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ACADEMIC REVIEW OF THE DOCTORAL DISSERTATION

Title of the Dissertation: *Continuing life after suicide loss: The necessity and challenges of postvention from the perspective of bereaved families and professionals*

Author: Elke Gerlach, MA

Supervisor: Prof. dr hab. Jerzy Kochanowicz

Institution: WSB University, Dąbrowa Górnicza (2026)

1. Overall assessment of the dissertation

The doctoral dissertation submitted by Elke Gerlach, MA, addresses an extraordinarily sensitive, socially urgent, and scientifically significant topic: postvention and suicide bereavement within a rural regional framework (Lower Bavaria). The dissertation successfully

bridges the gap between individual psychological experiences of grief and structural/institutional postvention practices.

The overall assessment of the dissertation is highly favorable. The candidate demonstrates a profound mastery of qualitative research methodology, interdisciplinary theoretical frameworks, and high ethical standards required when researching highly vulnerable populations. The manuscript stands out for its analytical clarity, thorough engagement with recent international literature, and clear practical relevance for social policy, healthcare, and regional postvention organization.

2. Structure and content of the dissertation

The dissertation is logically structured into eight coherent chapters, moving systematically from foundational research questions to theoretical framing, empirical analysis, and actionable conclusions:

- Chapter 1 (Introduction): Outlines the research problem, analytical dimensions, definitions, and methodological/ethical premises.
- Chapter 2 (Literature Review): Provides a state-of-the-art overview of suicide bereavement, survivors' vulnerability, postvention structures, and rural barriers.
- Chapter 3 (Theoretical Framework): Blends contemporary grief models (Dual Process Model, Worden's tasks), trauma-informed care (TIC), and sociocultural theories (Goffman, Doka).
- Chapter 4 (Research Methodology): Details the qualitative multiple-case study design, sampling strategies, data collection, reflexive thematic analysis, and strict ethical protocols.
- Chapter 5 (Context of Lower Bavaria): Analyzes the regional care ecosystem, underscoring structural and spatial peculiarities.
- Chapter 6 (Empirical Findings): Presents rich qualitative findings from both bereaved individuals ($n = 13$) and professionals ($n = 13$), culminating in the conceptual *Postvention Interface Misalignment Model*.

- Chapter 7 (Discussion): Synthesizes findings with international research and theoretical models, focusing on practical implications and rural realities.
- Chapter 8 (Conclusion & Outlook): Summarizes theoretical, empirical, and practical contributions, acknowledging study limitations and guiding future research.

3. Substantive evaluation of individual parts of the dissertation

- Introduction & Problem Formulation (Chapter 1): The thesis explicitly frames suicide not merely as an isolated psychological tragedy, but as a relational and institutional event. The three analytical dimensions (bereaved experience, professional frameworks, and their interface) are well-articulated.
- Literature Review (Chapter 2): Excellent, up-to-date, and international in scope. It successfully demonstrates gaps regarding rural contexts and multi-perspective research combining service users and providers.
- Theoretical Framework (Chapter 3): Highly sophisticated. Combining Stroebe & Schut's Dual Process Model (oscillation) with Doka's disenfranchised grief, Goffman's stigma theory, and Trauma-Informed Care principles creates a multi-layered interpretive lens well-suited for qualitative data.
- Methodology & Ethics (Chapter 4): Methodologically sound and ethically exemplary. Conducting qualitative research on suicide bereavement demands rigorous safeguards (e.g., processual consent, crisis intervention protocols, reflexivity regarding researcher positionality). The use of reflexive thematic analysis (Braun & Clarke) is executed with precision.
- Empirical Findings & Conceptualization (Chapters 5 & 6): The empirical narrative is rich, nuanced, and evocative. The creation of the Postvention Interface Misalignment Model (Section 6.7) represents an outstanding original contribution to postvention science, capturing systemic gaps between bereaved expectations and institutional logic.
- Discussion & Conclusion (Chapters 7 & 8): The candidate contextualizes her findings skillfully within wider European and global research, offering concrete recommendations for regional health policy and postvention infrastructure.

4. Evaluation of used literature

The bibliography is extensive, relevant, and strictly academic. It incorporates key classic references (e.g., Shneidman, Goffman, Doka) alongside cutting-edge peer-reviewed studies published between 2020 and 2025/2026 (e.g., Andriessen, Levi-Belz, Pitman, Maple, Oexle). The international scope balances mental health, sociology, social work, and thanatology literature seamlessly.

5. Formal side of the dissertation

The dissertation meets all formal requirements for a doctoral degree. The language is precise, scholarly, and value-neutral. Formatting, table of contents, appendices, and references adhere to academic publication standards. Ethical declarations and official statements are properly placed and signed.

6. Critical remarks and questions for the Candidate

A favorable evaluation of the dissertation does not exempt one from the obligation to identify issues that require discussion.

1. Data from professionals were gathered partly through written formats/questionnaires due to time constraints, whereas bereaved individuals participated in narrative oral interviews. Although justified ethically and practical-wise, written responses inherently reduce the opportunity for spontaneous emotional probing compared to dynamic interviews.
2. For qualitative data analysis, could be use NVivo software, which is a tool widely applied in the analysis of interviews, observations, and textual data. NVivo enables systematic data management, coding of text segments, the creation of category hierarchies, and visualisation of relationships between codes, thereby supporting the identification of patterns and the drawing of conclusions (Bazeley & Jackson, 2019; Castleberry & Nolen, 2018). The software also facilitates the comparison of responses, tracing of thematic relationships, and preparation of synthetic summaries, thereby enhancing the reliability and analytical value of qualitative research.

3. Was it possible to make greater use of validation procedures typical of qualitative research, such as member checking or consulting with research participants regarding interpretations?
4. How did the author control for the influence of her own beliefs and experiences on the data interpretation process?
5. How can the Postvention Interface Misalignment Model developed in Lower Bavaria be generalized or adapted to urban regions or different national healthcare systems?

7. Concluding remarks and conclusion

Elke Gerlach, M.A.'s doctoral dissertation, titled *„Continuing life after suicide loss: The necessity and challenges of postvention from the perspective of bereaved families and professionals”* represents a valuable, independent, and original approach to a scientific and practical problem. The author has demonstrated a solid theoretical foundation in the field of family studies and excellent research skills.

I hereby certify that the doctoral dissertation submitted by Elke Gerlach, M.A., **fully meets the requirements** for doctoral dissertations set forth in Article 187 of the Act of July 20, 2018—Law on Higher Education and Science (Journal of Laws of 2023, Item 742, as amended).

Accordingly, I hereby request that the Scientific Discipline Council for Family Studies at the WSB University in Dąbrowa Górnicza admit Ms. Elke Gerlach, M.A., to the **subsequent stages of the proceedings for the conferral of the doctoral degree in family studies in the discipline of family studies.**

I also recommend this doctoral dissertation to be published as an educational monograph.