Using photovoice as an intervention to promote meaning-making in a suicide loss support group

By: Heather Delgado and Kelly L. Wester


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Abstract:

The loss of a loved one to suicide is a devastating event that results in a complicated grief experience for those survivors left behind. This specific bereavement experience consists of three challenging obstacles: the unanswered question of why, the stigma concerning the manner of death, and the forced isolation of the grievers. These obstacles complicate the ability to make meaning of the loss, which is an important part of the healing process. Therefore, counselors can target meaning-making as an intervention by utilizing photovoice because it can provide survivors with the opportunity to create new meaning and thus work through these obstacles. This article discusses practical applications of a photovoice intervention with a loss by suicide support group and addresses the implications for clinical mental health counselors.

Keywords: bereavement | grief | photovoice

Article:

***Note: Full text of article below***
Using Photovoice to Promote Meaning-Making in a Suicide Loss Support Group

Heather Delgado1 and Kelly Wester2

1 Department of Special Education, Rehabilitation, and Counseling, Auburn University
2 Department of Counseling and Educational Development, University of North Carolina at Greensboro

The loss of a loved one to suicide is a devastating event that results in a complicated grief experience for those survivors left behind. This specific bereavement experience consists of three challenging obstacles: the unanswered question of why, the stigma concerning the manner of death, and the forced isolation of the grievers. These obstacles complicate the ability to make meaning of the loss, which is an important part of the healing process. Therefore, counselors can target meaning-making as an intervention by utilizing photovoice because it can provide survivors with the opportunity to create new meaning and thus work through these obstacles. This article discusses practical applications of a photovoice intervention with a loss by suicide support group and addresses the implications for clinical mental health counselors.

Suicide is an extraordinary loss, leaving behind on average approximately 135 survivors of each suicide loss who are forced to encounter the painful grieving process (Cerel et al., 2019). Surviving a suicide loss lends itself to a challenging bereavement process for some individuals. The aim of this article is to provide support for the use of photos as a group intervention for survivors of a suicide loss. This intervention can enhance the meaning-making process and provide practical considerations for mental health counselors.

Suicide has been classified as the 10th leading cause of death in the United States, having taken the lives of over 47,173 individuals in 2017 (Centers for Disease Control and Prevention, 2020). Each suicide leaves behind multiple survivors of the loss (Cerel et al., 2019). Due to the violent and traumatic nature of this loss, the mourning process is more likely to evolve into complicated grief when contrasted to a loss by natural causes (De Groot & Kollen, 2013; Jordan, 2008). Complicated grief is best described as a prolonged bereavement experience that comprises profound emotions and preoccupation.
with the person who died (Prigerson et al., 2008). Survivors of suicide loss experience a majority of the symptoms attributed to complicated grief, including rumination on the death event, intense guilt or responsibility, a need to make sense of the situation, and feelings of abandonment and shame (Jordan, 2008; Mayton & Wester, 2018). The severity of the grief experience, combined with the traumatic nature of the death, magnifies the mental and physical symptoms, resulting in shock, anger, self-blame, anxiety, isolation, depression, and physical complications (Groos & Shakespeare-Finch, 2013; Hunt & Hertlein, 2015; Van Dongen, 1991). More concerning, survivors of a suicide loss report more suicidal attempts, loneliness, and depression compared to other grievers (De Groot & Kollen, 2013). In all, this type of loss results in a challenging bereavement process for the survivors, which contains three challenging elements: questioning, stigma, and isolation.

**CHALLENGING ELEMENTS**

The first element that separates suicide loss from other types of loss is questioning: the agonizing question of why the death took place. Jordan and McIntosh (2011) claimed that this missing piece is the greatest contributor to a more challenging grief experience, because reasons why the individual took their life are often unanswered, and the suicide shocks the grieving individual. This may also be the case because many survivors have an unrelenting desire to understand the reason their loved one ended their life (Tal Young et al., 2012). To further explore this facet of bereavement, a grasp of the expectancy of suicide is needed. Sometimes survivors have answers to these questions, particularly if the suicide was expected (Wojtkowiak et al., 2012), if the deceased left a note or letter explaining the reasoning (Tal Young et al., 2012), or if the survivors can piece together reasons that led to the final choice. While this knowledge still may not satisfy the griever completely, it allows for more acceptance and resistance to a fixation on the death event. On the other hand, the unexpected suicide demands a more difficult sense-making process for why the death ensued. Consequently, this obsessive search for meaning can lend itself to a preoccupation with the departed and an increase in complicated grief symptoms (Wojtkowiak et al., 2012).

