Acta Universitaria
ISSN: 0188-6266
actauniversitaria@ugto.mx
Universidad de Guanajuato
México

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Surviving suicide loss: recommendations for research
Acta Universitaria, vol. 25, núm. 2, septiembre, 2015, pp. 5-9
Universidad de Guanajuato
Guanajuato, México

ISSN 0188-6266
doi:10.15174/au.2015.885
ACTA UNIVERSITARIA
Multidisciplinary Scientific Journal

Surviving suicide loss: recommendations for research

Sobreviviendo la pérdida por suicidio: recomendaciones de investigación

Robert A. Neimeyer*, Julie Cerel**

ABSTRACT

Mounting scientific evidence documents that bereavement by suicide can have a powerful and sometimes devastating impact on survivors. Accordingly, the Survivors of Suicide Loss Task Force of the National Action Alliance for Suicide Prevention in the United States has recently worked to formulate national guidelines to mitigate the harmful after-effects of suicide in social and family systems. The present article addresses one of four strategic directions addressed by the Task Force, namely the development of goals and objectives for surveillance, research and evaluation of the impact of suicide loss. Recommendations range from methodological guidelines for the conduct of future studies to specific content areas of research relevant to the design and implementation of public health, peer support and professional psychotherapeutic attention for communities, families and individuals affected by suicide loss.

RESUMEN

La evidencia científica documenta que el duelo por suicidio puede tener un impacto devastador en los sobrevivientes. En consecuencia, el Grupo de Trabajo de Sobrevivientes de Pérdida por Suicidio (*Survivors of Suicide Loss Task Force*), de la Alianza Nacional de Acción para la Prevención del Suicidio (*National Action Alliance for Suicide Prevention*) en Estados Unidos de América, ha trabajado recientemente en formular lineamientos generales para mitigar los efectos nocivos que el suicidio tiene en sistemas sociales y familiares. El presente artículo aborda una de cuatro direcciones estratégicas del Grupo de Trabajo, a saber, el desarrollo de metas y objetivos de vigilancia, investigación y evaluación del impacto de la pérdida por suicidio. Las recomendaciones van desde los lineamientos metodológicos para futuros estudios, hasta áreas específicas de investigación relevante para el diseño e implementación en salud pública, soporte de pares y atención psicoterapéutica para comunidades, familias e individuos afectados por la pérdida por suicidio.

INTRODUCTION

As the organization of the *VI Congreso Internacional de Prevención del Suicidio* in Mexico demonstrates, increasing attention is being paid internationally to curbing the incidence of suicide throughout the world (Fleischmann & De Leo, 2014; Hawton, 2014; World Health Organization [WHO], 2014). Historically, however, less attention has been given to the "shadow" of suicide loss in the lives of those communities, workplaces, families and individuals who remain. Nevertheless, a growing body of scientific evidence has begun to document the substantial impact of the suicide of a significant person on survivors, which may range from transitory distress to pervasive and profound effects such as posttraumatic stress disorder and complicated grief (Jordan & McIntosh, 2011). For example, a recent comprehensive review of controlled scientific studies in *The Lancet* concluded that, over and above the impact of bereavement by other causes, exposure to the suicide of a close contact is associated with increased depression, admission to psychiatric care, and risk of suicide in survivors, depending on the character of the relationship to the deceased (Pitman, Osborn, King & Erlangsen, 2014).

Recibido: 8 de julio de 2015
Aceptado: 30 de julio de 2015

Keywords:
Suicide bereavement; recommendations for research; suicide; public health.

Palabras clave:
Duelo por suicidio; recomendaciones de investigación; suicidio; salud pública.

Cómo citar:
Neimeyer, R. A., & Cerel, J. (2015). Surviving suicide loss: recommendations for research. *Acta Universitaria*, *25*(NE-2), 5-9. doi: 10.15174/au.2015.885

