FROM SUICIDE SURVIVOR TO PEER COUNSELOR: BREAKING THE SILENCE OF SUICIDE BEREAVEMENT

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ABSTRACT

This study sought to explore the phenomenon of peer counseling in suicide bereavement by addressing the question, what are the lived experiences of suicide survivors who become peer counselors? Participants were 15 individuals bereaved through suicide who had been volunteering with others bereaved in the same manner. This research employed the interpretative phenomenological analysis (IPA) approach 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 counselor, to, finally, providing support to other survivors. The findings suggest that participants understand the provision of peer counseling as a transformative process. Being a peer counselor 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.

The suicide of a loved one is an enormously stressful and challenging life event that affects a significant proportion of the population. For example, in Canada, close to 4,000 suicides take place on an annual basis (Statistics Canada, 2009). It is estimated that between 5 and 10 people are impacted by each suicide (e.g., Jordan & McIntosh, 2011; Wertheimer, 1991), thus becoming *suicide survivors*. While a clear definition of this term has not been formulated within suicidology (Jordan, 2008), we will be using the following definition offered by Jordan and McIntosh (2011) who state that: "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).

As a completed suicide is typically an unexpected death accomplished by violent means, leading suicidologists have emphasized the traumatic nature of this type of bereavement (Callahan, 2000; Jordan, 2008). Moreover, suicide bereavement occurs in a particular sociocultural context and is therefore affected by societal attitudes. The trauma of losing a loved one to suicide may take place in a social milieu of stigma, blame, and limited social support (Calhoun, Selby, & Abernathy, 1984; Feigelman, Gorman, & Jordan, 2009; Wilson & Marshall, 2010). Many survivors report experiencing social isolation, as well as sentiments of shame, guilt, and anger (Cvinar, 2005; Gibson, Gallagher, & Jenkins, 2010; Jordan, 2001; Ness & Pfeffer, 1990; Séguin, Lesage, & Kiely, 1995). A significant number tend to obtain elevated scores on measures of posttraumatic stress symptoms (Dyregrov, 2009; Murphy, Braun, Tillery, Cain, Johnson, & Beaton, 1999), depression (McMenamy, Jordan, & Mitchell, 2008; Sethi & Bhargava, 2003), complicated grief (De Groot, De Keijser, & Neeleman, 2006), and substance abuse (Brent, Melhem, Donohoe, & Walker, 2009). In sum, suicide survivors frequently undergo considerable difficulties in the aftermath of their loss, reflecting the often traumatic nature of this type of death, 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. One form of suicide postvention is peer counseling wherein individuals bereaved through suicide offer supportive counseling on a voluntary basis to other survivors of suicide. Suicide bereavement literature suggests that peer counselors play an important role in facilitating healing for other survivors (Aguirre & Slater, 2010; Moore & Freeman, 1995; Rawlinson, Waegemakers Schiff, & Barlow, 2009) and individuals bereaved through suicide report obtaining support from other survivors as the most helpful form of postvention (Feigelman, Jordan, & Gorman, 2009; Jordan, Feigelman, McMenamy, & Mitchell, 2011). Of note, 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 counseling phenomenon has been examined in a number of settings such as oncology (e.g., Remmer, Edgar, & Rapkin, 2001), HIV/AIDS (e.g., Crook, Weir, Willms, & Egdorf, 2006; Hall, 2001), and with survivors of sexual violence (e.g., Rath, 2008).

In areas other than suicide bereavement, much research has explored the experiences of peer counselors, finding that peer counselors report personal growth, psychological and spiritual healing, construct meaning through their volunteer work, and acquire new knowledge and skills (e.g., Crook et al., 2006; Hall, 2001; Remmer et al., 2001). To date, specific research with suicide survivors who volunteer as peer counselors has been lacking. Given this lacuna in research, it is unknown whether the typical experiences of suicide survivors parallel those reported by peer counselors in other settings. As a result, any benefits or challenges that these suicide survivors-peer counselors perceive in their volunteering remain unknown. This, in turn, significantly limits the ability to offer these peer counselors the support and the specific resources that they may require in their roles, or to identify ways in which any positive effects of this volunteering may be further enhanced. Our research aimed to address this gap in knowledge by examining the lived experiences of suicide survivors who support other individuals bereaved through suicide to understand how they conceptualize their volunteer work, and whether their volunteering in any way affects their own healing from their loss.