The second element that contributes to a challenging bereavement reality is the stigma experienced after a loss by suicide. Stigma refers to the negative attitudes of society or the community toward the manner of death (Oexle et al., 2018). The bias surrounding this type of death results in a disenfranchised grief experience, which implies invalidation of the grief or rejection by society (Doka, 1989). And unlike those grieving other losses, grievers are forced to confront this stigma, resulting in negative emotional consequences such as rejection, shame, guilt, blame, or judgment (Feigelman et al., 2011; Trimble et al., 2012). Besides coping with this affective impact, survivors also feel silenced by the uncomfortable effect of this stigma on others (Maple et al., 2010; Peters et al., 2016). Then other individuals reinforce this discomfort with inappropriate
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responses or intentional distancing to avoid interaction altogether (Feigelman et al., 2009). Even during social interaction, the uncertain perception of the death is a harsh reality that prevents survivors from sharing their experience. Therefore, to continue to connect with others, these grievers will omit details because they struggle to talk about the manner of death (Mcmenamy et al., 2008).

The third challenging element is isolation, which is the direct result of stigma, either because individuals socially avoid others or because they choose distance to avoid discussing the death (Feigelman et al., 2009; Mayton & Wester, 2018). The inability to publicly mourn robs these individuals of the opportunity to share their narrative and forces them to deal with their grief in isolation (Sudak et al., 2008). Even family members can further contribute to the isolation by distancing themselves from one another, which may be due to the uncontrollable desire to place blame on self or others (Jordan & McIntosh, 2011), which then creates a wedge in their own support system. While releasing self-blame is one path to a healthier grief response, it is not accomplished in solitude and relies on the interaction with others. Therefore, opportunities for self-reflecting and publicly sharing one’s grief experience are necessary for individuals to appropriately place fault for the tragedy. When given this type of opportunity, survivors reported less self-blame and acknowledged their inability to prevent the suicide (Dyregrov et al., 2011; Groos & Shakespeare-Finch, 2013). Ultimately, sharing and engaging with others is important, and isolation deprives survivors of support through social connections in a time where it is most needed. Long-term, this isolation prevents survivors from seeking help altogether, which limits the forward movement in their grief process and continues to reinforce the isolation (Bailey et al., 2015) and stigma surrounding a suicide loss.

Due to the challenging elements of unanswered questions, stigma, and isolation, it is typically difficult for people to find or make meaning of a loss by suicide. They may almost become frozen prior to the ability to create meaning. It is as if the challenging elements present as an unavoidable wall that blocks all ability to see through or around it. However, meaning is needed to successfully integrate the significant loss into one’s own narrative (Neimeyer et al., 2008). In order to make meaning, or work through some of these challenging elements, survivors of a suicide loss may attempt to join a support group to overcome the isolation, participate in discussions about suicide, or engage in advocacy work to fight back against the stigma. These activities may help the survivor to accept the unanswered question of why or force answers that do not provide personal satisfaction. While all of these challenging elements can be the focus in a therapeutic setting such as individual or group counseling, there is a limit to the level of meaning-making that can be accomplished without the ability to tell one’s story in a new or different way. Therefore, it is important for survivors to focus on the creation of new avenues for meaning, through reframing and reconstructing of the narrative, rather than remaining in current or previous
ways of making meaning that may not be continually effective (Neimeyer et al., 2008). While these various forms of therapy have been found to be effective for the complicated grief experience connected to suicide loss (Linde et al., 2017), a way to make meaning of the traumatic death is important to survivors' post-loss adjustment. Therefore, clinical mental health counselors need ways to work with survivors of suicide loss, and help them make meaning, given the complexity of the grief and the number of unanswered questions survivors may struggle with.

MEANING-MAKING

Meaning-making is a central part of any grief process and is especially important in suicide loss bereavement (Kawashima et al., 2010). A constructionist viewpoint highlights this importance because individuals are always searching for the meaning of significant life events that help them to better understand the world and formulate a sense of self (Neimeyer et al., 2008). This meaning-making process for bereavement includes an acceptance of the loss, identification of benefits or areas of growth from the loss, and integration of the event into one's personal identity (Neimeyer et al., 2008; Supiano, 2012). While meaning-making can be most problematic for survivors of suicide loss, it is vital that they create new meaning, because it is linked to better adjustment after the loss (Rozalski et al., 2017).

