job that I have to. It’s not so rigid, that if I need a month in between, I do take a month in between. I like that flexibility. (Rachel)

For Valery and Rachel, who had both volunteered as peer counsellors for eight years, the ability to take occasional breaks from peer support seemed to be an important facet of self-care, which enabled them to stay on in the peer counsellor role through the years.

One participant, Janice, spoke about a specific aspect of her self-care. She described approaching her peer counselling work in a very particular way to be able to face the challenges inherent in listening to survivors’ difficult stories:

So I listen. I don’t only listen with my ears; I listen with my eyes and the heart. And how do you know you listen with your heart? By how you feel. It’s, you feel kind of heavy, but at the same time you are not. I am listening not only from a human mind, or my human listening, I am also listening with my spirit. So it’s not just the humanness that is involved in listening, it’s also the spirit, your spiritual self that is listening as well. And that is what protects you from taking on their emotions.

As this excerpt suggests, for Janice, her “spiritual self” played an important role in enabling her listen to other survivors’ painful emotions. Moreover, Janice resorted to elements of traditional indigenous healing as a way to exercise self-care and thereby cope with the challenges of supporting survivors of suicide:

When I’ve had a particularly heavy day, at the end of the day I feel drained and stuff, that is when I smudge. And that’s what helps me.
Although Janice explained that she was raised Catholic, later in life she embraced indigenous traditional practices, such as smudging (a purification ceremony involving the burning of sacred medicinal herbs). These practices formed an important part of her self-care routines, and in particular, provided her with a way of coping with the difficult aspects of being a peer counsellor.

As these accounts suggest, participants engaged in a variety of self-care activities as a way to cope with the difficult aspects of being a peer counsellor in suicide postvention. For some, the flexibility of the peer counselling approach proved helpful, as it allowed for flexibility and time off. Others described specific self-care routines that they resorted to to address the challenging facets of providing peer counselling.

### 3.3.4 Personal value of peer counselling

Reflecting on the factors that have made them stay on in the peer counsellor role through the years in spite of the challenging nature of this volunteer work, many participants shared a firm belief in the importance of this work and in the benefits of their support to other survivors. For example, Alice noted that she perceives her peer counsellor role as her “duty” and shared a firm belief in the value of guiding survivors of suicide on their healing path. Ann and Jane also shared that one reason that they continue to do peer counselling is because they recognize the value of such support for survivors. Ann shared,

Knowing that it makes a difference just being there. And knowing how I would feel if a meeting was cancelled.

Aysha, Lucy, Tim, and Valery noted that what has kept them doing peer counselling has been an awareness of the frequency of suicide and the acute need for postvention resources.
Doris articulated a similar belief in the value of the peer counselling model as she shared the following thought:

We’ve been in dire straits in this [suicide bereavement] organization at different times. And all you have to do is go to a support group one night and you realize, no wonder, that’s why we are keeping it going. This kind of support is very valuable.

Other individuals also shared that they have come to value peer counselling through witnessing the effects of peer support on survivors of suicide. This in turn has acted as a motivation to stay on in the role of a peer counsellor. For example, Andrew articulated this idea as he reflected on what has kept him reaching out to other survivors in this manner:

I think one of the things that keeps me now is seeing the long-term impact of working with people. And one thing that amazes me is when I see people that I’ve worked with, supported, they come back and volunteer. That’s an amazing thing for me. And I’ll tell you, to recognize that courage is incredible. And so that’s certainly one of the things that keeps me.

One of Andrew’s incentives to stay on as a volunteer involved the satisfaction he felt in observing the impact of his supportive work on the process of healing and the change that survivors underwent. Specifically, Andrew stressed the power inherent in bearing witness to the courage and hardiness of people in his role as a peer counsellor.

In sum, although participants acknowledged the challenges inherent in providing support to other survivors of suicide, they identified a number of facilitative factors that have helped them stay on as peer counsellors through the years. For some individuals, a facilitator was the particular structure of the suicide bereavement program out of which they volunteered. The
central elements of such a structure were clear guidelines about the role of a peer counsellor; the flexibility of the program, which allowed participants to take time off as needed; and the ability to co-facilitate and otherwise connect with other volunteers. Participants also spoke about specific self-care strategies that helped them face the emotional challenges of this work. Lastly, a number of participants shared that what has kept them going as peer counsellors in spite of the challenges has been a firm belief in the importance of their volunteer work and witnessing the benefits of their support.

The above overview of the rewarding and challenging facets of being a peer counsellor conveys the impact of this volunteer work on the peer counsellors themselves. The accounts presented in this section revealed that when these suicide survivors-peer counsellors reach out to other survivors in their volunteer role, they experience a number of rewards as well as costs, or difficulties, associated with such reaching out.

Providing peer counselling represented yet another step in the participants’ transformative process. In the course of this volunteering, they underwent personal growth, increased their self-confidence, acquired new skills, and continued to heal from their own loss, thereby further transforming their painful experience of losing a loved one to suicide. While sections 1 and 2 described the initial phases of such a transformation, the present section further elaborated on the details of this transformative process. In supporting others, participants continued to heal from their loss. Indeed, as Aysha said about her peer counselling efforts: “It’s for both sides. By helping others, I help myself.”

As this section showed, while one challenge of peer counselling related to the silence around suicide in society, an important reward of being a peer counsellor concerned finding a sense of voice with respect to suicide-related issues and experiencing satisfaction in helping
other survivors find a safe space to tell their stories of suicide loss. Indeed, providing peer counselling enabled these suicide survivors-peer counsellors to acquire a voice with respect to suicide-related issues and to break the silence of suicide both for themselves and for other survivors. The second core theme, *engaging with silence: finding a voice and lending an ear*, captures just this. Section 2 discussed these two functions of peer counselling as the key motivations underlying participants’ decision to volunteer in this area. Section 3 offered a detailed portrayal of and further insight into this core theme.

Finally, by reaching out to other survivors, the participants managed to break the loneliness and the isolation that often surrounds suicide survivors, a facet of peer counselling reflected in the third core theme, *reaching out: countering loneliness and isolation*. In section 1, this core theme was expressed in the participants’ experience of having other survivors reach out to them and thereby break the loneliness and isolation they themselves experienced in the aftermath of their suicide loss. As section 2 demonstrated, having felt the aversive loneliness and isolation of suicide bereavement, the participants were motivated to reach out to other survivors to help them counter such difficult experiences. The present section further uncovered the core theme *reaching out: countering loneliness and isolation* by elaborating on the rewarding and the challenging aspects of such reaching out.

### 4. Meaning of Peer Counselling

In addition to describing their paths to volunteering in suicide postvention and their experiences as peer counsellors, participants reflected on the meaning that this volunteer work held for them. Participants explained that peer counselling allowed them to offer hope and to connect with other survivors specifically through the shared experiences with suicide loss. Further, providing peer counselling had enabled participants to maintain an ongoing connection
to their loved one who had died through suicide, a connection most considered important. Participants also shared that peer counselling occupied a significant place in and informed their day-to-day lives. Figure 5 provides an illustration of these topics, and in the present section, I will elaborate on each of these topics and provide quotes from the interviews. Finally, in describing the meaning of peer counselling for the participants, this section will offer additional insights into the three core themes that wove through the previous three sections.

\[\text{Figure 5. Meaning of peer counselling. This figure illustrates the topics that emerged in participants’ discussions of the meaning underlying their peer counselling work.}\]

\textit{4.1 Offering Hope}

Reflecting on the meaning of being a peer counsellor, participants identified offering hope to other survivors as one of the most important aspects of this volunteer work. Having found ways to cope with and heal from their own loss, peer counsellors, farther along in their healing, were able to reflect back, thus assisting survivors just beginning that same healing process. Such sharing, in turn, seemed to instill hope in the recently bereaved survivors. This is what participants said about this issue:

I’ve done a lot of the healing already and they are just starting. And so they, as one person said, “That gives me a sense of hope.” I share how I healed from that. What I did to heal from it. I always make sure I talk about the healing approach. (Janice)
Just to give them that hope that, yeah, it was really shitty for me for many, many years…. But with this help of the [suicide bereavement] centre and other things, I have moved on.

(Rachel)

In their role as peer counsellors, Janice and Rachel cultivated hope by speaking to survivors about their own struggles with suicide loss, specifically describing their process of healing from this loss.

Others explained that they fostered hope simply by being a living example of someone who, in spite of having lost a loved one to suicide, was able to go on with life, have meaningful relationships, and experience a range of emotions. Both Alice and Susan addressed this idea:

Often they will say, “But you are great, you look so happy.” Well, because I am! I am a happy person. Generally speaking. And you can be happy too, but you got to do the work. Yeah, “She’s made it through and so I can too. But I have to do the work.” (Alice)

The big thing is there is a volunteer sitting there who has moved on with her life and can laugh at things. That’s, I think, the great thing. It gives them hope. And that’s great, that’s worth a million bucks. (Susan)

Patricia and Lucy also emphasized the central place of hope as they reflected on their volunteering:

You have no cure; you don’t have anything except hope. That is a very big thing, but at first, it doesn’t feel like a big thing. (Patricia)
I think it does give them some comfort, some hope. Through our shared experience to give someone hope, courage, and strength. To reach others. That’s what we are aiming for. Number one is hope. A lot of strength and a whole bunch of courage so you can get up and face the day and move on with your day. (Lucy)

In Lucy’s words, instilling hope in other survivors is the principal task of being a peer counsellor. Indeed, nearly all participants regarded instilling hope as fundamental to their volunteer work. As Andrew reflected on the meaning of providing peer counselling to survivors of suicide, he offered the following poignant description of the place of hope:

There is a lot of poetry in being able to connect outside of tragedy. And that might be where your experience comes in. Maybe instead of connecting on tragedy, you are connecting on hope…. Because you have been so assaulted by it, sudden violent death. So assaulting on so many levels. It challenges who you are as a person, your sense of identity, your sense that you can continue. It challenges everything. So I think a little bit to take that back, so that there is something else. And even if it’s temporary while you are here with me, I want you to know that, as another survivor. By being there, you give them that chance to see that, that hope.

Andrew’s words echo the sentiments of the other participants and highlight the healing power inherent in offering hope to other survivors at a time of intense grief. In the above excerpt, Andrew highlighted the traumatic nature of suicide bereavement, which undermines survivors’ sense of self and their belief in being able to persevere through this life event. Andrew conveyed that by reaching out to another survivor, the peer counsellor could begin to address these specific challenges of suicide loss, thereby instilling hope.
4.2 Connecting With Survivors through Shared Experiences

The above subsection suggests the centrality of instilling hope in other survivors through the shared experience of having lost a loved one to suicide. All the participants spoke at length about this facet of peer counselling during the interviews. This shared experience, they explained, facilitated a unique bond between survivors:

So there is a common bond. So we connect on a deeper level, a spiritual level that is so important. (Maria)

When you have that personal experience, you are going at a deeper level. And when they know that of you, the bond can be a little stronger. (Janice)

I must say, when it’s suicide, there is an instant rapport, and I can have the worst day and if I pick up the phone and it was a support call for somebody for loss by suicide in particular, it turns into the best day. (Doris)

I often would feel that there was a definite connection between me and the client because I could just understand so well. (Susan)

I’ve been there; I walked the walk, now I feel I can talk the talk. And if you want to listen to me, then you are going to hear the truth, you are not going to hear rose-coloured. (Alice)

Participants explained that the shared experience with suicide loss facilitated rapport with other survivors, generating an environment in which the survivor could articulate his or her story and in which healing could begin. Christina emphasized the impact of shared experiences when speaking about supporting other survivors:
It’s like laying myself out, and whatever you see that has helped me, help yourself to it!
’Cause boy, do I understand your pain! Come in my garden and pick this and pick that if it helps you! I would be glad to help…. There is a trusting, there is a bonding trust because we are both survivors. I don’t do this with outsiders…. But I am in a different way with survivors. I am on their level because I can be, and that’s what’s different.

The shared nature of the painful experiences with suicide loss enabled Christina to establish an environment of trust and connectedness with other survivors. This, in turn, rendered it possible for her to offer them powerful healing tools.

Another participant, Janice, explained that although she works with many different individuals in her role as a social worker and a community volunteer, she has a “special place” for survivors of suicide because of the shared experiences with those who have undergone this type of loss:

But I have a special place…. there is a special place for people that lost their loved ones to suicide. You know, doing my work has taught me, they are my teachers. To have that insight into what it’s like. They have personal experience…. I feel it more at a deeper level when I am listening to them.

Janice spoke about having worked with a number of Aboriginal individuals initially “in denial” with respect to their suicide loss:

I work with Aboriginal people who want to learn about their culture and spirituality. And when I say “spirituality,” it usually means our traditional teachings and ceremonies they want to hear about…. We didn’t have an opportunity to learn that…. about our history, what happened to us…. So sometimes their loss will come up, and I find most people,
they are in denial at first, “I don’t think that’s what really happened…. He took an overdose; I don’t think it was really a suicide.” Sometimes they are in denial at first. But as we go further, well, what I notice will happen, one is that they stop calling me or [they tell me], “That’s what happened.”

Janice explained that once another individual discloses his or her suicide loss, she routinely shares her own experiences with losing loved ones to suicide as a way to facilitate connection with the survivor and, through the sharing of this experience, to invite an open conversation about such loss:

I share stories of experiences that I’ve had over the years with my own loss, and I will share stories about my nephew, that he hung himself. And what I felt when my brother told me over the phone.

Janice’s account suggests that by sharing her own experiences in this manner, she establishes a connection with other survivors, thereby helping them talk about their own suicide loss. Another participant, Doris, also stressed the therapeutic power of sharing one’s story of loss with another survivor when she spoke about her experience with supporting suicide survivors:

I know that even a five-minute conversation with me helps ground them. Simply because there is somebody at the other end of the line, a stranger, who has some understanding simply because they’ve had that loss.