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ISSN 0188-6266

In light of estimates that 800 000 people die by suicide each year (WHO, 2014), and evidence that 5 - 15 nuclear to extended family members are "intimately and directly affected" by each death (Berman, 2011), 4 to 12 million people may suffer suicide bereavement annually worldwide. When one considers effects beyond immediate family (e.g., in the extended family, church, school or workplace), the impact of suicide loss is obviously much larger. Cerel and colleagues have found that up to 48% of community members report the lifetime suicide of someone they personally knew with almost 20% of the population identifying as a "survivor", that is, as someone significantly affected by a suicide death (Cerel, Maple, Aldrich & van de Venne, 2013; Cerel, Maple, van de Venne, Moore, Flaherty & Brown, 2015). It is for this reason that public health initiatives are needed to define "best practices" to reduce the negative effects of suicide loss for all those *a*) exposed to suicide, *b*) affected by suicide, *c*) bereaved by suicide and suffering short-term effects, and *d*) bereaved by suicide with serious long-term consequences (Cerel, McIntosh, Neimeyer, Maple & Marshall, 2014).

In recognition of the seriousness of suicide loss and its demonstrated link to further risk of suicide in survivors, the US Department of Health and Social Services in 2010 created a public-private partnership to advance a National Strategy for Suicide Prevention (NSSP) in the United States. The result was the National Action Alliance for Suicide Prevention (Action Alliance), whose Survivors of Suicide Loss (SOSL) Task Force was charged with developing a comprehensive set of goals and objectives for building infrastructure to support people who suffer the impact of suicide, reduce the negative effects of suicide when it occurs, and help to prevent future suicides. More information about the Task Force, including recommendations regarding other strategic directions concerned with (1) Healthy and Empowered Individuals, Families, and Communities; (2) Clinical and Community Preventive Services; and (3) Treatment and Support Services; can be accessed at the following website: http://actionallianceforsuicideprevention.org/task-force/survivors-suicide-loss. The present article describes goals and objectives relevant to the fourth strategic direction, namely those focused on surveillance, research and evaluation efforts concerning suicide loss.

Recommendations for research

Strategic direction: surveillance, research & evaluation

Although a great deal has been learned about the impact of suicide loss in the last two decades, the scientific yield of this research has been limited by both methodological factors and a restriction in topics receiving attention. This strategic direction offers goals and objectives intended to redress both of these constraints.

Goal 1: Establish reliable estimates of the numbers of people *a*) exposed to and *b*) affected by a given suicide, as well as those more intimate survivors who suffer *c*) short-term and *d*) long-term bereavement complications.

- Objective 1.1: Use epidemiological methods (e.g., surveys of randomly or representatively sampled catchment areas) to estimate the prevalence of suicide exposure and the subset of those exposed who suffer short-term and prolonged psychological distress (e.g., post-traumatic symptomatology from witnessing a completed suicide), inasmuch as recent research places the number of affected persons as greatly larger than the 6 survivors per suicide commonly quoted (Berman, 2011).

- Objective 1.2: Conduct longitudinal follow-up of those survivors displaying clinically significant distress, as well as close relatives at risk for bereavement complications for at least two years following the death.

Goal 2: Design studies using scientifically appropriate sampling methods.

- Objective 2.1: Recruit samples of sufficient size to ensure adequate statistical power in quantitative studies.

- Objective 2.2: Recruit appropriate participants using purposive or theoretical sampling strategies to serve the objectives of qualitative research designs (e.g., focus group or grounded theory studies).

- Objective 2.3: Distinguish research participants based on kinship (e.g., parent, child, spouse) and non-kinship (e.g., friend, co-worker, emergency responder) relation to the deceased, rather than combining them in a single category. When a larger grouping is justified, compare significant subgroups within the overall sample.

- Objective 2.4: Report subjective "closeness" to the deceased, insofar as level of intimacy can vary greatly within any given descriptive category of survivors (e.g., family, co-workers), and may prove to be more predictive of impact than kinship, *per se*.

- Objective 2.5: Clearly define for purposes of both participant recruitment and reporting of results

what constitutes "suicide survivorship" in a given study, giving consideration to recently advanced definitions for distinguishable subgroups of this overall category. One such promising categorization is the "continuum of survivorship" advanced by Cerel *et al.* (2014), which distinguishes between people *a*) exposed to, *b*) affected by, and *c*) bereaved by suicide, with the latter group being further distinguished into those experiencing short- and long-term impacts of the loss.