Historically, clinicians have been able to assist survivors in the meaning-making process after a loss by suicide through interviews, re-storying, storytelling, bereavement groups, and narrative approaches (Dyregrov et al., 2011; Hagstrom, 2017; Sands et al., 2011). Both Dyregrov et al. (2011) and Hagstrom (2017) emphasized the ability for individuals to retell or reframe their story to help promote new meaning-making ability after a loss by suicide, but still this is limited to verbal expression. This verbal expression is not always feasible for some and can cause an increase in distressing symptoms (Copes et al., 2018). Therefore, researchers have called for an increase in a variety of clinical techniques to address the meaning-making process of suicide loss (Neimeyer & Holland, 2015; Rozalski et al., 2017). One such, potentially nonverbal, format is using expressive or creative interventions, which have been found to be important in the meaning-making process (Barak & Leichtentritt, 2017; Turner et al., 2019). This can include the use of photos or metaphoric images (Mayton & Wester, 2018; Slyter, 2012). Although photos have been identified as a creative intervention in other venues or with other presenting concerns (Teti et al., 2017), this intervention is missing in the literature for survivors of a loss by suicide. While various ways of using photos exist, photovoice is one specific way to provide survivors the opportunity to move past challenging obstacles toward new meaning.

While not directly connected to counseling survivors of suicide loss, photovoice has been used in various qualitative research studies to promote
the meaning-making process. Photovoice has traditionally been defined as a method of data collection that consists of various photos that represent the experience of a population. For example, mental health patients found meaning in the use of medication for their mental disorders through a process of deep reflection and understanding of select photos that represented their experience (Werremeyer et al., 2016). In addition, participants who had been diagnosed with HIV gained new perspectives on living with their diagnosis as well as the realization of new possibilities for their future with the use of photovoice (Teti et al., 2013). Similarly, photovoice highlighted new insights and meanings for young Black men, exploring their racial and social identity (Fisher-Borne & Brown, 2018). Therefore, as noted in these studies, photovoice can be an important tool in the process of making meaning of various experiences. Thus, photovoice will be discussed here as a clinical intervention in order to fill the gap in the literature recommending meaning-making interventions for survivors of suicide loss.

**PHOTOVOICE**

Although interviews and support groups have historically been used as a way to create meaning, photovoice has only recently been used as a clinical intervention (Mayton & Wester, 2018). Photovoice is a methodological intervention that includes self-reflection, exploration of meaning and understanding, and sharing with others in a way that bridges disconnection. Historically, photovoice has been used as a way to bring marginalized voices forward to influence public and policy (Wang, 1999). It also offers an opportunity for meaning to be made through the use of photos and group discussion. The affective impact of the message emerges from the photos that participants use to describe their experience. This approach can help others understand this experience from an emotional level rather than only from an intellectually biased perspective. As a benefit for the survivors, these photos provide an active way for individuals to share their experience with others and gain a sense of empowerment (Wang, 2003), while at the same time providing a modality to express themselves without having to use verbal expression.