Both Ann and Tim shared the thought that their personal history of suicide bereavement has enabled them to assist other survivors of suicide in ways that a non-survivor would not be able to:
I think I can help people in a way that somebody who hasn’t experienced this would never be able to help. (Ann)

It’s an elite club that nobody wants to belong to. But you are in it, and that’s why we have peer counsellors, because suicide victims generally don’t believe that a professional can understand how badly they feel. “It hasn’t happened to you!” (Tim)

Jane was one of the participants who provided both one-on-one support to survivors and assisted with suicide survivor group facilitation. Reflecting on offering one-on-one peer counselling and highlighting some key therapeutic elements in the sharing of experiences, Jane shed light on the special way in which a survivor can assist another survivor:

The individual suicide survivors that I shared my story with are just so appreciative of someone else who has experienced what they have because there is such a sense of loneliness in that journey. I think partly because society isolates them and is uncomfortable. Friend of mine called it “the glazed ham look.” I had seen that. Some people just can’t deal with the concept of suicide.... So I think people who have experienced suicide really appreciate being in that safe, non-judgmental, understanding, accepting space. The privacy, the anonymity, it’s not gonna go from here to everywhere. I can just be here and I can just share from the bottom of my heart.

As Jane explained, connecting with another survivor through shared experiences means addressing the loneliness and isolation that often accompany suicide bereavement and offering a safe space for the survivors’ story to be told. The excerpts in this subsection, and Jane’s words in particular, convey how the third core theme, reaching out: countering loneliness and isolation, is expressed in this subsection, capturing the manner in which participants conceptualize their
volunteer work. Participants’ reflections on the meaning of providing peer counselling to other survivors reveal that they regard addressing loneliness and isolation inherent in suicide bereavement through reaching out to and connecting with other survivors as a key component of peer counselling.

In sum, participants’ accounts strongly suggest that a central facet of being a peer counsellor concerned the shared experiences with suicide loss. It was in part through these shared experiences that participants could offer other survivors a sense of hope and facilitate their coping and healing process.

4.3 Maintaining a Connection to Own Loss

Reflecting on the meaning of being a peer counsellor, a number of participants stated that this volunteer work has allowed them to maintain an ongoing connection with their loved one who died by suicide. Participants’ accounts suggest that maintaining such a connection proved a valuable aspect of peer counselling. For example, speaking about hearing survivor stories that remind her of her own loss, Doris shared the following thoughts:

There are phone calls that hit me personally more closely, or more emotionally. You know, if it’s a young woman and it’s her father. Even those, I feel gratitude for having the opportunity to feel those feelings with that person, because it connects me to my dad.

Other participants explained that providing peer counselling has enabled them to speak about their loved ones who died through suicide, thus keeping their memory alive. Being a peer counsellor enabled these survivors to tell their story of suicide loss, a facet of this volunteer work captured in the second core theme, engaging with silence: finding a voice and lending an ear. Although a large part of being a peer counsellor entailed offering other survivors a listening ear,
these accounts suggest that retelling one’s own story of losing a loved one to suicide proved an important component of this volunteering for the participants. For example, Tim reflected on his volunteer work in the following way:

Friends have asked me, like “Why do you do that? How can you do that? You know, don’t you just want to sort of let it all fade?” Well, no! I don’t. One, it’s [my wife’s] memory, as someone who fought very hard to live and couldn’t do it.

For Tim, part of the meaning of being a peer counsellor concerned the ongoing connection that such volunteer work provided to his deceased wife. Similarly, Ann and Aysha, who lost their teenage sons to suicide, shared that supporting other survivors represented an opportunity for an ongoing reflection on what happened to their children and provided an occasion to speak about their sons in a “positive way” (Ann). For other participants, providing peer counselling meant honouring the individual who died. Both Andrew and Susan shared thoughts about this facet of their volunteer work. Susan explained that doing peer counselling “always brought [the suicide] from the shadows more into the forefront, and it was in a sense honouring [my husband].”

For many participants, part of the meaning of being a peer counsellor concerned the underlying ongoing connection to the individual who died by suicide, a connection that most individuals considered important. Participants conceptualized maintaining such a connection as an opportunity to speak about the individual who died by suicide, thereby actively remembering and honouring the deceased. Participants’ accounts in this subsection highlight the important place of attachment to the individual who died by suicide and suggest that being a peer counsellor provided participants with the means of addressing this attachment need.
4.4 Place of Volunteering

Most individuals explained that peer counselling occupies an important place in their daily lives and that providing such support feels like a natural thing to do and holds meaning for them. Participants voiced the following reflections on this topic:

It’s an important piece of my life, yeah. It is. I firmly believe in such things. (Tim)

It fits. Yeah. It fits to be doing this. (Andrew)

This kind of volunteer work was very close to my heart…. Very close to my heart. It means a lot to me. (Aysha)

A number of participants noted that being a peer counsellor not only occupies an important place in their lives but has also become a significant part of their identity. Some participants shared that providing peer support often takes priority in terms of their daily responsibilities:

My resumé is coloured with suicide volunteer work. I put all of that in there because it is so much a part of me now, it is who I am, it is where I come from, it is what’s important to me. (Valery)

It is a big chunk of my life. I will alter my schedule to be a part of it if there is a meeting. It’s a big part, it’s public knowledge, it’s on my resumé that I do that. (Lucy)

If I get a call from a survivor or from a person that needs help, I go and help him or her first, because it’s very important to me. It takes priority. (Aysha)
These words suggest that peer counselling has come to play a central role in these participants’ lives. For some individuals, the underlying reason for this important role was that being a peer counsellor provided them with a sense of purpose and meaning. For example, Jane shared, “[Peer counselling] is still an area that gives me a sense of purpose and a sense of positive.” For Christina, being a peer counsellor was “very, very important,” because offering support to other survivors represented offering the kind of help she was not able to give her husband:

So I owe this to society and other survivors. That I will do my best in this way because I couldn’t do my best that way.

Christina elaborated further on the place of peer counselling in her life:

There is nothing that will stop me from doing [peer counselling]. It’s a very important issue in my life now. Helping other survivors. If I didn’t continue, I feel I would be letting somebody in the world down.

While most individuals carried out their peer counselling work alongside their quotidian responsibilities, a few participants explained that they have chosen to dedicate most of their time to supporting survivors. For example, both Andrew and Doris worked on a full-time basis, as well as volunteering, in organizations dealing with suicide bereavement. Another participant, Patricia, explained that in the aftermath of her son’s death, peer counselling has taken a central place in her life:

So my full time has become the suicide advocate. The suicide survivor; being there for others. It is very meaningful to me.
Although being a peer counsellor had become central for many participants, several individuals stressed the need for balance in their lives with respect to this volunteering. For example, Ann shared the following thoughts on this issue:

But you know, [peer counselling] is only a tiny part of my life. And I don’t want it to become a huge part. Because I think it’s so important to lead a full life. So I do this, but I also do other volunteer work, I play bridge three times a week, I go to the theatre, I read, I belong to a book club, I love visiting with friends, I love family. So it’s really important that this is not a huge part. It’s significant, but it’s only one part of me.

As she elaborated further on the place of peer counselling in her life, Ann added:

It’s very significant, for sure. And out of all the things I do, it’s probably the most valuable. I mean, let’s face it, bridge is good for my brain, but it doesn’t help anybody else [laughter].

For most individuals, peer counselling occupied an important place in their lives. While some individuals considered providing peer support as one of their many activities, several others seemed to have become fully immersed in the domain of suicide postvention. Taken together, participants’ accounts imply that one of the main reasons for this place of peer counselling was the importance that they attributed to this kind of volunteer work and the satisfaction they felt in the role of a peer counsellor.

Participants’ accounts convey that they derived significant meaning from their activities as peer counsellors. Reflecting back on the notion of a transformative process, the present section revealed that for some participants, the transformation was such that their role as suicide survivor-peer counsellor became central to their identity. Valery conveyed this as she
commented on her peer counsellor status: “It is so much a part of me now, it is who I am, it is where I come from, it is what’s important to me.” Indeed, for several participants, their experience as a survivor of suicide and their peer counselling work have become critically important. On the other hand, while other survivors also acknowledged a considerable transformation they underwent as survivors of suicide and peer counsellors, this did not become central. As Ann stated, “[Peer counselling] is only a tiny part of my life. And I don’t want it to become a huge part…. It’s significant, but it’s only one part of me.” Perhaps this difference in the centrality of participants’ identities reflects the different trajectories of coping with and healing from suicide loss. For example, while for some it was important to continue to have a voice with respect to suicide-related issues, others focused on offering a listening ear to survivors and on assisting others find a voice and share their experiences. Possibly, the latter group had had adequate opportunities to voice their own experiences, while the former group felt a need to continue talking about their own suicide loss and suicide-related issues in general.

When participants reflected on the meaning of their peer counselling efforts, they identified offering others hope and connecting with other survivors through shared experiences as central to their volunteering. While the participants conceptualized lending a listening ear to other survivors as an important part of their volunteering, the role of peer counsellor also enabled them to maintain a connection to their own suicide loss by openly speaking about their experience with losing a loved one to suicide. The second core theme, *engaging with silence: finding a voice and lending an ear*, captures this dual meaning that peer counselling held for the participants. Indeed, for several individuals, voicing their suicide loss experiences through providing peer counselling continued to play an important role.
By reaching out to other suicide survivors in their role as peer counsellor, and by sharing their experiences, participants managed to break the loneliness and isolation that often accompanied suicide bereavement, thereby instilling a sense of hope in others. The third core theme, *reaching out: countering loneliness and isolation*, reflects this facet of their experiences. Section 1, which described participants’ own experiences with suicide loss, described the process of other survivors reaching out to the participants in the aftermath of their suicide loss and the manner in which this helped break the isolation and the loneliness that the participants felt. The present section, on the other hand, captures participants’ reflections on being able to reach out to others in the same manner as other survivors had reached out to them. This section also conveys participants’ understanding of how they, farther along on their healing journey, could now assist other survivors in the same way as they had been helped following their own suicide loss. Jane’s reflection on her peer counselling work summarizes this very idea: “The individual suicide survivors that I shared my story with are just so appreciative of someone else who has experienced what they have, because there is such a sense of loneliness in that journey. I think partly because society isolates them and is uncomfortable.”

5. Participation in the Research Study

As participants spoke about what made them interested in this research in the first place, and described their motivations for participating in the study, they reflected further on their peer counselling work and shared thoughts about this approach to supporting survivors. Therefore, it is my hope that by uncovering participants’ motivations for taking part in this inquiry, this section will shed further light on their lived experiences as peer counsellors, as well as on their conceptualization of this volunteering. Moreover, this section will reveal additional ways in which the three core themes weave through and thereby capture participants’ lived experiences.
A number of participants wished to take part in the present study because of a general interest in suicide-related issues and in the peer counselling model. Some individuals stated that through their participation, they hoped to contribute to the body of knowledge in this domain and to spread the word about postvention services available to survivors. Participants also stated that there is healing inherent in sharing one’s own experiences, noting that they regarded taking part in the research as another step on their own healing journey from the loss. Lastly, some participants explained that ever since their own loss of a loved one to suicide, they have been actively seeking out information about suicide-related issues. For these individuals, taking part in this research represented yet another way of acquiring additional information and enhancing their knowledge in this domain. These topics are shown in Figure 6. Throughout this section, I will provide illustrative quotes from the interviews to elucidate each of the topics.

**Figure 6.** Research study participation. An illustration of the topics that emerged in participants’ discussions of the motivations underlying their participation in the present study.

### 5.1 Interest in Suicide-Related Issues

Several participants indicated that a general interest in the area of suicide and suicide bereavement constituted a significant motivating factor for their participation in this study. Elaborating further, participants explained that their own loss of a loved one to suicide and their subsequent volunteering with other survivors resulted in a desire to learn more about the topic of
suicide, people’s reactions in its aftermath, and postvention efforts. For example, Ann was motivated to take part in this research study because of a “genuine interest in the whole area of suicide.” Ann noted that this interest emerged in the aftermath of her son’s suicide and developed further in the context of her peer counselling work. Doris’s words reflect a similar interest in this topic, an interest instigated by her father’s suicide: “I, of course, have a strong personal interest in suicide loss.”

In addition to their interest in suicide and suicide bereavement, several individuals cited a particular interest in the peer support model as an important motivation for their participation. For example, Andrew explained,

I am interested in why people volunteer, and I am interested in, particularly with survivors, the component of the meaning that they derive from loss.

Susan shared a similar sentiment when she reflected on her decision to take part in the study:

I think because it’s a fascinating topic. It’s such a common human trait to want to tell our stories, but this is an extra piece, this is wanting to hear other people’s stories that maybe have a connection with mine. So I was just fascinated with this topic.

As their words suggest, participants’ decision to take part in the present research was congruent with their interest in suicide, suicide bereavement, and the peer support model.

5.2 Contributing to Knowledge and Spreading the Word

Recognizing that there is insufficient writing about suicide bereavement and, in particular, about peer support in suicide bereavement, participants explained that one motivation
for taking part in this study was a desire to contribute to the existing body of knowledge. For example, reflecting on what interested her in this research, Lucy shared:

I was very excited that somebody was doing some research on suicide. Suicide, no matter what it really was. Somebody is doing some research, and it’s an area that any statistics are very old, outdated.

Similarly to Lucy, a number of participants expressed that inadequate research on suicide-related issues motivated them to actively support inquiries into this area. Jane reflected on the general silence around the topic of suicide and reported her motivation for taking part in the study as supporting research in the area:

I don’t think there is enough discussion about suicide, I think it is still hidden, and as far as I am concerned, I think we need to open the doors and make people aware of it. When I see someone working in the field that’s looking to extend that body of knowledge, I am behind it 100%.... Any time anyone is sort of adding to that body of knowledge that increases understanding, awareness, that sort of thing, I am all for it.

A few participants were particularly interested in supporting research on the peer counselling model in suicide bereavement. For instance, Doris articulated her motivation to take part in the study in the following way:

I think it’s important to have some research and documentation on the benefits of people reaching out to people through their own experience. I think the peer model is so valuable.
Furthermore, some individuals regarded taking part in the study as a means of informing others about the availability of peer support in suicide postvention. Indeed, participants spoke about “bringing awareness” about the peer support model (Rachel) and informing other survivors about the availability of such support through their participation. As Lucy explained,

> What triggered me on the research, whatever I can give that helps to get that message out. Being part of that process, just getting the message out that there is help available, that there is this group available.