- Objective 2.6: Employ relevant control and/or comparison groups to justify descriptive and causal inferences regarding suicide loss and its treatment. This implies that investigators should:
    - Compare survivors of suicide to other relevant groups, such as those persons exposed to other forms of traumatic stress, and those bereaved by other modes of death (e.g., natural anticipated, natural sudden, and violent deaths, as through accident and homicide).
    - Include non-bereaved controls to assess impact of suicide loss relative to the general population.
    - Match suicide survivors with relevant comparison groups on other factors plausibly related to the independent variables of interest (e.g., demographic background, kinship to the deceased, ethnicity).
- Objective 2.7: Explore novel recruitment strategies, such as peer-nomination or "snowball" sampling working with identified survivors, or establishing a national registry of survivors willing to be contacted by investigators to participate in future research.

Goal 3: Use appropriate methodology to address the research questions.

- Objective 3.1: Observe established criteria (e.g., memoing, member checking) for the conduct of qualitative studies (e.g., using grounded theory, narrative, phenomenological or focus group methods) to ensure trustworthiness of conclusions.
- Objective 3.2: Rely on psychometrically valid and reliable instrumentation to assess quantitative variables of interest when those measures are available. Focus on the development of measures where they have not been previously created.
- Objective 3.3: Expand the assessment of relevant variables beyond those concerned with grief and psychiatric symptomatology to evaluate the broader impact of suicide on the personal, social and spiritual functioning of survivors, as well as the possible factors (e.g., attachment security, coping style, meaning making) that may mediate it.
- Objective 3.4: Include assessments of possible positive outcomes associated with survivorship (e.g., altruistic outreach to other survivors, posttraumatic growth).
- Objective 12.5: Pursue mixed methods research, using multiple methods (both quantitative and qualitative), to enhance credibility and richness of conclusions.

Goal 4: Study the impact of suicide loss using longitudinal methods.

- Objective 4.1: Conduct studies permitting genuine prospective prediction of the impact of suicide through collecting data at two or more time points (e.g., health data prior to and following suicide bereavement, coping responses early in loss as potential predictors of later psychosocial outcomes).
- Objective 4.2: Identify periods of high risk for adverse outcomes following exposure to or bereavement by suicide (e.g., early vulnerability to suicide among survivors, residual complications for a subgroup of long-term bereaved).
- Objective 4.3: Trace the longer-term responses of survivors to identify the natural course of adaptation to suicide loss and variations in such trajectories. (For example, using sophisticated statistical methods to identify discriminable subgroups in a larger sample of widowed persons, Galatzer-Levy & Bonanno (2012) distinguish between four different trajectories through spousal bereavement: chronic grief, chronic depression, depression improved, and resilient. It is likely that some analogous groups would emerge from a longitudinal study of suicide bereavement).

Goal 5: Identify common and unique impacts of suicide bereavement, as well as individual difference variables that function as risk factors for or buffers against such effects.

- Objective 5.1: Using appropriate comparison groups, determine what features of response to suicide loss are shared by survivors of other traumatic exposure or bereavement, whether natural or violent, and whether or not the mode of death involved human intent.
- Objective 5.2: Solicit information from research participants about family history of suicide and other

ISSN 0188-6266

potential risk factors that could predispose to adverse outcomes (e.g., depressive or bipolar disorder), and analyze their relation to response to suicide loss.

- Objective 5.3: Consider impact of developmental factors on adaptation to suicide loss, with special attention to such populations as children, adolescents and older adults, compared to the young and middle-aged adults who are the focus of most research.

- Objective 5.4: Examine the role of gender, culture and ethnicity, both within and beyond the American context, in predicting the impact of suicide loss and to what factors observed differences are attributable.

- Objective 5.5: Analyze the role of circumstantial factors concerning the death (e.g., witnessing the death, discovering the body, level of violence of the death, relationship to the decedent) in moderating its impact on survivors.

Goal 6: Investigate social processes that could both moderate the impact of suicide loss and be affected by it.

- Objective 6.1: Situate studies of individual impact of and coping with suicide in the context of family processes of mutual grieving, meaning-making, and emotion regulation.

- Objective 6.2: Study the role of spontaneous face-to-face social support in the accommodation of suicide loss, including such factors as social network size, composition and response to the loss (e.g., compassionate, avoidant or intrusive).

- Objective 6.3: Describe and evaluate the impact of computer-based social networking and web-based dissemination of information on suicide loss in meeting the emotional and instrumental needs of users.