Sackett and Jenkins (2015) proposed photovoice as an intervention for individuals facing an obstacle to their growth or healing, which applies to the three challenging elements faced by survivors of a suicide loss. Therefore, the use of photos can serve as a clinical intervention to overcome the obstacles of the unanswered question of why, the stigma, and the isolation. There are various steps in the application of photovoice as an intervention (see Table 1). They include client selection and topic, client collection of photos, client and/or group sharing and interpretation of photos, client and/or group sorting of photos, and the meaning-making process. Each of these steps will be elaborated below within a practical, clinical application of photovoice as a meaning-making strategy with survivors of a loss by suicide support group.
<table>
<thead>
<tr>
<th>Step</th>
<th>Considerations</th>
<th>Notes and questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant or client selection</td>
<td>Select an existing group or create a group for the purpose of this intervention</td>
<td>Clinicians have to consider the sensitivity of the topic and how open individuals may be to sharing their experiences related to a particular topic or situation. This may influence whether photovoice is used within an existing group or whether the creation of a new group may also be appropriate. Providing clients with information about photovoice is important for them to make an informed choice about participating in the activity.</td>
</tr>
<tr>
<td>Developing a photo collection</td>
<td>Source of pictures Ethical considerations, setting up informed consent</td>
<td>What is the accessibility to technology or cameras for participants? Are there any limitations to what should not be in the pictures (e.g., other individuals' faces without consent)? What are the limits to confidentiality, depending on the consent of those photographed (e.g., abuse, neglect, self- or other-harm represented)?</td>
</tr>
<tr>
<td></td>
<td>Number of pictures taken versus submitted</td>
<td>Based on technology, should there be a limitation to the number of pictures clients are encouraged to take? Based on the topic or clinical intervention, would a boundary limit creativity? Would it increase anxiety? Consider the clients in the group.</td>
</tr>
<tr>
<td></td>
<td>Format of pictures</td>
<td>How many number of pictures should be submitted to the group to be discussed? How many group members are in the group, what are the group dynamics, and how talkative might group members be?</td>
</tr>
<tr>
<td></td>
<td>Process through which dialogue will occur</td>
<td>What number of photographs would allow clients to share their experiences and not feel cut off or left out of the conversation? The number of pictures taken and submitted may also be dependent upon the technology accessible to take pictures (e.g., digital/minimal cost versus disposable or need to print pictures).</td>
</tr>
<tr>
<td>Photo interpretation</td>
<td>How will participants share their pictures within the group?</td>
<td>Clients can be encouraged to print out their pictures and bring them to group. This may require an expense on their part, either paying for printed pictures at a store or printing them on photocopy paper for a fee or at home.</td>
</tr>
<tr>
<td></td>
<td>• Open dialogue</td>
<td>This decision depends on the finances of the clients, the technology used to take pictures, and/or the format that allows for the easiest viewing and discussion of all pictures by group members.</td>
</tr>
<tr>
<td></td>
<td>• Titling the photographs and explaining the titles</td>
<td>Clients can also forward pictures to the counselor using email or other digital technology.</td>
</tr>
<tr>
<td></td>
<td>• SHOWeD method</td>
<td>How will participants share their pictures within the group?</td>
</tr>
<tr>
<td>Photo sorting</td>
<td>Theme development</td>
<td>What experiences are shared among group members? What experiences are unique to a specific group member? What titles would individuals and/or group members give to those experiences? Consider how they might be represented, for example as a book title, to display meaning to themselves or others.</td>
</tr>
<tr>
<td></td>
<td>Photograph assignment</td>
<td>What photographs align with what themes? Have group members sort the photographs to the themes they feel they visually represent. Consider whether any pictures align with only one theme, versus more than one theme.</td>
</tr>
<tr>
<td></td>
<td>Takeaways/understandings</td>
<td>What are the takeaways for each group member? What did this photovoice intervention group alter, in terms of perspective? Did anything come to light; are there any new understandings?</td>
</tr>
</tbody>
</table>

Note. The SHOWeD method includes the following questions: What do you see here? What is really happening here? How does this relate to our lives? Why does this problem or situation exist? How could this image educate others? What can we do about the problem or situation?
Throughout the Practical Application section, the steps of photovoice will be discussed (see Table 1), with the application provided to see how each step was applied in a clinical mental health outpatient setting with a group of survivors of suicide loss.

**PRACTICAL APPLICATION**

**Step 1: Client Selection**

The first step is to decide whether the photovoice intervention is appropriate for a particular client or group. Because one goal of photovoice is for a group of individuals to exchange experiences through the use of photographs and critical discussion, it is important to have more than one client in this process. This process of photovoice brings individuals’ voices together with the goal of understanding and advocacy, which in turn, through a clinical lens, can assist clients in making meaning of a difficult situation such as surviving a loss by suicide. However, in selecting this intervention for clients, some considerations need to be made, such as whether the clients are in an existing group already or whether a group can be formed. Additionally, considerations about the safety within the group related to the specific clients, their personalities, their desire to engage in a group setting, and even the topic or purpose of the photovoice are important to address. These considerations are important to ensure that all group members perceive a level of safety to share their stories and that all group members are emotionally and mentally able to actively participate in this intervention. For example, individuals who are early on in their grief experience may not be able to focus on making meaning until they can process through their intense emotional response. Additionally, recognizing whether a client wants to participate in a group setting, or in photovoice specifically, also allows for client autonomy in the selection of the treatment interventions they feel may be best suited for them.