Lucy was inspired to take part in the study because she hoped that this research inquiry would raise awareness about the availability of peer support groups for survivors. Similarly, Valery emphasized her belief in the importance of spreading the word about peer counselling in suicide postvention as a motivation to take part in the study: “It was the communication aspect of it I thought was huge.” Another participant, Aysha, shared a slightly different reason underlying her desire to spread the word about peer counselling in suicide bereavement. Aysha wished for survivors of suicide to “see the advantages of being a volunteer for the other survivors.” As evident from her words, she was motivated to take part in this research because she wanted to spread the word about peer counselling to encourage other survivors to become involved in postvention.

Recognizing the inadequate research and writing on suicide-related issues and the limited awareness of suicide postvention resources among suicide survivors themselves, many participants expressed an interest in expanding the knowledge in this area and spreading the word about the peer counselling approach through their participation in the present study. The second core theme, *engaging with silence: finding a voice and lending an ear*, is expressed in this section because for the participants, taking part in this study represented yet another way to
engage with the silence surrounding suicide and to voice their experiences with and thoughts on suicide-related issues.

5.3 Healing in Sharing

Reflecting on what interested them in the present research, several participants explained that by sharing their own experiences with suicide and talking about this topic, they experience healing, as well as facilitate healing for other survivors. As she spoke about what prompted her to participate in this inquiry, Valery emphasized her belief in the importance of sharing: “This is what we need to do to help ourselves, to help others.” Patricia and Maria similarly articulated a firm belief in the healing potential inherent in voicing one’s story and stated that this inspired them to take part in the research. As Maria explained,

The more we share with other folks, the more we will be able to help each other, and so it’s always the matter, the more information we get out for folks and sharing our stories, the more healing can take place.

Several individuals explicitly acknowledged that part of the incentive for participating in the research was that it presented an opportunity to tell their story of loss to suicide and thereby remember the deceased individual. For some participants, such a retelling of their story and the active remembering of their loss facilitated their own ongoing healing journey. For example, when asked about what drew him to participate in this study, Andrew shared:

Let’s be honest, it’s a little bit of telling my story too. It’s a continual reflection. When you are asked to participate in something like this, it is a chance to honour the person in a reasonable way that allows the story to be told, the full story.
For some individuals, participation in this study thus presented yet another opportunity to tell their story of losing a loved one to suicide. They conceptualized this retelling as an additional step in their own healing process. Participants’ reflections suggest that by sharing their experiences of loss to suicide and their peer counselling work, they facilitate further healing both for themselves and for other survivors. In this manner, taking part in the present study represented yet another facet of the *transformative process* for the participants—sharing their thoughts and feelings in this manner enabled these suicide survivors-peer counsellors to continue transforming their experiences with suicide loss.

Furthermore, the excerpts in this subsection convey that the peer counsellors value both being able to articulate their own story of suicide loss and to listen to other survivors’ stories of loss. Thereby, this subsection emphasizes yet another way in which the second core theme, *engaging with silence: finding a voice and lending an ear*, captures the different aspects of participants’ lived experiences as peer counsellors. Participating in this research study provided participants with an additional venue to engage with silence surrounding suicide-related issues. Through their study participation, they were able to find yet another opportunity to have a sense of voice with respect to suicide-related issues.

**5.4 Acquiring Knowledge**

Several individuals decided to participate in this study as a way of “getting more knowledge” (Ann). Participants explained that they have been seeking out information about suicide-related issues since their own loss to expand their understanding of and knowledge about this issue. The present study represented yet another potential source of information. For example, Ann expressed a keen interest in obtaining the study findings as a way to learn more about this topic. She shared, “I’d be thrilled to hear what your results are. Just finding out more.”
Indeed, during the follow-up interview in which the participants reflected on the emergent themes, Lucy also expressed that one of the reasons for her participation was a hope to enhance her knowledge in this area. Notably, all the participating survivors indicated their interest in obtaining a copy of the study results and expressed great curiosity about the findings.

In sum, the participants indicated that several factors prompted them to take part in this research study. For many, an important motivator was their general interest in the topics of suicide, suicide bereavement, and peer counselling. Another motivation was a desire to contribute to the existing body of knowledge in this area, as well as to acquire additional information and knowledge. They also mentioned that a motivating factor was their belief that their own and others’ healing can come from sharing their stories and talking about suicide and suicide postvention. The three core themes offer additional insight into participants’ decision to take part in this research. These survivors-peer counsellors conceptualized their study participation as yet another means of transforming their difficult experience with losing a loved one to suicide into an experience that in this case could enhance academic knowledge and prove helpful to others. In this manner, their study participation represented a component of participants’ ongoing transformative process. Taking part in this research also meant finding yet another way to speak out about suicide-related issues and thereby to continue breaking the silence surrounding suicide. This notion is captured in the second core theme, engaging with silence: finding a voice and lending an ear. Lastly, taking part in this research represented an indirect way of reaching out to other survivors of suicide by sharing their own experiences with losing a loved one to suicide, describing the ongoing process of coping with and healing from this loss, and reflecting on their experiences with supporting other survivors of suicide in their role as peer counsellors. Although in the context of this research, these experiences were shared with the researcher, the participants were aware that the findings would be disseminated to a
larger audience and in this manner would reach other survivors of suicide. Hence, taking part in this research constituted an indirect way of reaching out to others through the sharing of one’s own experiences, thereby helping counter the loneliness and isolation that suicide survivors often experience. This is reflected in the third core theme, *reaching out: countering loneliness and isolation*.

The five sections of the results chapter, “From Suicide Survivor to Peer Counsellor,” outlined participants’ progression from enduring the suicide of a loved one to becoming a peer counsellor. Staying close to the language of the participants, this chapter offered a detailed description of the different points of this trajectory: participants’ own suicide loss, their path to becoming peer counsellors in suicide bereavement, and their experiences with providing peer counselling to other survivors. In addition, this chapter described participants’ reflections on the meaning of peer counselling in their lives and on their motivations for taking part in this study. Throughout these descriptions, I drew attention to the impact of the sociocultural context on the different facets of participants’ lived experiences as suicide survivors-peer counsellors, thereby conveying the influences of factors such as one’s religious beliefs, family culture, ethnic background, and place of residence on the experience with suicide loss and the subsequent path to becoming a peer counsellor. Furthermore, I suggested that three core themes, *transformative process*, *engaging with silence: finding a voice and lending an ear*, and *reaching out: countering loneliness and isolation*, wove through and connected the different sections of the results chapter. I demonstrated that the three core themes were expressed in unique ways in the five sections of this chapter, capturing different facets of participants’ experiences. The result chapter traced the evolution of these three core themes through the five sections and demonstrated that these core themes are fundamental to the understanding of participants’ lived experiences as suicide survivors-peer counsellors.
Chapter 5
Discussion

The aim of this study was to gain insight into the lived experiences of suicide survivors who went on to volunteer as peer counsellors with others bereaved in the same manner. The present study used the term suicide survivor to refer to an individual bereaved though suicide. The results chapter described the experiences of 15 survivors who engaged in such volunteering by organizing data from semi-structured interviews with these individuals into five sections. Taken together, these sections traced participants’ journeys from losing a loved one to suicide to becoming a peer counsellor, described their experiences with providing peer counselling, and presented their reflections on this volunteering. Furthermore, I suggested that three core themes wove through the five section of the results chapter, capturing participants’ lived experiences. These core themes were (1) transformative process; (2), engaging with silence: finding a voice and lending an ear; and (3) reaching out: countering loneliness and isolation. While the results chapter aspired to stay close to the words of the participants themselves, the discussion chapter will introduce an additional level of engagement with the data by situating the present findings within other scholarly writing. Using the three core themes as anchors to structure the discussion, I will situate the findings of this inquiry in the context of studies conducted in the domains of suicide bereavement, suicide postvention, and peer counselling in other settings. I will also discuss the implications of this study and its unique contributions to suicide bereavement and peer counselling literature and, more generally, to the field of counselling psychology. In addition, this chapter will outline the limitations of the study and offer recommendations for future research. Finally, given the interpretative phenomenological framework, I will share my own reflections on the process of conducting this research, thereby discussing my dual role as a researcher who is also a suicide survivor and a peer counsellor.
1. Transformative Process

As the five sections of the results chapter traced participants’ trajectory from losing a loved one to suicide to providing peer counselling, the emergent topics conveyed that becoming a peer counsellor and supporting other survivors in this role represented a transformative process for the participants. Participants made the decision to volunteer in suicide postvention at critical moments in their lives, moments at which particular life events and their experiences with these events triggered in them the wish to support other suicide survivors. These critical events and experiences included returning to one’s home community and subsequently experiencing isolation; suddenly becoming aware of the lack of postvention support for suicide survivors in one’s community; and having others suggest the idea of using one’s experience of suicide loss to assist other survivors and receiving encouragement to pursue this volunteering.

Once they had embarked on the peer counsellor path, these suicide survivors-peer counsellors described being changed on a personal level through volunteering, as well as actively transforming their experiences with suicide loss through supporting others. In their empirical inquiry into volunteers’ motivations and the functions served by volunteering, which led to the development of the Volunteer Function Inventory (VFI) instrument, Clary et al. (1998) identified the opportunity for personal and psychological development and growth as one of the six functions of volunteering. The experience of personal change described by the participants seems to reflect this facet of being a volunteer. However, the additional finding that participants transformed their personal experiences through volunteering introduces another layer to understanding the function of volunteering for these individuals. Notably, the VFI of Clary et al. (1998) does not identify transformation as one of the six functions of volunteering. Clary et al.’s (1998) discussion of the VFI suggests a possible reason: “We fully expect that there will be
circumstances where either fewer functions, or more functions for that matter, will emerge, such as in cases where considerations relevant to specific forms of volunteerism are highly prominent” (p. 1528). The present study with survivors of suicide likely represents the sort of specific type of volunteerism that Clary et al. (1998) had in mind. Further, the present findings echo the documented experiences of survivors of other afflictions (such as sexual assault survivors and individuals bereaved through or living with HIV/AIDS) who also described their peer counselling work as transformative (e.g., Hall, 2001; Messias et al., 2009; Rath, 2008).

Perhaps the transformation that these individuals reported stemmed from the peer nature of their work, and from the difficult experiences they shared with those they supported. This notion of undergoing a transformation in turn raises significant questions. Indeed, if, similarly to some other survivors, the participants underwent a transformation through their peer counselling work, what were the specific experiences that were transformed, how were these experiences transformed, and what were they transformed into?

To answer the first question, consider participants’ depictions of the immediate aftermath of the suicide. Recounting that time, participants described a number of difficulties they endured, such as experiencing emotional turmoil, loneliness, isolation, and a loss of self-confidence, as well as encountering stigmatizing attitudes and family silence. These experiences mirror the findings of other research with individuals bereaved through suicide wherein survivors described undergoing similar challenges in the aftermath of their loss (e.g., Begley & Quayle, 2007; Cvinar, 2005; Demi & Howell, 1991; Jordan, 2008; Thrift & Coyle, 2005). One implication is that such experiences negatively affect survivors’ coping with the loss. For example, fear of stigma can limit survivors’ seeking out of social support, and their concern with being judged may affect the quality of social relationships in the aftermath of the suicide, thereby rendering coping with the loss more difficult (e.g., Begley & Quayle, 2007; Gibson et al., 2010;
Vandecreek & Mottram, 2009). On the contrary, some scholars (e.g., Demi & Miles, 1988; Sveen & Walby, 2007) have suggested that survivors of suicide do not differ from other bereaved on measures of distress, implying that the above-described sociocultural factors specific to suicide bereavement may not interfere with coping. As discussed previously, whether or not survivors of suicide differ from other bereaved in terms of their distress and coping remains an unresolved debate in the literature (Jordan & McIntosh, 2011a), and it is possible that measures of distress simply fail to capture the nuances of suicide bereavement (Jordan, 2008). However, given the particular sociocultural context of suicide bereavement and the associated challenges, the subjective experience of suicide survivors likely differs from that of other bereaved (Jordan, 2008). Thus, how survivors choose to tackle the specific difficulties that characterize suicide loss seems to have direct implications for their coping with this life event.

Having encountered the above-described challenges in the aftermath of the suicide, the survivors who took part in this study chose to engage in suicide postvention by becoming peer counsellors, in many cases doing this shortly after their own loss. They were motivated to pursue peer counselling because they believed that in addition to helping other survivors, addressing an acute need for postvention support in the community, and breaking the general silence around suicide, such volunteering would facilitate their own healing.

Whether they chose to volunteer soon after their own loss or some years later, through their peer counselling work, they actively transformed their experience of losing a loved one to suicide into an experience that instilled hope in other survivors, encouraged open dialogue about suicide, and, fundamentally, assisted other survivors at a difficult time. Participants described an additional transformation that took place on a personal level. They conceptualized this transformation as a shift in their perspective on suicide-related issues and on life in general; a
sense of personal growth and the acquisition of novel skills; and as increasing their self-confidence.