- Objective 6.4: Conduct research on the social stigmatization of suicide bereavement, both as reported by the bereaved themselves, and as demonstrated in the attitudes of relevant others who vary in race, ethnicity, culture and relation to the bereaved.

Goal 7: Surmount the intellectual isolationism of research on suicide loss by linking studies more clearly to contemporary theories and associated research paradigms in adjacent fields (e.g. Neimeyer, Harris, Winokeur & Thornton, 2011).

- Objective 7.1: Draw on advances in the field of bereavement research focusing on attachment, coping and meaning reconstruction to delineate factors exacerbating or mitigating the impact of suicide loss.

- Objective 7.2: Bridge research in suicide loss more fully with research in traumatology to identify dimensions of trauma exposure (e.g., personal vulnerability or danger) and coping style (e.g., substance use) associated with outcome of suicide loss.

- Objective 7.3: Publish research on suicide loss in more general as well as specialty journals to increase awareness of its impact beyond the field of suicidology.

Goal 8: Study the utilization and efficacy of mutual support and professional interventions for suicide loss (e.g., the relevance of various grief therapy procedures manualized by Neimeyer, 2012).

- Objective 8.1: Establish a national database of approved IRB protocols to provide guidance for future investigators in navigating delicate issues in protection of human subjects and informed consent procedures in intervention studies with suicide survivors.

- Objective 8.2: Describe utilization of and satisfaction with different forms of support and intervention (e.g., mutual support groups, spiritual counseling, pharmacotherapy, psychotherapy) sought out by survivors of suicide in the short-term and longer-term aftermath of the death.

- Objective 8.3: Investigate effectiveness of mutual support groups for suicide loss as a function of group leadership, format, length and duration of participant intervention (e.g., attrition, frequency of participation), with special attention to well defined existing models (e.g., Lifeline Australia, Heartbeat of Hope) that can be more widely disseminated.

- Objective 8.4: Evaluate safety and acceptability of informal support groups following suicide loss, with a particular focus on possible adverse effects of repeated exposure to the traumatic accounts and suffering of others.

- Objective 8.5: Conduct controlled trials of specific professional interventions that show promise of efficacy in the treatment of suicide bereavement (e.g., Active Postvention Model, Complicated Grief Therapy, prolonged exposure, behavioral activation, narrative and meaning-oriented interventions), as opposed to generic studies of unspecified therapies.

Goal 9: Document and disseminate evidence-based training for peer support and professional assessment and intervention following suicide loss.

- Objective 9.1: Evaluate learning outcomes, achievement of basic competencies and changes in actual treatment practices following training programs for facilitators of mutual support groups, first responders, allied medical professionals and others who offer specialized services to suicide survivors at any point following the death.
- Objective 9.2: Construct evidence-based workshops and curricula, both face-to-face and online, for graduate level training and continuing professional education in suicidology and in collaboration with other relevant professional groups (e.g., Association for Death Education and Counseling, International Society for Traumatic Stress Studies, American Association of Suicidology), and evaluate their success in meeting learning objectives.

Goal 10: Promote bridging of research and practice by soliciting engagement of relevant stakeholders in scientific studies of suicide loss and intervention.

- Objective 10.1: Ensure representation of the voices of survivors in the design and interpretation of relevant studies, in keeping with the principles of community based participatory research, as has been done, for example, in the field of homicide bereavement (Neimeyer, Burke & Lawson, 2013).
- Objective 10.2: Involve practitioners in the construction, implementation and evaluation of support and treatment programs for survivors, including the naturalistic study of best practices currently implemented in the field.
- Objective 10.3: Secure the buy-in of relevant institutions (e.g., agencies, services or funders) in the design and evaluation of treatment programs in order to ensure their sustainability beyond the period of initial study.

CONCLUSION

In recognition of the universality of suicide loss globally, the Action Alliance Task Force has developed specific goals and objectives to guide future scientific research, in keeping with the charge given it by the US Department of Health and Human Services. The present paper summarizes these preliminary guidelines to invite dialogue with similar initiatives in other nations striving to reduce the impact of this form of traumatic loss on communities, families and individuals. We hope that the resulting research provides clearer focus for primary and secondary prevention programs in the US and abroad, as well as sharper implications for professional intervention when such efforts are warranted.

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