**Application: Client Selection**

The first author utilized photovoice as an intervention for members of a support group (Mayton & Wester, 2018), specifically designed for those bereaved by suicide. Photovoice, as an intervention within the existing group, took place at a nonprofit organization that provides grief services to individuals within the local community. The primary purpose of this support group was to provide a space for individuals to express their emotions and work through their grief process regarding a suicide death. Members consistently attended the well-established group for one and a half hours every other week. Demographically, the support group consisted of both men and women ranging from 29 to 67 years old. The relationship to the loved one who died by suicide varied; in some cases the deceased was a sibling, in others a spouse or child. As a whole, this group was further along in the bereavement process, with at least two years or more since the deceased had passed for majority of the members. Photovoice was explained to existing members of the group as a
clinical intervention tool to help make meaning, allowing group members to make an informed choice as to whether they would like to participate. Of the seven members who regularly attended the group, five decided to participate in the intervention.

**Step 2: Photo Collection**

**Source of Pictures/Needed Technology**

Within the step of collecting photos, there are a few things to consider. First is the equipment for clients to take the photographs. The goal here is not necessarily professional-quality photographs; thus, high-tech photography equipment is not necessary. Pictures can be taken with smartphones, tablets, or any other camera or device that can take pictures. However, depending on the photography equipment used, the type of pictures and the way they are presented to the group may differ (e.g., digital, printed), as well as how many pictures clients are instructed to take for the photovoice intervention. It is also important to consider the financial status or abilities of clients, as some may have easy access to the technology required to take pictures, while others may not. Organizations, agencies, schools, or counselors may need to provide their clients with equipment (e.g., tablet, camera, disposable camera) to take the pictures.

**Application: Source of Pictures/Needed Technology**

For this support group, members were asked to use their own cameras and cell phones to take pictures. All group members had access to a personal camera, cell phone, or tablet and did not need to purchase anything in order to take pictures for this clinical intervention.

**Ethical Considerations/Boundaries for the Photographs**

The second consideration is to determine the instructions for taking pictures, and what would be appropriate (versus not appropriate) to include in the photographs. Most often, individuals are asked to use their creativity, and take as many pictures as they would like related to a particular circumstance (e.g., chronic pain [Wallace et al., 2014] and women with HIV [Teti et al., 2017]). Counselors need to consider, a priori, potential ethical dilemmas that may arise with clients taking pictures and bringing them to counseling or to group to discuss (Trepal & Cannon, 2018).

The first ethical consideration is subject medium. If clients are taking pictures of other individuals, do others provide their permission to be in the pictures? Are these individuals identifiable? Answers to these questions may be related to the purpose of the pictures (e.g., just for group discussion or publicly displayed for an advocacy purpose). Second, what are the limitations to confidentiality if pictures include indications of or explicit reference to self-harm, other-harm, abuse, or neglectful situations? Being clear and up front about
these potential ethical concerns, or limitations to confidentiality, is important to ensure clients are aware of these boundaries and potential outcomes related to the intervention.

**Application: Ethical Considerations/Boundaries for the Photographs**

In this support group, members were given a short presentation that outlined the specific instructions and expectations for participation in the photovoice intervention. Individuals were asked to capture an abstract photo that conveyed what they wanted the community or others to know about their grief. Participants were advised to not take pictures of other individuals, but instead to focus more on an abstract or metaphorical way to represent their experience of grief in being a survivor of suicide loss. The limitations to confidentiality were not directly discussed in relation to the photovoice specifically, as this information had been previously covered upon entry into the support group—which had been a long-standing group within the nonprofit agency. However, discussing limits to confidentiality in relation to photovoice specifically can be done through an informed consent process similar to the start of any group or individual counseling experience.

**Number of Pictures Taken Versus Submitted**

The third consideration is the number of pictures that clients can or should take. This number may be different than the number of pictures you ask clients to bring in to share within the group setting. Participants can be asked to take as many pictures as they want, but frequently in order to have time to truly process the photographs, participants are asked to limit the number of pictures they bring to share within the group setting. Freedom to take an unlimited number of pictures can be freeing and allow some clients creativity, while for others this may be daunting.