Although scholarly writing documenting the experiences of suicide survivors who become peer counsellors is very limited, one qualitative study (Smith et al., 2011) and anecdotal accounts (e.g., Edmunds, 1998; Sudak, Maxim, & Carpenter, 2008) have similarly suggested that suicide survivors perceive helping other survivors as transformative. For example, Carpenter in Sudak, Maxim, and Carpenter (2008) shared her personal experience with supporting other survivors in the aftermath of her son’s suicide, explaining that her “grief has changed shape” through helping others and that her pain and sadness were transformed into a greater appreciation of life and a capacity to remember the deceased in a positive light (p. 141). In their research with suicide survivors, Smith et al. (2011) found that the participants who chose to volunteer with other survivors described this volunteering as a personal transformation and reported transforming their own traumatic experience into an experience that could help others. While research with volunteers who are not peer counsellors (and therefore do not share the experience of having endured a specific adversity with those they support) has not reported transformation as a key finding (e.g., Clary et al., 1998), studies with peer counsellors in other domains tend to report transformation as an important feature of participants’ experience. For example, research with cancer survivors who volunteered as peer counsellors found that they experienced personal transformation through their volunteering, which they described as a sense of growth (Morris et al., 2011; Remmer et al., 2001). Individuals affected by HIV/AIDS who subsequently went on to become peer counsellors described transformation as one outcome of providing peer support (e.g., Hall, 2001; Messias et al., 2009). Hall (2001) found that HIV/AIDS volunteers conceptualized their volunteering as “transforming suffering” (p. 51) and as “an ongoing process [which] provided [them] with a sense of purpose” and enabled them to “construct a new and
more positive meaning to their loss” (p. 52). The volunteers in Hall’s (2001) study described this transformative process as ongoing. This perception of being transformed on a personal level through providing peer counselling parallels the experiences of the participating suicide survivors-­‐peer counsellors. Furthermore, the participants in the present study also understood this transformation to be ongoing. For example, reflecting on taking part in this research, they conceptualized their participation as yet another opportunity to transform their suicide loss into an experience that could contribute to academic knowledge in the domain of suicide bereavement, break the silence around suicide, and thereby assist other survivors. This finding parallels that of other studies with suicide survivors, which examined the impact of research participation on survivors and their reflections on taking part in suicide bereavement research (e.g., Dyregrov et al., 2011; Hawton et al., 2003; Henry & Greenfield, 2009; Smith et al., 2011). For example, the suicide survivors in Henry and Greenfield’s (2009) psychological autopsy interview study reported that through their study participation they were “transforming their painful experience into one that would be useful to others” (p. 21). Similarly, for the survivors in the present study, research participation represented yet another way to continue transforming their experience of suicide loss into something beneficial and constructive which could further academic knowledge on suicide and suicide bereavement.

The above discussion identified the specific challenging experiences (e.g., loneliness, isolation, a loss of self-­‐confidence, stigma, and family silence) that were transformed through participants’ peer counselling work and described what these were transformed into (e.g., a novel perspective on life issues; the perception of personal growth; and a sense of breaking the silence around suicide and instilling hope in other survivors). Some scholars (e.g., Wortman, 2004; Zoellner & Maerker, 2006; Zoellner, Rabe, Karl, & Maerker, 2008) have expressed skepticism about the incidence of growth following adversity, identified shortcomings in the posttraumatic
growth construct, and critiqued the research evidence supporting this construct. While this implies that it is important to maintain a critical outlook on the notion of posttraumatic growth, the present findings suggest that some individuals bereaved through suicide who go on to become peer counsellors do perceive undergoing a transformation, and part of this transformation includes a sense of personal growth.

From the participants’ accounts, it appears that these survivors-peer counsellors experienced a significant transformative process in carrying out their peer counselling work. However, one important question remains unanswered, namely, how does the transformation described by the participants in the present study, as well as by peer counsellors volunteering in a range of other settings, actually take place? Although research endeavours with survivors of traumatic events have described the outcomes that participants perceived as a result of such transformative process (such as acquiring a greater appreciation of life and experiencing personal growth), they have not elaborated on how such transformation happens. The present study sheds light on this issue.

Participants’ accounts indicate that supporting other suicide survivors enabled them to continue talking about and thereby actively remember their loss. Indeed, participants described maintaining the connection to the individual who died by suicide through the retelling of their own story of suicide loss as an important part of the meaning they attributed to their peer counselling work. Perhaps remembering the deceased individual in this manner proved therapeutic for the survivors. Given that suicide loss frequently represents a traumatic life event (e.g., Begley & Quayle, 2007; Jordan & McIntosh, 2011a; Wenckstern & Leenaars, 1998), retelling this trauma narrative may aid survivors-peer counsellors in continuing to make sense of their experiences. Writing about the reconstruction of meaning in grief therapy, Neimeyer,
Burke, Mackay, and van Dyke Stringer (2010) suggested that one important task in loss involves reestablishing a coherent self narrative and resolving the incongruence between the reality of the loss and one’s sense of meaning. This task seems particularly pertinent to traumatic loss.

Although the present findings also suggest that retelling the story of suicide loss proves therapeutic for survivors, this may not always be the case. Indeed, retelling the story of suicide loss in a non-supportive and judgmental environment will likely prove harmful, rather than therapeutic. However, as Neimeyer et al. (2010) proposed, retelling the loss narrative under conditions of safety can redress the empathic failure or silence that may have accompanied the loss experience and thus assist the bereaved with meaning-making. The participants of this study did just this as part of their peer counselling—in the process of supporting others, they told and retold their own stories of suicide loss. Importantly, while they certainly talked to other survivors about the emotional turmoil and the numerous other challenges of suicide loss that they themselves had endured, they also shared how they coped with their loss and described their ongoing healing process. Sharing their experiences in this manner (i.e., describing the pain, but also the coping with and the healing from this pain) likely enabled them to continue making sense of their own story of loss and healing, at the same time as helping other survivors. Other scholars have reported that individuals bereaved through suicide and survivors of other afflictions often find it therapeutic to talk about the details of their loss or other traumatic experience, their coping with this experience, and the associated thoughts and feelings (e.g., Dyregrov et al., 2011; Harper, O’Connor, Dickson, & O’Carroll, 2011; Rawlinson et al., 2009; Schauben & Frazier, 1995; Wilson & Marshall, 2010). For example, drawing on the findings of their investigation of suicide survivors’ experiences with participating in a research study, Dyregrov et al. (2011) suggested that telling one’s story of suicide loss may assist survivors in arriving at new understandings of their experiences. These authors proposed that retelling their
story can help suicide survivors integrate the loss into their self-narrative, and this in turn can contribute to the progressive reconstruction of their self-narrative (Dyregrov et al., 2011).

In sum, becoming a peer counsellor and supporting other survivors in this role represented a transformative process for the participants. This volunteering enabled them to speak to other survivors about the suicide loss, their coping, and their ongoing healing from this loss. Supporting other suicide survivors in their role as peer counsellors enabled participants to actively transform the specific difficulties associated with suicide loss into an experience that instilled hope in others and broke the silence around suicide. Moreover, participants underwent transformation on a personal level as they acquired novel skills, improved their self-confidence, and, ultimately, experienced a sense of growth.

2. Engaging With Silence: Finding a Voice and Lending an Ear

As the five sections of the results chapter followed participants’ trajectory from suicide survivor to peer counsellor, another emergent core theme concerned the silence around suicide-related issues that many participants encountered in the aftermath of their loss. Their accounts conveyed a commitment to break this silence and encourage dialogue about suicide and suicide bereavement first, by speaking out about their own experiences with suicide loss and, second, by offering other survivors a space to tell their stories. The previous subsection briefly addressed the importance of being able to tell and retell one’s story of suicide loss in the context of discussing peer counselling as a transformative experience. The present subsection will elaborate on this topic and uncover it further. By tracing the role of silence from participants’ own suicide loss to their experiences with supporting others, this section will describe the dual function of their volunteering: peer counselling gave survivors a sense of voice, and it enabled them to lend a listening ear to other individuals bereaved through suicide. Moreover, by situating the discussion
within other scholarly writing, this section will offer an additional level of understanding this facet of participants’ experiences as peer counsellors.

Silence emerged as a significant topic in participants’ descriptions of their own suicide loss. Many participants described struggling with family and community silence around the suicidal death, an experience commonly reported by suicide survivors (e.g., Begley & Quayle, 2007; Moore & Freeman, 1995; Vandecreek & Mottram, 2009; Wertheimer, 1991). Given that the sociocultural context (including the philosophical understanding of suicidal behaviour, religious and cultural conceptualizations, and the legal stance concerning suicide) affects how people perceive and behave toward survivors, it is not surprising that the participants found it difficult to talk about their loss. Indeed, the trauma of losing a loved one to suicide is frequently accompanied by experiences of stigma, blame, and limited social support (e.g., Calhoun et al., 1984; Sarfraz & Castle, 2002; Wertheimer, 1991; Wilson & Marshall, 2010), which renders it difficult for the bereaved to openly share their experiences. Some participants refrained from disclosing the suicidal nature of the death outside of their immediate family because of the stigma of suicide in their sociocultural environment and their resulting concern about others’ negative reactions. For example, as Aysha’s experience demonstrated (she is a Muslim participant of Afghan background), in some cases, participants’ specific religious and cultural community made it feel unsafe to speak about the suicide loss. Such self-silencing in response to a judgmental sociocultural milieu parallels other suicide survivors’ experiences (e.g., Sarfraz & Castle, 2002; Wertheimer, 1991). For example, in their case study of a suicide in a Muslim community, Sarfraz and Castle (2002) noted that the surviving family experienced “withdrawal of social support from their extended family and the Muslim community” (p. 49) when the nature of the death became known. Given such grave consequences of talking about the suicide, it is understandable that survivors often choose to remain silent. While self-silencing in the aftermath
of a suicide in a religious community appears to be common, it is not always the case. For example, in their interview study with suicide survivors, Vandecreek and Mottram (2009) found that religion played an important role in coping, with most participants identifying their religious communities as a significant source of support and as a place to share their experiences. One reason for this finding may stem from Vandecreek and Mottram’s (2009) particular sample. Specifically, most participants were Christian, had endorsed considerable involvement in church activities prior to the suicide, and routinely sought out clergy as a source of support. Perhaps these individuals belonged to particularly cohesive and accepting congregations, in which they felt safe to speak openly, and experienced support in spite of the suicidal nature of the death.

For a number of participants, an opportunity to break the silence around the suicide presented when they connected with individuals who had undergone a similar life event, in other words, with other suicide survivors. When other survivors offered them a safe and supportive space to tell their stories of loss, participants described this as a powerful healing experience. Through such a connection with other survivors, they came to know firsthand the power of voicing their experiences and thus breaking the silence that often accompanies suicide bereavement. Other researchers have similarly found that such connection with other suicide survivors is tremendously helpful for the newly bereaved, as it allows the story of loss to be told, normalizes survivors’ reactions, and alleviates their isolation (e.g., Cerel et al., 2009; Feigelman et al., 2009; Smith et al., 2011; Vandecreek & Mottram, 2009). Participants who connected with other survivors, and thereby broke the silence of suicide and articulated their story of loss, were affected by this experience. As Smith et al. (2011) observed in their research with survivors, “Even years after their bereavement, participants felt only others bereaved by suicide understood their experience, and it influenced their ability to speak to people about the death” (p. 425). Indeed, the personal experience of sharing their stories with fellow survivors was one of the
motivating factors underlying several participants’ decision to become active in suicide postvention. They decided to become peer counsellors as a way to lend a listening ear to other suicide survivors, thereby offering others that same opportunity to share their stories of loss and breaking the silence of suicide.

On the other hand, faced with the silence surrounding suicide bereavement, some participants did not find an opportunity to connect with other survivors and to openly speak about their experiences of suicide loss. Having an intimate understanding of just how painful such silence can be, these individuals expressed a wish to prevent other survivors from having a similarly aversive experience. Becoming a peer counsellor enabled them to meet a previously unmet need in their communities, in other words, to address an issue that was not addressed in an open manner in the community at the time of their own loss. Other research with survivors of suicide and of other stigmatized afflictions has similarly noted that survivors often wish to combat the silence around their particular life experience and to encourage dialogue (e.g., Dyregrov et al., 2011; Messias et al., 2009; Remmer et al., 2001; Vandecreek & Mottram, 2009). In domains other than suicide bereavement, peer counsellors have similarly shown determination to break the silence surrounding their particular affliction. For example, the peer counsellors in Hall’s (2001) study with individuals affected by HIV/AIDS noted that they wished to combat the secrecy surrounding HIV/AIDS through their volunteering. In sum, similarly to the peer counsellors in other areas, some participants were motivated to become peer counsellors as a way to offer other survivors that which they did not receive in the aftermath of their own loss—a safe space to share their stories.

On the whole, some participants decided to become peer counsellors because they knew from their firsthand experience just how helpful it is to connect with another suicide survivor and
to tell one’s story of suicide loss to an understanding and empathic individual who has endured a similar life event. Other participants described a different trajectory into this volunteering. They were motivated to pursue peer counselling and thereby engage with the silence of suicide because they did not have an opportunity to speak about their experiences in the aftermath of their own loss and were consequently acutely aware of how painful such a silence can be for survivors.

As participants described their peer counselling efforts and the meaning that peer counselling held for them, the topic of silence emerged once again. For example, one challenge of providing peer counselling related to the inadequate discussion of suicide-related issues in the society at large, and the resulting lack of awareness about these issues. Participants noted that the consequences of such silence included insufficient funding for postvention programs and deficient suicide prevention strategies. Indeed, a number of scholars have highlighted the lack of critical research in the domain of suicide bereavement and suicide postvention, which has resulted in limited academic knowledge about the experiences of survivors and about what constitutes helpful interventions for this group (e.g., Carr, 2011; Hjelmeland & Knizek, 2010; Jordan & McIntosh, 2011c; Smith et al., 2011). By taking part in this study and thereby sharing their own experiences with and thoughts on suicide-related issues, participants wished to contribute to academic knowledge in the domain of suicide bereavement and suicide postvention. Therefore, their research participation represented yet another attempt at breaking the silence and acquiring a voice on suicide-related issues.

Participants expressed a strong desire to break the silence surrounding suicide and suicide bereavement as a way to encourage open dialogue about these issues. Given the stigma surrounding suicide, it is not surprising that most individuals were confronted with silence, either
in the family or in the larger community, in the aftermath of their loss. What is noteworthy, however, is that participants articulated a commitment to engage with such silence through seeking a voice and through encouraging conversation about suicide-related issues. As this section illustrated, this finding parallels other research with survivors of suicide and of other stigmatized afflictions wherein survivors expressed a wish to break the secrecy and the silence surrounding their particular life experience. A central component of the meaning of peer counselling for the participants concerned the ability to talk openly about suicide-related issues, as well as to offer other survivors a venue to share their stories of suicide loss. In this way, being a peer counsellor served a dual role for the participants: it allowed them to find a sense of voice on suicide-related issues, and it enabled them to lend a listening ear to other survivors. Through this dual function of peer counselling, participants actively engaged with the silence of suicide.