METHODS

A qualitative approach, which provides extensive description of and insight into the human experience and supports the investigation of a minimally studied area, informed this study. Since the experiences of suicide survivors who volunteer as peer counselors have received little research attention, a qualitative inquiry, specifically the Interpretative Phenomenological Analysis (IPA) approach (Smith, Jarman, & Osborn, 1999; Smith, Flowers, & Larkin, 2009), was well-suited to address this gap in knowledge. The central aim of IPA is to describe the participants' world by exploring in detail their 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, Watts, & Clifton, 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 their particular context (Larkin et al., 2006).

The Researcher

At the time of this study, the first author, who is a suicide survivor, was volunteering as a peer counsellor in a suicide postvention program. While this personal experience proved valuable in terms of establishing rapport with the participants and offering insight, the first author was also mindful of the ways that her background shaped this inquiry and she was committed to an ongoing critical self-reflection

throughout the research process. This included keeping a research journal, consulting with colleagues working/volunteering in the areas of suicide bereavement and peer counseling, and obtaining supervision from academic advisors.

Participants

In accordance with guidelines for qualitative research sampling (Morrow, 2005), we used a purposeful criteria-based sampling approach to recruit 15 individuals (13 women and 2 men) bereaved through suicide who had volunteered as peer counselors in the suicide postvention field for at least 2 years. Potential participants were identified by contacting suicide postvention programs, posting on a listserve, and subsequently through snowball sampling. While some participants volunteered in bereavement organizations, others provided informal peer support in their community. This was particularly common in rural areas where, in the absence of a bereavement organization, these peer counselors organized and facilitated support groups for survivors of suicide. Moreover, one participant founded a support group for suicide survivors of a particular cultural/ethnic background as there were no services for this specific population.

In terms of their own bereavement, 12 participants lost one individual to suicide, and 3 participants lost 2 individuals or more. Participants' mean age was 56 years ($SD = 9.40$) and they had volunteered as peer counselors for an average of 8 years ($SD = 4.56$) at the time of the interview. Participants resided in rural and urban communities in Ontario, Saskatchewan, and British Columbia (Canada) and Missouri (United States).

Instrument

Participants took part in semi-structured interviews. We asked the following questions:

1. To start, I would like to hear about what made you interested in participating in this research?
2. Can you talk about the experiences and motivations that brought you to volunteer with other survivors of suicide at the particular time when you did?
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.
4. What role does this volunteering play in your life?
5. Any other thoughts about how your volunteering has affected you, or about the general issue of survivors volunteering with other survivors?

The interview guide was considered a flexible tool, and we slightly modified it during the interviews depending on which aspects of their experiences the participants chose to focus on.

Procedure

The interviewer (first author) used the interview guide to invite participants to speak about their volunteering in suicide postvention. Interviews ranged in length between 45 minutes and 2 hours. Eleven of the interviews were conducted in person and four were conducted over the telephone. The telephone interviews were not significantly different in length or elaborateness. All interviews were audio-recorded and transcribed verbatim.

Data Analysis

The interview data were analyzed in accordance with the IPA guidelines (Smith et al., 1999). The first level of analysis involved preparing a written reflection on each interview. In this manner, any emerging themes or preliminary interpretations of the interview data were recorded and stored for future reference. This also helped to prevent these initial hunches from interfering with the subsequent interviews and with the analysis, thus allowing us to stay close, or grounded, in the data (McLeod, 2001). During the initial stages, any segments that related to the research questions were coded using participants' actual words. We also coded segments that were not directly related to the research questions but appeared salient for the participants. This approach encouraged openness to the emergence of unanticipated observations (e.g., Neuman, 1994). Throughout this analysis, the authors critically discussed the emerging codes, cross-checking their understanding of the data.