Related to the number of pictures clients may be encouraged to take is the number of pictures they are asked to bring back to the group. The number of submitted pictures frequently ranges from three to five photographs; however, other researchers have recommended or requested lower or higher numbers of photographs to be submitted. Aspects to consider in deciding the number of pictures to submit may include the topic being discussed, the number of clients within the group, the length of a group session, and the preference of group members. Ultimately, the number of photographs to be submitted can be discussed with the group members to determine their preference. However, given other limitations (e.g., time and number of group members), the counselor can also establish the preferred number of submitted photos by group members to ensure each group member will be able to process each photo within the group. It needs to be considered that when a larger number of photographs have been allotted to be submitted, there is less time available for individuals to provide the descriptions of each photo within the group setting, which then limits the ability to make meaning of their experience and pictures. Additionally, other groups have had patients who were unable to attend a group meeting submit
photos via postal mail, thus not talking through the photos with a clinician or researcher. This practice resulted in the patients and researchers being unable to make a clear understanding or interpretation of the photographs (Baker & Wang, 2006). Therefore, it is important, when deciding how many photos clients should submit for the photovoice intervention, that the counselors ensure clients are able to attend the group session. Another important consideration is that an adequate number of photographs are selected specifically for group discussion to allow the depth of conversation to occur for each photograph, and also the conversations about photos, and the themes that emerge across photos, to occur between group members.

**Application: Number of Pictures Taken Versus Submitted**

Clients in the group were asked to bring three pictures. This number was selected based on (a) the number of individuals in the group and (b) the length of the group meetings. Given that the group was 1.5 hours long, and typically seven to 10 people attended any given group, three photographs per person were deemed sufficient to describe their grieving process. In discussing the photographs, each member took approximately ten minutes, which also allowed for time to process the larger themes that emerged from the group after individuals shared their stories and photographs. For this group, three photographs seemed to be the limit for talking about their experience, and any more would have provided repetitive information or exhausted the group members.

**Format of Pictures**

There are different ways to bring the photographs into the group setting. Consider whether it is easier for clients to bring photographs in themselves, printed out on photo paper or regular copier paper. On the other hand, it may be easier for the clients to email or provide the pictures for the counselor electronically, providing the ability to look at them using a computer or projector. Ultimately the goal is what is easiest and most accessible to the client, but also what allows all the clients to see the pictures and also to sort through and talk about each one as a group.

**Application: Format of Pictures**

Given that clients had access to different kinds of technology, clients had the option either to print their own pictures out and bring the photos to the group or to electronically send the pictures to the counselor, who would print the photos out and bring them to the group. Printing the pictures allowed all clients to see the pictures, either by passing them around or by holding them up for all group members to see as they shared their experience or meaning of the photo.

**Step 3: Photo Interpretation**

Meaning-making occurs when photographs are discussed within the group, narratives and experiences are shared, and group members can dialogue and connect. There are various ways that individuals can share and interpret
their photographs for the group. This can be done through open dialogue, where clients share whatever they decide to about the photograph. It can also occur through having clients title their photographs and talk through the meaning of the title. Finally, it can occur through the photovoice method of SHOWeD (Wang, 1999). The SHOWeD method provides a way for each client to answer the same things about each photograph they have selected. This can be done prior to the group, where clients write down their responses, or within the group’s natural setting. The SHOWeD method of interpretation (Trepal & Cannon, 2018; Wang, 1999) follows the format of the following questions: What do you see here? What is really happening here? How does this relate to our lives? Why does this problem or situation exist? How could this image educate others? and What can we do about the problem or situation?

Application: Photo Interpretation

Within the support group, members took turns describing their pictures using specific prompt questions from the SHOWeD method of interpretation. These questions allowed for a uniform process of sharing among group members and provided multiple questions to aid in the depth of explanation of what the picture was about, what it represented for the person, and what would be helpful moving forward. Throughout the sharing process, there was a consistent interaction between group members, including validation, normalization, and exploration of each other’s experiences. Given that this was a long-standing support group, with members having attended up to two years, all members had shared their story previously within the parameters of the group many times. However, the abstract images within the photovoice intervention added a new element to their narrative they had not considered before (both for the individual sharing and for group members). This new experience seemed to provide a vehicle for reframing the loss and understanding the bigger meaning of their situation.