3. Reaching Out: Countering Loneliness and Isolation

The experience of loneliness and isolation in the aftermath of suicide loss emerged as another salient topic throughout the five sections of the results chapter. Tracing this topic from participants’ accounts of their own suicide loss to descriptions of their peer counselling work reveals that connecting with other survivors countered the aversive experience of isolation that often accompanied suicide bereavement. In fact, many participants experienced firsthand the healing effects of the connection with other suicide survivors by obtaining peer support in the aftermath of their own loss and thereby having others reach out to them at a time of intense grief. When they subsequently became peer counsellors, participants in turn reached out to other survivors, and in this manner, they assisted others combat the loneliness and isolation of suicide loss. Therefore, the present section will demonstrate that the third core theme, reaching out: countering loneliness and isolation, captures both the participants’ experience of being reached
out to in the aftermath of their loss and their experience of reaching out to other survivors in their peer counsellor role.

Faced with acute loneliness and isolation in the aftermath of their own suicide loss, participants wished to speak to other survivors of suicide as part of their coping. Consequently, many sought out peer counselling. The participants who managed to connect with other survivors found such support tremendously helpful in terms of alleviating their aloneness and isolation. By obtaining peer counselling in the aftermath of their own suicide loss, they experienced the benefits of someone reaching out to them. Suicide bereavement literature suggests that suicide survivors frequently seek contact with and obtain support from other survivors, and that such contact is valuable in terms of normalizing and validating survivors’ reactions and reducing their isolation (e.g., Clark & Goldney, 1995; Feigelman et al., 2009; Jordan & McIntosh, 2011b; Smith et al., 2011; Sudak et al., 2008; Wertheimer, 1991). Furthermore, participants’ accounts suggest that the positive experience of connecting with other survivors at a time of intense loneliness and isolation informed their eventual decision to reach out to other survivors as a way to offer others what had been so helpful to them. Several participants spoke about society isolating survivors of suicide because of a discomfort with suicide-related issues, thereby rendering the journey of a suicide survivor a lonely one. Research with survivors of other afflictions (particularly of stigmatized ones) similarly reports that given these survivors’ personal experiences with painful silence and isolation, they often choose to actively reach out to other individuals who share a parallel life experience (e.g., Crook et al., 2006; Hall, 2011; Hill, 2001; Messias et al., 2009; Rath, 2008). For example, HIV/AIDS volunteers in Hall’s (2011) study described speaking out publicly about their stories of loss as an important facet of their volunteer role and as a way of supporting, informing, and educating other individuals touched by HIV/AIDS.
The process of connecting with other survivors of suicide has significant implications for the coping and healing following suicide loss. Discussing the findings of their study of posttraumatic growth in suicide survivors, Feigelman et al. (2009) suggested that “one important way to facilitate survivor healing may be to take the loss out of the private and personal sphere and attempt to weave it into the fabric of society” (p. 200). Feigelman et al. (2009) noted that volunteering in suicide bereavement may alleviate some of the hurt of suicide loss because in the course of their volunteering, suicide survivors “assume acts of common purpose, make new friendships with other survivors, and broaden their perspectives to find new pathways of growth after the suicide of their loved one” (p. 200). In other words, assisting survivors in reestablishing connections with others and thereby countering their sense of loneliness and isolation is likely therapeutic. Peer counsellors undertake this important task of reaching out to other survivors as a way to help break the isolation of suicide bereavement.

As significant as the work of peer counsellors is, the present findings indicate that such connecting and reaching out between survivors of suicide is a multilayered endeavour, which presents peer counsellors with both rewards and challenges. Drawing on the findings of this study and on relevant scholarly writing, I will next discuss the perceived benefits and difficulties of suicide survivors reaching out to and connecting with other survivors. Thereby, this section will consider the impact of this volunteer work on the peer counsellors themselves. Given that previous research has not explored the experiences of peer counsellors in suicide bereavement, these findings provide novel information on the effect of engaging in this kind of volunteering on suicide survivors who become peer counsellors.

For many suicide survivors-peer counsellors, reaching out to other survivors proved a rewarding experience on a number of levels. In addition to experiencing satisfaction at helping
others, participants perceived their peer counselling work as advancing their own ongoing healing from the loss, teaching them novel skills, and contributing to their personal growth. The notion of acquiring new skills through their volunteering mirrors one of the six functions served by volunteering identified by Clary et al. (1998) in their VFI. Moreover, these findings parallel research with survivors of other afflictions who went on to become peer counsellors (e.g., Arnstein et al., 2002; Brunier et al., 2002; Rath, 2008; Remmer et al., 2001). For example, in an interview study with parents of murdered children, “reaching out in compassion” emerged as a key theme (Parappully et al., 2002). Parappully et al. (2002) found that participating bereaved parents actively reached out to others, “and in that reaching out, these parents experienced further healing” (p. 47). Similar findings have been reported in a number of other domains. For example, in their research with female counsellors (most of whom had a history of victimization) working with survivors of sexual violence, Schauben and Frazier (1995) found that the participants perceived to be undergoing growth and change as a result of their work and noted that this work “helped them to heal from their own past victimization” (p. 58). Similarly to peer counsellors in other domains, the participating suicide survivors identified personally rewarding aspects of providing peer counselling.

In addition to the above-described rewards of reaching out to other survivors, participants encountered several challenges in their role as peer counsellors. They cited the emotionally taxing experiences of hearing other survivors’ stories, reliving their own loss, and contending with societal attitudes toward suicide as difficult facets of this volunteering. It is important to recognize these “costs” of reaching out to other survivors, as well as the facilitative factors that helped participants navigate the difficult facets of their volunteer work and enabled them to stay on. Since previous suicide bereavement research has not examined the experiences of suicide survivors who went on to become peer counsellors, these findings offer novel insight into what
this volunteer work is like for suicide survivors and into the facets of this volunteering that they find challenging. Notably, a number of studies with peer counsellors in other domains similarly found that survivors identified certain difficult aspects of their work (e.g., Arnstein et al., 2002; Hall, 2001; Remmer et al., 2001). However, most studies with peer counsellors volunteering in diverse domains report consensus among the participants that in spite of the challenging aspects, the benefits of their volunteering far outweighed the risks and frustrations of this volunteer work (e.g., Arnstein et al., 2002; Messias et al., 2009). Moreover, specific strategies or facets of this volunteering seemed to assist peer counsellors in coping with the challenges of this work. In the present study, the participating suicide survivors-peer counsellors reported utilizing self-care strategies, relying on organizational guidelines, and drawing strength from their relationships with other volunteers to cope with the difficult aspects of supporting other survivors of suicide. Of note, some participants reported resorting to culturally specific self-care strategies, as in the case of Janice who described using traditional Aboriginal healing practices to manage the emotionally taxing aspect of being a peer counsellor. Overall, these findings are similar to the specific steps that peer counsellors in other domains take to cope with their work, such as engaging in self-care and establishing boundaries to protect their physical and mental health (e.g., Messias et al., 2009).

On the contrary, some peer counsellors in other domains did not report challenges in carrying out their volunteer work, and it is important to acknowledge these exceptions. For example, in one study renal peer support volunteers cited a number of rewarding aspects of their volunteering but did not report encountering difficulties (Brunier et al., 2002). However, at the time of the study, these renal peer counsellors had been volunteering for one year only, and it is possible that they did not perceive challenges because of their relatively limited experience. Perhaps it is with the passage of time and with the accumulated experience of having supported a
number of other individuals that peer counsellors become fully aware of the difficult facets of their role. Another reason that some populations may not report significant challenges in providing peer counselling could be related to the particular area of their volunteering. Likely, the extent of challenges that peer counsellors encounter varies based on how emotionally taxing their volunteer work and how stigmatized the domain is, among other factors. In any case, it is critical to acknowledge that suicide survivors who became peer counsellors perceived significant rewards in their volunteering, but that they also encountered difficulties. The facilitative factors that they identified as helping them to stay on in their role in spite of the perceived challenges are of great importance, as these factors enabled these suicide survivors-peer counsellors to continue carrying out their important supportive work.

Tracing the core theme *reaching out: countering loneliness and isolation* through the five sections of the results chapter uncovered the multiple layers of this theme. On the one hand, this theme captured participants’ experience of connecting with other survivors in the aftermath of their own loss and the therapeutic effects of having other survivors reach out to them, thereby alleviating participants’ loneliness and isolation. On the other hand, this theme highlighted that a significant motivation underlying participants’ decision to become peer counsellors concerned their wish to help other survivors combat the loneliness and isolation that so frequently accompanied suicide loss. Although participants perceived a number of rewarding aspects in reaching out to other survivors of suicide (both in terms of helping others and in terms of advancing their own healing from the loss), the challenging aspects of reaching out in this manner also need to be acknowledged. There is indeed a cost associated with reaching out. Facilitative factors identified by the participants prove important here, as they allow these suicide survivors-peer counsellors to carry out their supportive work in the face of challenges.
Thus far, this chapter has offered further insight into the three core themes that proved central to this study and has situated the findings of this inquiry in the context of other research conducted in the domains of suicide bereavement, suicide postvention, and peer counselling in other settings. The preceding sections conveyed the key motivations in participants’ decision to reach out to other suicide survivors as a desire to lend a listening ear to others at a time of loneliness and isolation and as a wish to break the silence around suicide-related issues both in their own lives and in the lives of other survivors. The above discussion demonstrated that becoming a peer counsellor and supporting other survivors in this role represented a transformative process for the participants on a number of levels. Pursuing the path of a peer counsellor altered participants on a personal level and enabled them to transform their experience with suicide loss into an experience that instilled hope in other survivors and encouraged dialogue about suicide-related issues. As already discussed, there are numerous parallels between these findings and the documented experiences of peer counsellors in other domains. However, since the lived experiences of peer counsellors in suicide bereavement had thus far remained unexplored in academic writing, the present study offers a detailed description of and insight into the process involved in becoming a volunteer in this area; the rewards and challenges that suicide survivors-peer counsellors encounter; and their own reflections and conceptualizations of this volunteer work.

While the above sections used the three emergent core themes as anchors to discuss the study findings and the ways in which these findings fit within other scholarly writing on suicide bereavement, suicide postvention, and peer counselling, the next sections will discuss the study from a broader perspective. Specifically, I will address the implications of the findings and the unique contributions of this study to suicide postvention literature and to counselling literature in general. Lastly, I will outline the limitations of the study and offer directions for future research.
4. Implications

It has been estimated that between 20,000 and 40,000 people become suicide survivors on an annual basis in Canada, this range reflecting the divergent opinions in terms of who is a “survivor” (Rawlinson et al., 2009; Statistics Canada, 2008). Since suicide affects a significant proportion of the Canadian population, mental health professionals are likely to encounter survivors of suicide at some point in their practice. In terms of general implications, this study offers recommendations for mental health professionals who see suicide survivors for psychotherapy. Similarly to the participants of this study, some of these survivors may express a wish to support others bereaved through suicide by becoming peer counsellors, or they may have already taken steps toward such volunteering. The present findings can sensitize mental health professionals to the potential rewards and challenges that these suicide survivors-peer counsellors may encounter, as well as to the factors that could assist them in navigating the difficult aspects of peer counselling. Moreover, by providing insight into the meaning that peer counselling holds for survivors of suicide, this research identifies potentially important topics to address with these individuals. Namely, that supporting other enables survivors to transform their experience of suicide loss, to break the silence surrounding suicide, and to combat the loneliness and isolation of suicide bereavement. These findings can inform the topics explored with suicide survivors-peer counsellors or with individuals bereaved through suicide who express an intention to volunteer in this area.

Drawing on the DSM-IV-TR definition of a traumatic event and the conceptualization of trauma in psychological literature, I have suggested that in many cases suicide bereavement represents a form of psychological trauma. Leading traumatology researchers have extended the meaning of trauma beyond the narrow definition of the DSM-IV-TR, conceptualizing a traumatic
stressor as an event that generates extreme emotional pain, threatens one’s cognitive integrity, and challenges one’s way of understanding the world and one’s place in it (Calhoun & Tedeschi, 1998; Coleman & Neimeyer, 2010). Recognizing that such reactions are common among suicide survivors, suicidology literature often describes the suicide of a loved as a traumatic event (e.g., Begley & Quayle, 2007; Jordan & McIntosh, 2011c; Parker & McNally, 2008; Wenckstern & Leenaars, 1998). As revealed in the results chapter, several participants indeed referred to their suicide loss experience as “trauma” and “traumatic.” One key finding of this study concerned the experience of the transformation of this traumatic experience (which included a sense of personal growth, acquisition of novel skills, and perceiving changes in their relationships and perspectives on a number of life issues) that the participants described as they reflected on their peer counsellor path. Although participants also acknowledged and outlined the many difficult and painful facets inherent in suicide loss and in their peer counselling work, in a parallel process, they reported experiencing transformation and growth in a number of domains. As the literature review revealed, very few studies with survivors of suicide have specifically inquired about a sense of growth or any other positive outcomes in the aftermath of a suicide loss. Instead, historically most research endeavours have set out to measure symptoms of distress and have described the particular difficulties that suicide survivors encounter. This trend mirrors the general tendency in traumatology research to assess psychopathology in the aftermath of a traumatic event (Bonanno & Mancini, 2012). Such an approach has in turn restricted our knowledge about the diverse posttraumatic responses people exhibit, and about psychological resilience to trauma (Bonanno & Mancini, 2012). A similar tendency to focus on psychopathology likely occurs in clinical practice. It is, indeed, natural for mental health professionals to inquire about distress and specific emotional, practical, and interpersonal problems that survivors experience in the aftermath of a suicide loss. At the same time as such
inquiry is essential, is it possible that mental health practitioners overlook an equally important domain, namely, any sense of positive change, transformation, or growth that survivors experience? Indeed, when scholars set out to explore suicide survivors’ experiences in an open-ended manner, they found some evidence of posttraumatic growth in this population (Feigelman et al., 2009; Smith et al., 2011). One implication for the profession is a need to inquire about any sense of change or transformation that suicide survivors experience in the aftermath of their loss, and to normalize the concept of growth or other positive sequelae.