As additional interview transcripts became available, the emerging codes were compared to other units of text, and connections between codes began to reveal themselves. Some emerging themes seemed to cluster together, while others appeared to represent superordinate concepts. Several initial codes that had been recorded in the words of the participants were condensed into more inclusive categories that united analogous concepts or instances from multiple interviews. The authors discussed these emergent categories and compared them back to the interview data through the method of constant comparison (Glaser & Strauss, 1967) to ensure that the emerging connections fit with the primary source material. Throughout the analysis, preliminary interpretations were recorded in researcher notes or *memos*. Overall, 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.

Initial codes were grouped 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). The goal of the study was to gain insight into the lived experiences of suicide survivors-peer counselors. 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. These themes were shared with the participants. They provided corrections and elaborations either during a follow-up telephone interview, or over e-mail. Overall, the participants confirmed that the themes were indeed representative of their experiences.

RESULTS

The participants described their trajectories from suicide survivor to peer counselor, elaborating on what motivated them to pursue peer counseling in the first place, their experiences with supporting other survivors, and reflecting on the meaning they perceived in this volunteering. Three core themes emerged in participants' accounts: (a) transformative process; (b) engaging with silence: finding a voice and lending an ear; and (c) reaching out: countering loneliness and isolation. This section will discuss each core theme, providing illustrative quotes from the interviews. To protect their confidentiality, participants' names have been replaced by pseudonyms.

Transformative Process

Becoming a peer counselor and supporting other survivors in this role represented a transformative process for the participants as they described altering their experiences with suicide loss through supporting others, as well as being changed on a personal level through volunteering. Two of the participants explained this in the following way:

> 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. (Lucy)

> 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. (Ann)

These participants wished to transform their suicide loss into an experience that could help others, and in so doing, to find meaning in this event. If transformation was indeed part of peer counseling, what were the specific experiences that were transformed, how were these experiences transformed, and what where they transformed into?

To answer the first question, consider participants' depictions of the immediate aftermath of the suicide. Recounting that time, they described numerous difficulties. Many experienced emotional turmoil, loneliness, isolation, and a loss of self-confidence:

> 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. (Christina)

> I lost phenomenal confidence in myself after the suicide. (Jane)

Another challenge involved stigmatizing attitudes and family silence. As one participant shared:

> I had to quit my full-time job 18 months after my son took his life because of the stigma in the workplace. (Patricia)

Having endured such challenges, these survivors chose to engage in suicide postvention. They decided to volunteer because they believed that in addition to helping other survivors and addressing an acute need for suicide postvention in their communities, such volunteering would aid them in working through the challenges they themselves had encountered. This, in turn, would facilitate their own healing. As one individual stated,

> It's for both sides. By helping others, I help myself. By listening to them, by helping them, I help myself to survive. (Aysha)

Another participant elaborated on the healing inherent in providing peer counseling:

> The idea that you can be there for others is healing . . . 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. (Andrew)

By providing peer counseling, 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 challenging time. These 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, personal growth and the acquisition of novel skills, and as increasing their self-confidence:

> My perspective definitely changed . . . it's made me drop any kind of stereotype about suicide, beliefs that don't serve us. . . . 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. (Doris)

> 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. (Andrew)

> 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. (Ann)

The above discussion identified the specific experiences (i.e., loneliness, isolation, a loss of self-confidence, stigma, and family silence) that were transformed through participants' peer counseling work and described what these were transformed into (i.e., a novel perspective on life issues and personal growth). Of note, for the participants, such transformation signified a sense of change which was not limited to "positive" experiences. As will be explored later, these peer counselors encountered challenges as well as rewards in doing their volunteer work, the transformation thus proving a multifaceted and complex process of change.