Step 4: Photo Sorting

Theme Development

After all photographs are shared within the group during photo interpretation, group members are encouraged to develop overarching themes of the experiences within the group. This process includes having members identify both the experiences that were shared among group members and the experiences that were unique to one group member. Shared and unique experiences are valued. Once these similar and unique experiences are identified, group members are asked to title them; ultimately developing overarching themes discussed by clients within the group setting.

Application: Theme Development

Seven specific themes emerged from this group that included (1) lonely struggle, (2) changing emotions, (3) everyone has a story, (4) beyond the hori-
zon, (5) choices, (6) everything has changed, and (7) unsettled forever. These themes are discussed further in a previous article (Mayton & Wester, 2018).

**Photo Assignment**

Group members are encouraged to sort the photographs and assign them as abstract or metaphorical representation of the themes that were identified by the group members. This can sometimes be an easy process and at other times a difficult one, as some clients may see a photograph fitting into more than one category. While it is encouraged that the group dialogue and see how they can process the photographs to have each photo be within a group, having a photograph straddle themes or align with more than one theme is a possibility. Again, this goes to the meaning it has for the individual client, but also for the larger group as well.

**Application: Photo Assignment**

After all group members shared their photos using the SHOWeD method of interpretation, the group acknowledged the unique and shared stories by sorting photos and stories into categories and labeling them. The individuals within this support group were struggling with the obstacles of the unanswered question of why, isolation, and stigma that make the meaning-making process challenging. This photovoice intervention allowed them to reframe or gain a new perspective of these obstacles in order to find new meaning.

**Step 5: Meaning-Making Process**

The meaning-making process involves a reflection on the photovoice process as a whole. This includes any perspective that changed for the group members, a newfound insight of their situation, or a takeaway from the group experience. While meaning-making is unique to each individual, it can also be a collective meaning made by the group as a whole unit.

**Application: Meaning-Making Process**

The group members reflected on the photovoice experience and acknowledged the fresh perspective they developed on their experience. Specifically, the use of photos and the group dialogue allowed them to move past their previous ways of thinking about their grief and open the possibilities of new meaning. Without the use of photos to help individuals deeply interpret their grief experience, they would not have been able to move past the three challenging obstacles.

To work through the first obstacle of the unanswered question of why, photovoice provided an opportunity to release self-blame and open up a space for new meaning. Group members described their desire to self-blame as a tug of war where, logically, they knew it was not their fault, but emotionally it was the only way for them to understand the “why” of their loved one’s completed suicide. However, bringing attention to details in the photos provided a way to acknowledge the various factors contributing to the suicide. These details are difficult to see in overwhelming grief but offer a more holistic understanding.
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of the why. More specifically, group members realize that their loved one’s situation was bigger than they had originally thought; therefore, all fault could not be attributed to themselves. Not only was the suicide not their fault, but there was nothing they could have done to prevent it. The photos provided the realization that even the deceased was uncertain of how to help themselves, which provided a shift in blame off their loved one. The redirect of blame off themselves and the deceased allowed them to still view their loved one in a positive light and move closer toward an acceptance of the event. This reframe added a new narrative that, similar to an online support group (Hagstrom, 2017), opened the door for more meaning.

The group members combated the second obstacle of stigma surrounding suicide by accepting that it was not the death of the person that mattered, but who they were as a person. Solely focusing on the manner of death did not allow them to integrate the memory into their narrative, because it did not fit with the image of the loved one. However, the use of photos allowed members to move from this tunnel vision to a holistic picture of the deceased’s life, which included both positive and negative memories. In almost every photo presented to the group, there was a positive or beautiful aspect that may have been difficult to acknowledge without the visual. Shifting one’s focus from the negative to the positive gave group members permission to move past the unaccepted aspects and practice benefit finding, both of which are also themes echoed in other qualitative research studies (Sands et al., 2011; Supiano, 2012).

Lastly, the group worked through the obstacle of isolation through the action-based approach of the photovoice intervention. Throughout the group experience, members expressed a difficulty fitting in their previous way of life. This makes sense, since this type of loss challenges how we understand ourselves and the world. Through photovoice, members were given the opportunity to take action and express their situation to others in a more relatable manner, through metaphoric images. Analyzing the photos helped survivors reframe their isolation and use their story to help or prevent this from happening to others. This newfound purpose, or a sense of hope that they could help others, may be the first benefit that a survivor of suicide loss can acknowledge (Haase & Johnston, 2012). In addition, the group members decided to display their photos in a pamphlet in the lobby of the nonprofit as a way of advocating for their experience.