While we need to acknowledge the possibility of growth among suicide survivors, Smith et al. (2011) identify a possible challenge: “Growth after suicide bereavement may be more difficult to discuss than growth after other traumas, with that growth being deemed more socially acceptable” (p. 426). Harvey, Barnett, and Overstreet (2004) argue that “posttraumatic growth is a vital concept in the literature of loss and trauma,” noting the need to recognize the full range of outcomes in the study of posttraumatic reactions (p. 29). However, such openness to hearing survivors’ accounts of transformation or growth must be carefully balanced against an implication that any such growth is expected. Indeed, while some survivors may experience and report a sense of transformation, others may not. Furthermore, Smith et al. (2011) observe that in the aftermath of suicide, positive changes such as growth and difficult experiences such as emotional distress are not mutually exclusive: “[T]he presence of growth for some [suicide survivors] does not denote the absence of distress” (p. 426). In their critical review of the posttraumatic growth concept, Zoellner and Maercker (2006) similarly suggest that posttraumatic stress and posttraumatic growth represent distinct constructs. These scholars also note that there is insufficient evidence to support the assumption that posttraumatic growth is in fact adaptive, and the presence of posttraumatic growth may not imply better functioning or the absence of distress symptoms (Zoellner & Maercker, 2006).
In her critical discussion of the posttraumatic growth concept, Wortman (2004) expressed concern that trauma survivors themselves, alongside researchers and mental health professionals, may be motivated to see more or greater positive changes than actually exist, and she cautioned about the burden such a view places on survivors. This concern is an important one. While supporting suicide survivors-peer counsellors, mental health professionals can communicate openness to the possibility of a transformative process that these individuals may undergo, and to hearing about such experiences, without implying that all survivors experience transformation or growth following their loss. As Zoellner and Maercker (2006) note:

> Perceptions of growth should be supported and encouraged when they occur.…
> Clinicians ought, however, to remember that the absence of growth should not be regarded as a failure. Therapists should be particularly careful not to suggest that patients must grow from their experience. Such suggestions may be offensive and minimize the patients' experience. (pp. 650–51)

Finally, Zoellner and Maercker (2006) discuss the role of cultural context in one’s perception of growth following trauma. These scholars suggest that self-reported posttraumatic growth may in part reflect an adherence to a particular cultural script that encourages individuals to report growth following adversity. Zoellner and Maercker (2006) note that cultural background can influence one’s “preparedness” to perceive growth in the aftermath of trauma. This proves yet another important consideration for both research and clinical practice with survivors of suicide and of other traumatic events.

Another key finding regarding the experiences with supporting others of suicide survivors-peer counsellors was that specific facilitative factors (such as a sense of connectedness among peer counsellors; engaging in regular self-care routines; reflecting on the meaning of
volunteering in suicide bereavement; and having guidelines to direct the volunteer work) can greatly assist them in carrying out their supportive work. An implication for suicide bereavement organizations that offer peer counselling as one of their services is that these facilitative factors must be strengthened on an organizational level to enable the volunteers to navigate the challenging facets of their work. For example, these findings highlight the significance of offering clear guidelines to direct the peer counsellors’ work, which suicide bereavement programs can provide as part of their volunteer training. The central role of self-care in assisting peer counsellors in managing the difficult aspects of their volunteering suggests that regular workshops or training sessions on self-care strategies may be of benefit to these suicide survivors-peer counsellors once they have commenced volunteering. In addition, suicide bereavement organizations may consider organizing regular events during which suicide survivors-peer counsellors can meet other volunteers in this area, thereby establishing connections with other survivors.

While the above implies that organizational support represents an important facilitator for the participants, this finding contrasts the conclusion Brockhouse, Msetfi, Cohen, and Joseph (2011) reached in their inquiry into therapists’ work with trauma survivors. Notably, Brockhouse et al.’s (2011) study parallels the present research because a number of these therapists were themselves survivors of trauma, thereby sharing traumatic experiences with those they supported. Brockhouse et al. (2011) found that while these therapists reported significant growth through their trauma work, they did not ascribe the same importance to organizational support as did the suicide survivors-peer counsellors in this study. One reason for this discrepancy may concern the specific populations. In the present study, while some participants obtained training on their path to become peer counsellors, others relied on readings and self-education, lacking professional training. Perhaps the organizational supports mentioned by the participants (such as
specific guidelines) proved necessary for these individuals as a means of directing their peer counselling work. In contrast, the therapists in Brockhouse et al.’s (2011) study were registered professionals with extensive training. In the course of their training, they likely adopted a framework for structuring their therapeutic work, establishing boundaries with those they supported, and knowing when to engage in self-care activities. The organizational supports mentioned by the participants of the present study played a greater role given the paraprofessional context of their volunteer work.

The implications of these findings extend beyond recommendations at an organizational level and apply to suicide survivors-peer counsellors volunteering in the community. For example, the findings may prove informative for peer counsellors who are not under the umbrella of a formal postvention organization, but rather provide informal support to other suicide survivors in their community. Evidently, this includes suicide survivors-peer counsellors working in specific immigrant communities (where there may be no “formal” suicide bereavement organization) or in Canadian Aboriginal communities (where, as discussed earlier, traditional indigenous approaches to helping may inform the support in the aftermath of a suicide). Drawing on the findings, these peer counsellors may find that identifying a number of adaptive self-care routines and regularly reflecting on the meaning of their volunteer work can assist them in coping with the challenging aspects of supporting other suicide survivors.

Lastly, participants’ reflections on the reasons underlying their decision to take part in this study are informative for future research with suicide survivors who volunteer as peer counsellors, with suicide survivors in general, and with peer counsellors in domains other than suicide bereavement. The findings provide insight into what draws these individuals to research endeavours such as this one and into the important benefits that they perceive in their
participation. The participants of this study shared that taking part in this research enabled them to enhance their knowledge about suicide-related issues and to contribute to academic knowledge in this area. They also conceptualized their study participation as an additional step on their healing journey from this life experience. One implication of this is that future studies with this population may want to ensure that their participants also have an opportunity to acquire additional knowledge on suicide-related issues in the course of their research participation.

5. Unique Contributions

The nearly exclusive focus on problematic reactions and symptoms of distress in the aftermath of suicide has resulted in a considerable gap in our understanding of the full range of suicide survivors’ lived experiences. By approaching survivors who volunteered as peer counsellors in an open-ended manner and inviting them to share their experiences, this study provided a forum for a specific group of individuals whose voices had thus far remained unheard in academic writing. An open-ended inquiry into participants’ experiences uncovered a number of positive sequelae that these survivors-peer counsellors perceived as they reflected on their peer counselling work. This study augments our understanding of the experiences of suicide survivors who become peer counsellors by describing the rewarding and the challenging facets of their volunteer work, as well as the factors that have helped them navigate the difficult aspects of being a peer counsellor in suicide bereavement and to stay on in this volunteer role through the years. Importantly, the previous focus on suicide survivors’ problematic reactions and symptoms of distress portrayed this group as victims of a traumatic life event. On the contrary, by describing the full range of their experiences (including both the difficulties that suicide survivors-peer counsellors underwent, but also the sense of growth and healing that they experienced), this study reaffirms these individuals as survivors.
Furthermore, having described specific facilitative factors that assisted participating suicide survivors in navigating the challenges of supporting others and thereby in staying on in their peer counsellor role, this study identified the specific facilitators that need to be enhanced to assist with the retention of peer counsellors in suicide postvention organizations.

6. Limitations

This study has several limitations, some of which are common to qualitative research in general, and some of which are specific to this particular research endeavour. This section will identify the limitations of this study, with a specific focus on methodological limitations, and discuss the implications with respect to interpreting the research findings.

One limitation of the chosen research design stems from my background of being a suicide survivor and a peer counsellor. The interview is a social interaction jointly shaped by both interlocutors (i.e., the interviewer and the interviewee), and, in this way, the researcher’s own background affects the interaction between the researcher and the participants. In the case of this study, my personal experience with suicide loss and with providing peer counselling was known to the participants and likely coloured our interactions. Moreover, as already discussed in the introduction and methodology chapters, my personal experience with suicide loss and peer counselling informed the research questions and likely affected the analysis of the data and the interpretation of the findings. To address these issues, I attempted to provide a rich description of the context of the interview and my own experience with the research topic throughout this document. Moreover, I selected the Interpretative Phenomenological Analysis (IPA) (Smith et al., 1999) framework to inform the data analysis approach. Since IPA acknowledges that the researcher’s own conceptions influence the interpretation of the data and shape the interpretative process in important ways, this framework proved highly appropriate for the study. However,
with respect to interpreting the study findings, it is important to acknowledge that my particular background of being a suicide survivors-peer counsellor likely influenced this research in several profound ways.

Another limitation of this research concerns the issue of these findings’ generalizability to the experiences of other suicide survivors. Given the qualitative nature of this research and the interpretative phenomenological framework, the goal was not to attempt generalizations beyond the present sample, but rather to provide rich descriptions of participants’ experiences and the context in which these descriptions were generated. Such rich qualitative accounts enable scholars and other suicide survivors to assess the present findings in relation to existing scholarly and experiential knowledge and to determine whether the findings resonate with them.

The study surveyed a specific subgroup of suicide survivors, namely, individuals who chose to pursue peer counselling in the aftermath of their own loss. However, many survivors engage in suicide postvention through routes other than by becoming peer counsellors. For example, some survivors do fundraising, while others become active in suicide prevention and awareness-raising. Others do not become involved in postvention at all. Moreover, the participating suicide survivors-peer counsellors self-selected to take part in the present study, which suggests that they were actively involved and engaged with suicide-related issues. Consequently, the experiences of suicide survivors-peer counsellors who took part in this research may significantly differ from those of other individuals bereaved through suicide, and even from those of other survivors who volunteer in suicide postvention. Indeed, a very specific group of participants took part in this study. For example, consider the gender representation in the sample size and the age range of the participants. This study involved 13 women and 2 men ranging in age from 42 to 75 years. The perspectives of male survivors-peer counsellors and of
younger individuals were not well represented. It is possible that additional themes may have emerged had the sample included younger survivors and additional male participants. Furthermore, although there was some diversity within the sample in terms of ethnic/cultural/religious background, given the earlier discussion about the profound impact of religious, legal, and cultural views of suicide on survivors’ experiences, additional themes may have surfaced in a more diverse sample (i.e., individuals from other ethnic and religious communities; individuals living with disability; individuals of other sexual orientations; and individuals from other socioeconomic backgrounds). Finally, the sample represented a specific group also in that all but one participant had lost first-degree relatives to suicide. The sample did not include individuals who had lost friends, colleagues, or distant relatives to suicide.

During the course of the interview, I did not ask the participants to talk about their life prior to the suicide, nor did I specifically ask them to describe the details of the suicide in their life and their functioning in the immediate aftermath of this life event. Instead, my interview questions focused on learning about their peer counselling work and on their own understanding of this volunteering. While all the participants spontaneously talked about their own experiences with losing a loved one to suicide, given the focus of the interview, I acknowledge that these accounts likely offer an overview of the participants’ own suicide loss experience, rather than a comprehensive account.

A final specific limitation concerns the finding that the participating suicide survivors-peer counsellors described a sense of personal growth and a shift in perspective resulting from their peer counselling work. It is impossible to determine whether this perception of growth and change resulted specifically from their peer counselling work (a notion that some participants endorsed) or whether this growth represented an outcome of having undergone a suicide loss.
Likely, both of these life experiences (i.e., the suicide loss and the peer counselling experiences) contributed to the participants’ sense of growth and change, and it may not be feasible to tease apart the contributions of each life experience to this sense of change and growth.

7. Recommendations for Future Research

A number of scholars have identified gaps in our understanding of suicide survivors’ lived experiences, and they have called for additional research, particularly qualitative research, with this population (e.g., Dyregrov et al., 2011; McIntosh & Jordan, 2011; Rawlinson et al., 2009; Smith et al., 2011). Thus far, much suicide bereavement research has focused on the problematic reactions that survivors experience in the aftermath of the suicide and documented the psychological and emotional difficulties resulting from this type of bereavement (e.g., Brent et al., 2009; Sakinofsky, 2007; Séguin et al., 1995). Meanwhile, positive sequelae of suicide bereavement, such as posttraumatic growth, have remained largely unexplored. Two studies with survivors of suicide represent noteworthy exceptions (Feigelman et al. 2009; Smith et al., 2011). These scholars found that the participants did experience a sense of personal growth, but evidently more research is needed in this area.

While such a need for additional research on the full range of survivors’ experiences holds true for the domain of suicide bereavement in general, it holds particularly true in the case of suicide survivors who volunteer as peer counsellors. The lived experiences of this specific group of survivors have thus far remained undocumented in academic writing. As the findings of the present study suggest, these suicide survivors-peer counsellors perceive both rewards and challenges in their peer counsellor work. A better understanding of their experiences, as well as of the specific facilitative factors that assist these survivors-peer counsellors in navigating the challenging aspects of their volunteer work, is warranted. Moreover, in the present study, the
participants endorsed a sense of personal growth, and it would be of interest to examine further the evidence for posttraumatic growth in this particular subgroup of suicide survivors. Some scholars (e.g., Neimeyer, 2004; Nolen-Hoeksema & Davis, 2004; Pals & McAdams, 2004) have suggested that an effective approach for assessing posttraumatic growth is a qualitative and, specifically, a narrative one. This is congruent with other recommendations for conducting research with suicide survivors (e.g., Dyregrov et al., 2011; Jordan, 2011), as such approaches allow their stories to be told, which can prove a therapeutic experience for the participants. Notably, as this study has illustrated, approaching suicide survivors in an open manner, rather than with measures of symptoms of distress, can enrich our understanding of the full range of their experiences.

All the participating suicide survivors-peer counsellors had been volunteering in suicide postvention for a number of years, and they expressed a firm commitment to this volunteering, sharing that it occupies an important place in their lives. This finding suggests that the rewards of providing peer counselling outweigh the challenges for the participants, and that adequate facilitative factors have been in place for these individuals to counter the difficult aspects of this work. It would be informative to interview those peer counsellors who have ceased to volunteer, as they may offer insight into additional challenges that peer counsellors face, which may not have been reported by the participants of this study.