One important question remains unanswered, namely, how does such transformation actually take place? Supporting other survivors enabled the participants to continue talking about and thereby actively remember their loss. Indeed, they maintained the connection to the individual who suicided through the retelling of their own story of suicide loss. According to the participants, this was an important facet of their volunteering. For one individual, doing peer counseling "always brought [the suicide] from the shadows more into the forefront, and it was in a sense honoring [my husband]" (Susan). Perhaps remembering the deceased in this manner proved therapeutic for the participants. Given that suicide loss frequently represents a traumatic, or a stigmatized event, which leaves the survivor alone to make sense of this experience, retelling this narrative may aid survivors-peer counselors in continuing to make sense of their experiences.

Engaging with Silence: Finding a Voice and Lending an Ear

The second core theme concerned the silence around suicide bereavement and the participants' firm commitment to break this silence by finding their own sense of voice as well as by offering other survivors an opportunity to share their stories. The previous section already alluded to the family and community silence that many participants encountered in the aftermath of their own suicide loss:

> That's one of the big problems in my family—that they don't talk. Even up to today, there is no talk [about my mother's suicide]. . . . It was always secretive, and I can't break that for some reason. (Rachel)

One reason for the silence was the stigma around suicide in participants' sociocultural environment. Concerned about others' negative reactions, they refrained from disclosing the suicidal nature of the death. In the light of such silencing, volunteering served a dual function: providing peer counseling gave the participants a sense of voice, thereby breaking their own silence, and it enabled them to lend a listening ear to other individuals bereaved through suicide and thereby help other survivors speak about suicide. As one individual put it while reflecting on her motivations to pursue peer counseling:

> 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.
> (Ann)

Some decided to become peer counselors because they knew from their firsthand experience just how helpful it is to connect with another survivor and to tell one's story of suicide loss to an understanding and empathic individual who has endured a similar life event. Others described a different trajectory into this volunteering. They were motivated to pursue peer counseling because they did not have an opportunity to speak about their experiences in the aftermath of their own loss and were acutely aware of how painful such silence can be for survivors:

> 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. (Christina)

Becoming a peer counselor enabled these individuals to address a previously unmet need in their communities by offering other survivors a safe space to speak about suicide.

A central component of the meaning of peer counseling concerned the ability to talk openly about suicide-related issues and to offer other survivors a venue to share their stories of suicide loss. In this way, being a peer counselor allowed participants to find a voice on suicide-related issues, and it enabled them to lend a listening ear to others. Through this dual function of peer counseling, participants actively engaged with the silence of suicide.

Reaching Out: Countering Loneliness and Isolation

While the second core theme described actively engaging with silence following suicide loss, the third theme concerns addressing the loneliness and isolation of suicide bereavement. In the aftermath of the participants' own suicide loss, obtaining peer support proved tremendously helpful. Such positive experiences of connecting with other survivors at a time of intense loneliness and isolation informed their eventual decision to reach out to others.

As significant as the work of peer counselors is, such connecting and reaching out between survivors is a multilayered endeavor, which presents peer counselors with both rewards and challenges. For many, reaching out to others proved a rewarding experience on a number of levels. As already mentioned, in addition to experiencing satisfaction at helping others, participants perceived peer counseling as advancing their own ongoing healing, teaching them novel skills, and contributing to their personal growth.

In terms of challenges, 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'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. (Valery)

> Every time I take on a new case, I relive my own. . . . 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. (Susan)

Specific strategies assisted peer counselors in coping with the challenges, such as routinely practicing self-care, drawing strength from their relationships with other volunteers, and maintaining a firm belief in the importance of peer counseling:

> 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. (Valery)

> I think one of the things that keeps me now is seeing the long-term impact of working with people. (Andrew)

The three core themes described above reflect the complexity and the multifaceted nature of participants' lived experiences as survivors of suicide who became peer counselors. As this discussion illustrates, participants encountered rewards, challenges, and facilitative factors on their peer counselor path.

DISCUSSION

Inviting 15 suicide survivors-peer counselors to share their experiences, this study provided a forum for a group whose voices had thus far remained unheard in academic writing. As the participants described their trajectories from suicide survivor to peer counselor, three core themes weaved through their accounts: (a) transformative process; (b) engaging with silence: finding a voice and lending an ear; and (c) reaching out: countering loneliness and isolation.