IMPLICATIONS FOR CLINICAL MENTAL HEALTH COUNSELORS

Meaning-making is vital to growth and healing from the loss of a significant individual to suicide. Photovoice as an expressive arts intervention can be used with both individuals and groups dealing with any type of loss. Sometimes a client is not ready or open to a support group, but photovoice can still remain beneficial within the individual experience to help a client make meaning of suicide loss. However, it is the group dialogue and experience that help solidify or formulate meaning and normalize one’s experience. This is especially true
when words are not the most effective form of communication or when the individual struggles to share their story. As an alternative form of communication, photography has been utilized in a variety of therapeutic settings and with various populations as an expressive arts intervention. For example, photos have been used to promote empowerment in marginalized populations, to assist clients in expressing their emotions, to process mental health concerns and trauma, and to promote self-identity (Quaglietti, 2018; Teti et al., 2017). This nonverbal technique not only aids the client in their own understanding, but also provides the counselor with a window into the client's perspective, which informs treatment planning (Ginicola et al., 2012). Photovoice is another extension of the similar use of photography in a therapeutic setting. In the case of suicide loss, the death is both stigmatized and traumatic, which can make it hard for others to understand the nuances of the survivor's experience. The photos provide an avenue for others to connect to the emotions that are expressed by the survivor of a suicide loss. Not only can photos help others understand the survivor's grief experience, but they can unlock new meanings for the individual to better understand their own experience. Specifically, utilizing the photos to reframe the challenging obstacles of the unanswered questions, stigma, and isolation can create a new storyline and develop new meaning. Using this intervention in a group setting is ideal for the survivors of a suicide loss, because it can open the eyes of the survivors to a new perspective and satisfy a need for social interaction that is lacking.

CONCLUSIONS

Suicide is a devastating loss that impacts the lives of many individuals, known as survivors of a loss by suicide. This specific loss has unique consequences for the griever(s), such as societal stigma, forced isolation, and the unanswered cause of the death. All of these elements contribute to the challenging meaning-making process, which is necessary for growth and healing. Photovoice as a creative expression can provide an avenue to make sense out of this loss and involves capturing photos to represent an individual's grief experience. While photos have been utilized in the therapeutic setting to provide mental health support for clients, this article demonstrates the importance and need for the integration of photos into the treatment of survivors of a suicide loss. The interpretation of these photos offers a shift in the restrictive perspective of the death and increases the capacity to create new meaning for the significant life event. In addition, photovoice as a structured process for using photographs in a group therapeutic setting is lacking in the mental health field. Not only does this article provide support for its use, but it offers practical implications that can be incorporated by mental health practitioners. To demonstrate this, a photovoice intervention was applied to a support group for loss of suicide survivors, and group members came to understand that the suicide was not their fault, that the death story was not the only thing that mattered, and that their new purpose was to use their story to help others in
a similar situation. The combination of evocative photos and the supportive group setting allowed survivors of suicide loss to have their voice heard and actively take a step towards healing.

There are some limitations to consider when using photovoice as a group intervention for survivors of a suicide loss. First, it is difficult to control how deeply a person may reflect on their photographs. While the facilitator can ask probing questions, some individuals may be able to extract more meaning through their interpretation than other individuals. Second, the use of this intervention with a group will reflect the larger meaning-making of the group. The individual meaning made from each photograph is still reflected and encouraged but may not always be represented uniquely in the themes from the group process. Last, this type of intervention may not be appropriate for everyone experiencing a loss by suicide. Individuals in the early stages of their grief experience may find it difficult to think about meaning and to reflect on their experience when they have not processed through the emotional intensity proceeding a loss.

Future research is needed in order to fully understand the impact of this intervention on survivors of a suicide loss. Outcome-based studies should be conducted to examine the outcome of this intervention on the survivor of suicide loss's level of grief, meaning-making, and sense of stigma or isolation. Additionally, researchers can explore experiences of engaging in photovoice intervention to provide insight into the individual experience of the survivor of suicide loss when using photos to create meaning.

REFERENCES