Moreover, given that men and younger survivors-peer counsellors were not well represented in the present sample, it would be of interest to examine the experiences of a different sample and explore the divergences and the convergences in terms of emergent themes.

Finally, while there may be concern about the impact of research study participation on survivors of suicide (given that it may be emotionally difficult for them to discuss their traumatic
experiences), the suicide survivors in this study and in several other research endeavours (Dyregrov et al., 2011; Hawton et al., 2003; Henry & Greenfield, 2009; Rawlinson et al., 2009) indicated that they find participation in qualitative studies to be beneficial because it allows them to share their stories of loss in a supportive and empathic environment. This is indeed encouraging in terms of advocating for additional studies with suicide survivors.

8. A Personal Reflection on Conducting This Research

With the recruitment for the study under way, there was tremendous anxiety that I would get no replies; that silence would be the reply to my invitation to take part in the research. As soon as the first e-mails from potential participants arrived, I realized just how wrong I had been. The first few e-mails from survivors left me speechless with their openness in sharing stories of such incredible loss and pain. These survivors were extremely willing (indeed, even eager) to take part in the study, to share with me and with others their powerful experiences. Many expressed excitement about the study, noting how important it is to talk about suicide-related issues and to enhance society’s understanding of these issues. Receiving these replies proved both encouraging and anxiety-provoking. I wondered what it would be like to ask these individuals to share their stories during the interview, thereby opening the door to their strong emotions and to the pain underlying their experiences of having lost a loved one to suicide. Indeed, I was acutely aware of the responsibility that comes with carrying out this research.

With each interview, I felt deeply honoured to hear survivors’ stories. Some participants began by telling me about the individual who had died through suicide, in this way providing some context for describing their path into volunteering and their experiences with providing peer counselling. Several participants requested that the interview take place in their home, thereby welcoming me into their personal environment. Sharing these moments with the
participants further heightened my sense of responsibility in terms of honouring their stories and their voices throughout this research endeavour.

During the recruitment phase, I had disclosed my own survivor-of-suicide status, and some participants inquired about my loss and expressed a wish to hear my story. While I had not anticipated nor prepared for such questions, these experiences reinforced the complexity of my dual role—that of a suicide survivor-peer counsellor who is also a researcher in this same domain. As I interviewed the participants, I maintained an awareness of my own assumptions (which stemmed from my personal experiences with suicide loss and with this volunteering) and made an effort to bracket these assumptions as I interacted with the participants. At the same time, immediately after the interview, several participants wished to hear about my own experience with suicide loss. At such times, I allowed myself to “reconnect” with my personal experiences, and in those brief moments, we seemed to connect as survivor to survivor, rather than as an interviewer and an interviewee. In fact, a few participants noted that they found it easier to share their experiences with me because they knew that I, too, had suffered a similar loss.

During the data analysis phase, I found it essential to consult with my supervisor, as well as with colleagues, about the emergent themes. Given my own experiences with suicide loss and with peer counselling, I was concerned about drawing on these experiences in my reading of the interview data. Once again, bracketing proved important during this time, and I regularly articulated my interpretations and assumptions in a research journal. Finally, I contacted the participants for the second time and invited their feedback on the emergent themes as a way to ensure that I had accurately captured their voices.
Reflecting on this research journey, I am deeply grateful for the participants’ openness in sharing their stories. I feel honoured to have the opportunity to give their experiences voice through this study and thereby to share their experiences as suicide survivors-peer counsellors with a larger audience. In terms of my personal journey, this research endeavour challenged me to simultaneously maintain a connection with and alternate between all my roles—that of a suicide survivor, a peer counsellor in suicide bereavement, and a researcher.
Conclusion

This study provided insight into the lived experiences of suicide survivors who volunteer as peer counsellors by tracing their journeys from losing a loved one to suicide to the experience of supporting other survivors. By adopting a qualitative approach and an interpretative phenomenological framework, I offered the participants a voice, thereby capturing their own understandings of the function and meaning of their volunteer work. This study differed from much previous suicide bereavement research in that rather than examining suicide survivors’ problematic reactions on measures of distress, it explored their experiences in an open-ended manner, identifying the particular challenges that such volunteer work entails, as well as the rewards and a sense of growth that these suicide survivors-peer counsellors experience. In this way, this research endeavour truly affirmed these individuals as survivors, rather than as victims of a traumatic life event. Moreover, by identifying facilitators that have assisted these peer counsellors in carrying out their supportive work, this research highlighted specific factors that must be fostered and strengthened to help survivors-peer counsellors continue to provide their important services.

The findings are relevant for suicide bereavement organizations that offer peer counselling as one of their postvention services; mental health clinicians who may encounter suicide survivors in their practice; and researchers in the domain of suicide bereavement and peer counselling. As the analysis of the data and the discussion of the findings conveyed, the three emergent core themes, transformative process; engaging with silence: finding a voice and lending an ear; and reaching out: countering loneliness and isolation, are central to understanding participants’ lived experiences. These core themes suggest important areas to address when supervising, working with, or supporting suicide survivors-peer counsellors.
Moreover, the implications of the findings evidently extend to suicide survivors-peer counsellors themselves by suggesting approaches that these individuals may adopt to render their supportive work less challenging and to harvest additional rewards from this volunteering.
References


EchoHawk, M. (2006). Suicide prevention efforts in one area of Indian Health Service, USA. *Archives of Suicide Research, 10*, 169-176.


Understanding the consequences and caring for the survivors (pp. 19-42). New York, NY: Routledge.


Appendix A

Telephone /E-mail Script for Initial Contact with Suicide Postvention Programs

Dear (name of postvention program director):

My name is Olga Oulanova and I am a PhD student in Counselling Psychology at the Ontario Institute for Studies in Education, University of Toronto.

For my doctoral dissertation, I am conducting a qualitative interview study with individuals who have lost a loved one to suicide and who go on to volunteer as peer counsellors with others bereaved through suicide. Through my research I am interested in learning about these volunteers’ experiences (e.g., what motivated them to volunteer at the specific time when they did; what they find rewarding about their volunteer work with other survivors; how, if at all, their volunteering has impacted their life, etc.).

Since I am a suicide survivor myself, I have a very personal interest in this area. Further, I have been volunteering as a peer counsellor with suicide survivors through the Survivor Support Program in Toronto for the past three years. This study is under the supervision of Professor Roy Moodley, and it will help fulfill requirements for my doctoral degree.

I wonder whether some volunteers in your organization may qualify for this study (i.e., survivors of suicide who volunteer as supportive counsellors with others bereaved through suicide). I would like to invite these individuals to take part in my research. I was wondering if I could forward to you the invitation letter for participation in this study and ask you to forward it to the volunteers in your organization. This letter outlines the purpose and the nature of the study and the criteria for participation. Volunteers who are interested in learning more about the study and in taking part will be able to contact me for further information.

Thank you very much for considering my request. Kindly let me know if I can forward the invitation letter to you. If you have any questions about the study please feel free to contact me or my supervisor, Dr. Roy Moodley.
Appendix B

Information/Invitation Letter

My name is Olga Oulanova and I am a PhD student in Counselling Psychology at the Ontario Institute for Studies in Education, University of Toronto. For my doctoral dissertation, I am conducting a qualitative interview study with individuals who have lost a loved one to suicide and who go on to volunteer as peer counsellors with others bereaved through suicide. I would like to invite you to participate in this research study. The study is under the supervision of Professor Roy Moodley, and it will help fulfill requirements for my doctoral degree.

WHAT IS THIS STUDY ABOUT?

I am conducting a study to examine how suicide survivors who volunteer with other individuals bereaved through suicide think about their volunteering. I am interested in learning about these volunteers’ experiences with providing support to other suicide survivors.

Since I am a suicide survivor myself, I have a very personal interest in this area. Further, I have been volunteering as a peer counsellor with suicide survivors through the Survivor Support Program in Toronto for the past three years. I believe that suicide survivors who volunteer with other individuals bereaved through suicide play a very important supportive role. However, in academic literature little is known about these individuals’ experiences. My study seeks to address this gap in present knowledge. In this study, I will conduct in-depth interviews with 10 to 12 survivors of suicide, who, like you, volunteer as peer counsellors with individuals bereaved through suicide.

For the interview, I am looking for individuals who:

1. Self-identify as bereaved through suicide for at least two years (i.e., have lost a loved one such as a family member or a friend to suicide at least two years ago), and
2. Have been volunteering as peer counsellors with individuals bereaved through suicide for at least two years. In their role as peer counsellors, they provide support (this may take place one on one, with a family of survivors, or in a group format) to other individuals bereaved through suicide.
WHAT WILL I BE ASKED TO DO?

You will be asked to participate in one interview that will last for 60 to 90 minutes. During the interview, I will ask you to talk about your experience of being a volunteer. I will not be asking specific questions about your own loss to suicide, unless this is something that you would like to tell me more about. Otherwise, my questions will focus on your volunteering work. I will not ask you to specifically speak about individuals with whom you volunteer, because I understand that this information is confidential. Instead, I will ask you to reflect on how it is for you to provide support to people bereaved through suicide. I will invite you to talk about difficulties and rewards that you have encountered as a volunteer. You will have a chance to describe what impact this volunteer work has had on your life. During the interview, I will ask you a small number of open-ended questions, and you can choose how much detail to provide. I hope that we can just have an informal conversation about your experiences.

About three or four months following the interview, I will, with your permission, contact you via e-mail or telephone with the findings of this research (a collection of themes generated from all the interviews) and invite your feedback on the findings. Once you have had a chance to think about these themes, I will invite you to participate in a second interview as a way to discuss your feedback. In the case that you choose not to take part in the second interview, you will have an opportunity to provide feedback through e-mail or regular mail.

DO I HAVE TO PARTICIPATE?

Your participation in this research is completely voluntary. You may refuse to participate at any time, decline to answer any questions, and even withdraw during the course of the interview without any negative consequences. Your volunteering coordinator and other volunteers will not know whether you chose to participate in this study. The information that you provide will remain confidential in that you will be identified by a pseudonym in the final report.

ARE THERE ANY RISKS AND/OR BENEFITS TO PARTICIPATING?

Talking about your volunteering work may bring up memories of your own loss to suicide. Should you become upset or distressed at any time, we can pause or stop the interview. At the end of the interview, in addition to being provided with my contact information, you will be
given a list of resources that you can access should you continue to experience emotional distress following participation in the study. These will include local crisis lines and distress centers, as well as information on counselling resources in your area of residence.

Your participation has the following benefits:

- Sharing your unique experience of being both a suicide survivor and a peer counsellor for others bereaved through suicide will provide important information for the field of suicide bereavement.
- The interview will invite you to reflect on your journey to becoming a peer counsellor and on the impact that your volunteer work with other suicide survivors has had on your own bereavement process. I hope that this conversation can in turn initiate self-reflection and offer novel insights into your own life situation.

WHAT WILL HAPPEN TO THE INFORMATION AFTER MY PARTICIPATION?

All the information collected as a result of your participation in this study will remain strictly confidential. The data collected in the course of this research may be used for publication in journals or books, and/or for public presentations, but your identity will absolutely not be revealed. The data will be retained for a period of three years by Dr. Roy Moodley, and it will be kept in a secure location, a locked filing cabinet at OISE/UT, Room 7-222. It will be accessible only to the principal investigator (Olga Oulanova) and her supervisor (Dr. Roy Moodley). Olga Oulanova will transcribe all the interviews, and the tape recordings will be erased within a month of the transcripts being done.

If you would like a copy of the results of this research when it is available, we would be very happy to offer it to you. If you have any questions about the study please feel free to contact me or my supervisor, Dr. Roy Moodley. Thank you for considering participating in this research.

Olga Oulanova, M.A.  
Doctoral Student, Counselling Psychology  
OISE, University of Toronto  
252 Bloor Street West, Toronto, ON  
(647) 866 38 05  
Email: ecpstudy@gmail.com/olgaoulanova@hotmail.com

Dr. Roy Moodley, Ph.D.  
Counselling Psychology  
OISE, University of Toronto  
252 Bloor Street West, Toronto, ON  
(416) 923 6641 x. 2564  
Email: roy.moodley@utoronto.ca
Appendix C

Interview Guide

Question 1

To start, I would like to hear about what made you interested in participating in this research?

Question 2

Can you please talk about the experiences and motivations that brought you to volunteer with other survivors of suicide?

What brought you to volunteer at the particular time when you did?

Question 3

I would like to hear about your experience of providing support to other survivors. Please describe in as much detail as you can what this volunteer work has been like for you.

Question 4

I would like to hear about the role that this volunteering plays in your life, for example, in terms of what meaning it has for you.

Final thoughts

Any other thoughts about how your volunteering has affected you (at a personal or at any other level)?

What other thoughts do you have around the issue of survivors volunteering with other survivors?

Are there any other issues that you would like to comment on?

Any questions that you feel I should have asked as part of this interview and did not?
Appendix D

Participant Information Form

1. Participant's name:

2. Pseudonym:

3. Participant’s age:

4. Number of years volunteering as a peer counsellor:

5. Number of years since the loss to suicide:

6. Identity of the individual who died by suicide:

7. Approximate number of survivors that the participant has provided peer counselling to:

8. How much time, on average, do you spend volunteering with individuals bereaved through suicide on a weekly basis?

9. Any other volunteering experience prior to the suicide:

10. Any other volunteering experience following the suicide:
Appendix E

Description of the Participants

Ann

Ann had been volunteering as a peer counsellor for the past 18 years in an urban centre in Saskatchewan. Following the suicide of her adolescent son in 1990, she attended group therapy for survivors of suicide. The group proved of tremendous value to her during this time, and she referred to it as her “life line.” However, this group ceased to exist shortly after Ann had completed the sessions. She recognized that there was an acute need to organize some form of alternative support for survivors, and it was at that time that she became involved in suicide postvention. A wish to use her experience in a positive way proved an important motivation:

When I was doing this voluntary work, at the back of my mind was, “I don’t want this suicide to have been totally in vain. I want some meaning to have come out of it.” Otherwise, I mean, what a waste. An 18-year-old life. What a waste. But in this way, certainly I think I can help people in a way that somebody who hasn’t experienced this would never be able to help.