As the first theme indicates, participants conceptualized supporting other survivors as transformative. Although scholarly writing documenting the experiences of suicide survivors who become peer counselors is very limited, one qualitative study (Smith, Joseph, & Nair, 2011) and anecdotal accounts (e.g., Edmunds, 1998; Sudak, Maxim, & Carpenter, 2008) have also suggested that survivors perceive helping others to be a transformative process. Similarly, studies with peer counselors in other domains have reported transformation, sometimes described as a sense of growth, as an important feature of participants' experience (e.g., Morris, Campbell, Dwyer, Dunn, & Chambers, 2011; Remmer et al., 2001). The personal growth that peer counselors described is an interesting notion and also one that requires a cautionary note. Indeed, a number of scholars (e.g., Coyne & Tennen, 2010; Ford, Tennen, & Albert, 2008; Frazier, Tennen, Gavian, Park, Tomich, & Tashiro, 2009; 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 (PTG) construct, and critiqued the research evidence supporting this construct. For example, Ford et al. (2008) suggested an alternative explanation for what is considered "posttraumatic growth," proposing that "growth" in the aftermath of adversity may represent a self-protective psychological adaptation, an artifact of cognitive attribution processes, or simply a continuation of preexisting psychobiological development. Overall, a review of the literature in this area suggests that a number of important questions pertaining to PTG represent areas of ongoing debate and conflicting viewpoints. Our study contributes to this debate. The present findings reveal that some individuals bereaved through suicide who went on to become peer counselors spontaneously described a sense of perceived "growth" as they reflected on the time following their suicide loss and their process of providing peer counseling. These survivors-peer counselors *perceived* undergoing a transformation, and part of this transformation included growth. Given that the IPA approach strives to describe how people make sense of their lived experiences, we did not set out to examine whether participants' self-reported perception of growth and change was indicative of what has been defined as "posttraumatic growth" in the literature. Instead, the study aimed to capture how participants thought about and understood their lived experiences.

The two other core themes concerned the experiences of silence, loneliness, and isolation in the aftermath of suicide loss, and the wish to find a voice and to reach out to other survivors as a way to counter these aversive experiences. 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, Dieserud, Hjelmeland, Straiton, Lyberg Rasmussen, et al., 2011; Messias, Moneyham, Vyavaharkar, Murdaugh, & Phillips, 2009; Remmer et al., 2001; Vandecreek & Mottram, 2009). Becoming a peer counselor offers survivors an opportunity to do just this. However, as our findings suggested, there are "costs," or challenges, associated with reaching out to other survivors. Research with peer counselors in other domains has also identified taxing facets of this volunteering (e.g., Arnstein, Vidal, Wells-Federman, Morgan, & Caudill, 2002; Hall, 2001; Remmer et al., 2001). However, similarly to our participants, most peer counselors agree that in spite of the challenges, the benefits far outweigh the risks and frustrations of this volunteering (e.g., Arnstein et al., 2002; Messias et al., 2009). The facilitative factors that the participants identified as helping them to stay on in their role are of great importance, as these factors enabled them to continue carrying out their important supportive work.

Although our findings suggest that retelling the story of suicide loss proves therapeutic for survivors, this may not always be the case. Some scholars (e.g., Bonanno & Lilienfeld, 2008; Mancini, Griffin, & Bonanno, 2012) have argued that most bereaved individuals do not require and may not benefit from specific interventions such as grief counseling. Instead, it has been suggested that we need to better identify those individuals who are at risk for complicated grief and who

would profit from clinical interventions, and tailor interventions accordingly (e.g., Boelen, 2006; Jacobs & Prigerson, 2000). Furthermore, retelling the story of suicide loss in a non-supportive and judgmental environment will likely prove harmful, rather than therapeutic. However, as Neimeyer, Burke, Mackay, and van Dyke Stringer (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. Telling one's story of suicide loss may aid survivors in arriving at new understandings of their experiences and thereby integrate the loss into their self-narrative (Dyregrov et al., 2011).

Implications of the Study and Recommendations

Since suicide affects a significant proportion of the population, mental health professionals will likely encounter survivors of suicide at some point in their practice. In terms of general implications, this study offers recommendations for those providing services to suicide survivors. Similarly to the participants of this study, some of these survivors may express a wish to support others bereaved through suicide by becoming peer counselors, or they may have already taken steps toward such volunteering. The present findings sensitize mental health professionals to the potential rewards and challenges that these suicide survivors-peer counselors may encounter. Moreover, by providing insight into the meaning that peer counseling holds for survivors of suicide, this research identifies potentially important topics to address with these individuals.

Historically most research endeavors have set out to measure symptoms of distress and have described the particular difficulties that suicide survivors encounter. This trend mirrors the general tendency 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 (Bonnano & 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. While such inquiry is essential, mental health practitioners likely overlook an equally important domain, namely, any sense of positive change, transformation, or growth that survivors experience. 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, Smith et al. (2011) identify a possible challenge when they say that, "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: "presence of growth for some [suicide survivors] does not denote the absence of distress" (p. 426). In their critical review of the posttraumatic growth (PTG) concept, Zoellner and Maercker (2006) similarly suggest that posttraumatic stress and PTG represent distinct constructs. These scholars also note that there is insufficient evidence to support the assumption that PTG is in fact adaptive, and the presence of PTG may not imply better functioning or the absence of distress symptoms (Zoellner & Maercker, 2006).

Finally, in her critical discussion of the PTG 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 counselors, 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.

Limitations of the Study

One limitation of this research concerns these findings' generalizability to the experiences of other suicide survivors. Indeed, given the IPA approach, the study did not set out with the aim of offering generalizations. Instead, we surveyed a specific subgroup of suicide survivors, namely, individuals who chose to pursue peer counseling in the aftermath of their own loss. However, many survivors engage in suicide postvention through other routes. They may fundraise or volunteer in suicide prevention and awareness-raising. Others do not become involved in postvention at all. Moreover, the participants 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 survivors 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.

In terms of other limitations, it is critical to note that the "personal growth" described by the participants may not be equivalent to the posttraumatic growth concept described in the literature. While there were parallels between participants' accounts of growth following their loss and the ways that post-traumatic growth has been described in the literature, it must be emphasized that this notion of growth was not derived from the field, but, rather, from the participants' words.

Finally, it is impossible to determine whether this perception of growth and change resulted *specifically* from their peer counseling work (a notion that some participants endorsed), whether this growth represented an outcome of having undergone a suicide loss, or whether it was the result of their particular personality characteristics, which were not measured. Likely, all of the above contributed to the participants' sense of growth and change, and it may not be feasible to tease apart the contributions of each experience.

Future Directions

In this study, most participants endorsed a sense of personal growth, and it would be of interest to examine further the evidence for such growth among suicide survivors-peer counselors. 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.

All the participating suicide survivors-peer counselors had been volunteering in suicide postvention for a number of years, and they expressed a firm commitment to this volunteering. This finding suggests that the rewards of providing peer counseling 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 counselors who have ceased to volunteer, as they may offer insight into additional challenges that peer counselors face.

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 endeavors (Dyregrov et al., 2011; Hawton, Houston, Malmberg, & Simkin, 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.

CONCLUSION

Suicide survivors who provide peer counseling experience this volunteering as a transformative process, which enables them to engage with the silence, isolation, and loneliness of suicide bereavement, and undergo personal growth. In this way, being a peer counselor is a multilayered endeavor for these individuals: while assisting other survivors, they also facilitate their own healing from the suicide loss. Although participants acknowledge the challenges of providing peer counseling, the rewarding facets of this volunteering outweigh the difficulties and the specific facilitative factors help them to stay on in their volunteer role. These findings underline the importance of inquiring about and normalizing any sense of transformation or growth that suicide survivors experience in the aftermath of their loss, providing survivors with an opportunity to voice their stories in full. As this study suggests, research with suicide survivors needs to extend beyond measuring symptoms of distress.

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