Ann was involved in starting weekly and monthly support groups for survivors, which continue to run to this day. In addition to providing in-person support, she responds to post-suicide telephone calls in her home, thereby assisting survivors in locating appropriate community resources.

Doris

Doris lost her father to suicide 17 years ago and an ex-boyfriend 4 years ago. Immediately after her father’s suicide, she attended a suicide bereavement group through a bereavement organization in a large urban centre in Ontario. Ten years after the suicide of her father, she started volunteering with this organization, and was subsequently hired. At the time of this interview, Doris was both working and volunteering for this bereavement organization. Among other tasks, she was involved in facilitation of suicide bereavement groups. She reflected on her volunteer work in the following way: “In some ways it’s good because I am using my
experience, which was very painful and difficult, in a way that gives me joy; it gives me energy and gives me hope and a lot of very positive feelings.” Doris shared that her view on suicide has changed through supporting other survivors: “I see it as another way that people die. My perspective definitely changed. I am grateful for that experience because it’s made me drop any kind of stereotype about suicide; beliefs that don’t serve us. That judgment has fallen away.”

Rachel

Rachel had been volunteering as a peer counsellor in a large urban centre in Ontario for 15 years. When she was seven years old, her mother took her life. Rachel sought help for her loss as an adult, many years after the suicide. It was long after she had completed the suicide bereavement program that she decided to volunteer with this same program: “I thought that it helped me so much that over the years, as I was maturing, and I felt good about myself, I thought it would be a good thing to give back.” An additional motivation for volunteering was to encourage family members to seek help:

I have seen people in my family that didn’t go for help. And still haven’t gone for help. Forty-two years. And they are suffering as if it was yesterday. And I felt that if I was more involved in the centre, maybe it would encourage them because they would know of my volunteer work.

Rachel grew up in Israel, where, as she explained, giving and helping are important values. Therefore, assisting other survivors cohered with her family and cultural values. In addition, reflecting on her volunteering, Rachel saw it as enabling her to transform her painful experience: “I am able to put such a shitty thing and try to make something good come out of it.”

Maria

At the time of our interview, Maria was residing in the USA, but she had volunteered as a peer counsellor both in Canada and in the USA. Her husband died by suicide in 2003, and she started to provide informal support to other survivors shortly thereafter. Maria’s peer support efforts include assisting survivors with daily tasks, doing home visits, and meeting with survivors to provide emotional support. As she reflected on her own loss, Maria emphasized the important role of her spirituality in the aftermath of the suicide: “Having a solid foundation of
spiritual formation and spiritual identity has helped me cope. And I have a very deep spiritual life, and it’s very rewarding and heals me through all the ups and downs of life.” Since Maria is a minister, she often provides support in a religious environment. Part of her peer support work therefore entails assisting survivors “connect to God.”

**Patricia**

Following the suicide of her son, Patricia was faced with a complete lack of support:

Our son took his life in 2007, and we are from a small community [in Ontario], so we have about 1,200 in our small town; all the little communities are around the same. And my son’s best friend took his life two months later. So these small communities, I felt, as though we were like a flower waiting to open, and instead of having beauty, we were full of hurt and pain. Nobody, I can’t stress that enough, nobody and nothing was there.

It was in response to this acute need for postvention resources that Patricia founded a “self-help” support group for suicide survivors. Patricia described spending many hours a week volunteering her time for suicide postvention efforts. Over the years, being a survivor became a fundamental part of her self-identity: “[Being a survivor] is really very much part of my ingredient. It’s part of me. It’s like my new title. I don’t need a title or a name. It really is me now.” Patricia also spoke about drawing tremendous strength from her identity as a survivor: “I draw on my survivor-of-suicide strength to stand tall. I get my strength from being in a room with survivors. Being a survivor of suicide puts us in a VIP club.”

**Christina**

When Christina lost her husband to suicide nine years ago, there was no postvention support for suicide survivors in her area of residence in southeastern Ontario. Christina drove a great distance to the nearest urban centre to attend a suicide bereavement program. Following her completion of this program, she decided to respond to the lack of resources:

The pain was so intense and the loneliness was so intense that I felt for survivors. I just thought, from one human being to another, there has to be help. Because it’s so devastating, so traumatizing. Because I know this pain, and if there is someone else in pain like that, to not help will almost be cruel.
In preparing to start a group for survivors, Christina did extensive research into suicide, mental health issues, and bereavement: “Reading about it was like putting iodine on a wound. It hurt, but in the end it helped.” She founded a peer support group through a local distress centre, and she has been co-facilitating as a peer counsellor for the past seven years. Christina reflected on her experience with this group in the following way:

   We are all here with tremendous pain, yet there is a nice feeling. I think for an outsider who is not a survivor, to be in that room would be traumatizing. They would have to delve into all this and be pulled down and get a sick feeling maybe by hearing the stories and feeling really awful after. We’ve already hit that rock bottom, so when we come in there and share that, it’s relieving for us because we are way below an outsider.

Tim

Following his wife’s suicide in 2003, Tim initially tried to cope on his own: “I didn’t seek any kind of assistance or help for two years. But I found I wasn’t getting any better.” Eventually Tim connected with a suicide bereavement program in his hometown in southeastern Ontario and completed eight group sessions. These sessions assisted Tim in his healing process by normalizing and contextualizing his inner experiences: “So once I understood what was happening emotionally, I could deal with it, and recover actually.” Wanting to “repay what they had done for me,” Tim started to volunteer as a peer counsellor with this suicide bereavement program, doing group facilitation and telephone outreach to survivors. He shared that an important motivation for becoming a peer counsellor was his desire to use his experience to help someone else and to “do something useful for others.” He reflected on the peer model in suicide postvention in the following way: “It’s an elite club that nobody wants to belong to. But you are in it, and that’s why we have peer counsellors, because suicide victims generally don’t believe that a professional can understand how badly they feel.”

Aysha

Aysha became active in suicide postvention shortly after the suicide of her teenage son in 2000. At the time of this interview, she resided in a large urban centre in British Columbia and predominantly worked with immigrant survivors from the Muslim community. Given the condemnatory attitude toward suicide in Islam, Aysha has been active in addressing the stigma
around suicide and providing a space for Muslim immigrants to share their experiences with suicide loss. In addition to individual and group peer counselling, she has been doing suicide prevention work and suicide education in schools and in the community at large. Aysha shared the following thoughts about her experience supporting other survivors: “This kind of work is very rewarding. It’s for both sides. For me, that I am able to reflect back what happened to my son. By listening to them, by helping them, I help myself to survive.” At the same time, Aysha acknowledged the challenges inherent in being a peer counsellor:

This kind of job, supporting other survivors, is rewarding, and on the other hand, it’s very stressful. The stressful part is when you listen to them, you feel the amount of guilt that they feel. How guilty they feel that they lost their loved one to suicide and they weren’t able to help; they weren’t able to see the pain the other person suffered. But the rewarding part of this kind of work for me is that listening to them, to take some of their pain away. By letting them know that I am here; I have the same experience.

Janice

At the time of our interview, Janice was employed as a social worker in a city in northwestern Ontario, and many of the individuals she supported were Aboriginal. In addition to providing support for survivors of suicide through her job, she facilitated a suicide bereavement group on a voluntary basis. Janice had suffered several losses to suicide, including a young nephew, a sister, and several clients. In addition to connecting to other survivors through her own experience with suicide bereavement, Janice spoke about connecting on a cultural level: “Because I am Anishinaabe, they find the connection a little quicker, and I speak my language as well.” She reflected on her peer counselling experiences in the following way:

So I listen. I don’t only listen with my ears; I listen with my eyes and the heart. And how do you know you listen with your heart? By how you feel. You feel kind of heavy, but at the same time, you are not. I am listening not only from a human mind, or my human listening. I am also listening with my spirit. So it’s not just the humanness that is involved in listening, it’s also the spirit, your spiritual self that is listening as well. And that is what protects you from taking on their emotions.
In supporting other survivors, Janice works from a holistic perspective, allowing traditional indigenous teachings to inform her approach: “So what the Medicine Wheel has taught me to look at their mental, physical, emotional, and spirit, spiritual part of themselves.” She elaborated on integrating traditional healing practices into her work:

So I keep coming up with different techniques, keep trying. Even taking them out to the bush. We don’t have to talk; we don’t have to say a word. Sometimes I do that just for them to get in touch with themselves, to get in touch with what’s around them. I’ll encourage them: “Look at the trees, look at the rocks, touch the dirt, hold hands with the trees.”

Alice

Alice became a peer counsellor about 10 years after the suicide of her husband and had been volunteering with survivors in a large Ontario city for 3 years at the time of our interview. In the aftermath of her loss, she did not participate in any suicide bereavement program: “I just wanted to get through things on my own. Not saying it’s right for everyone. Plus my background is such, you know, British upbringing, stiff upper lip kind of thing. You get on with things; you don’t wallow in self-pity.” However, when she saw an ad recruiting volunteers for a suicide bereavement program, Alice decided that she could draw on her experience to support other survivors:

I thought, yeah, OK, I think I can do this. Because people talk to me easily, people will tell me things that they wouldn’t necessarily tell others. And I thought, I’d been through it, and I can let them know that it does get better, but it doesn’t ever go away. I’ve been there; I walked the walk, now I feel I can talk the talk.

Alice regarded her peer support work as offering a hopeful yet realistic view on suicide bereavement to other survivors, implicitly communicating to them through her own example that it is indeed possible to heal from this traumatic loss. She did not conceptualize volunteering as transforming her difficult experience into something positive and emphasized that she does not look for positive aspects of her experience: “Somebody blowing their brains out, I don’t think there is anything good that comes out of that. Quite frankly, there isn’t. There really isn’t. Hard pressed to find any good that came out of that.”
Lucy

Lucy had been volunteering as a peer counsellor in her home town in southwestern Ontario for eight years. She returned to this community following the suicide of her husband. Having received assistance from a suicide postvention program, Lucy wished to return the favour by supporting other survivors: “And the one thing, as I got better, through the stages of the journey, as I healed, I made up my mind that I wanted to give something back, somehow in someway return this.” Her other motivation was to transform her experience into something positive: “By doing what I am doing with volunteer work, I am taking that situation and I am just trying to make some good come from that situation.” One of the outcomes of doing peer counselling is that in sharing her experience with losing her husband to suicide, different aspects of her own story have come up. This, in turn, facilitates Lucy’s healing process, which she conceptualizes as an ongoing journey.

Jane

Following the suicide of her husband five years prior to our interview, Jane sought out a suicide bereavement group to help her cope:

I am a people person to start with, and so I am a sharer, and my whole personality style is one of shared experiences with friends and family. So when I lost my husband, when I looked at, how on earth am I going to cope with this, one of my first reactions is sharing, and so I looked up initially what were the support groups accessible to me.

In addition to obtaining peer support, Jane enrolled in a bereavement certificate college program in her home town in southwestern Ontario shortly after the suicide. It was during this time that she realized the benefits of peer support and became involved in peer counselling. Jane stated that different parts of her experience with loss to suicide emerge every time that she shares her story with other survivors and explained that this is an important part of her own ongoing healing. Overall, she reflected on the meaning of doing peer support work in the following way:

It gave me a lot of purpose for a while. It allowed me to find some kind of blessing in that experience that could be positive; could be shared; could help. It gave me a sense of
being able to offer hope and support. As I was sharing, I had a sense that by opening up my story, I could help prevent other people’s suicides.

Valery

Valery lost her two brothers to suicide, the two suicides occurring 10 years apart. She became involved in suicide postvention almost immediately after the second suicide. At the time of this interview, she had been volunteering in a suicide bereavement group for the past 8 years in a rural community in Ontario. In the aftermath of her losses, Valery diligently read about suicide in an attempt “to make some sense of it all.” To her, becoming active in suicide postvention and supporting other survivors helps her own healing from the loss. As Valery articulated, “I consider myself to still be healing. I look at the healing process as ongoing.” Part of Valery’s motivation to volunteer in this area was a desire to prevent other suicides and thereby “help other families not end up in the same situation as our family did.” Since she encountered significant stigma around her brothers’ suicides, another motivation was a strong drive to combat this stigma.

Andrew

Andrew had been volunteering in a suicide postvention program in a large urban centre in Ontario for eight years. The initial motivation to become a peer counsellor stemmed from his desire to support other survivors in their bereavement, but he also wanted to understand his own reactions and struggles in the aftermath of the loss:

I needed to get a sense of the impact of suicide both on me and on other people to be able to put it in context, to gain perspective on it. At the same time, I really wanted to be able to support other people, and I wasn’t able to do that. I felt that [becoming active in suicide postvention] would give me a chance to help other people, but it would really help me understand things a little bit better.

Andrew conceptualized supporting other survivors as facilitating his own healing process: “That I can actually be there for others, to share their pain, to open the doors to their healing in a general sense, is helping me heal.” For Andrew, one component of supporting other survivors is the ongoing reflection on his sister’s suicide and his reactions to this loss, which in turn
contributes to his healing: “When you are supporting other survivors, you are always reflecting on your own story. Every time I tell the story, I reflect on the emotional component. The words may be the same, but my feelings are always different, because you are interacting with another survivor.”

Susan

Shortly after her husband’s suicide in 1989, Susan began to volunteer on a telephone crisis line in a large urban centre in Ontario. She reflected on her drive to become involved in this field in the following way:

It was so obvious to me that it was so sad that he didn’t reach out, he didn’t call me, he didn’t call the distress centre or anything. I wanted to be on the other end of the phone. It’s that weird thing that we try to correct history somehow.

From volunteering as a crisis telephone line volunteer Susan transitioned to doing peer counselling with survivors of suicide. She shared that by supporting other survivors, she “relives” her own loss and “revisits the pain.” As she explained, “I bring it out of a dark cupboard, a little closer to, maybe more into the light.” For Susan, part of the meaning underlying her peer counselling is “honouring” her deceased husband and “giving back” to the community.