

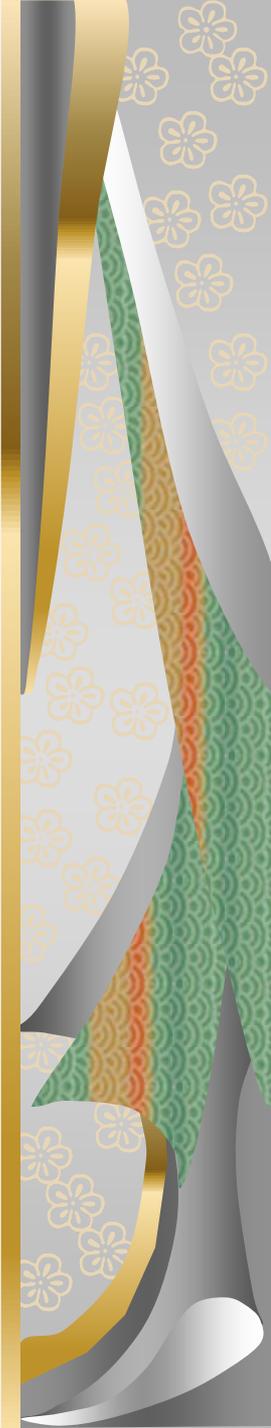
Bereavement After Suicide: Walking the Journey with Survivors

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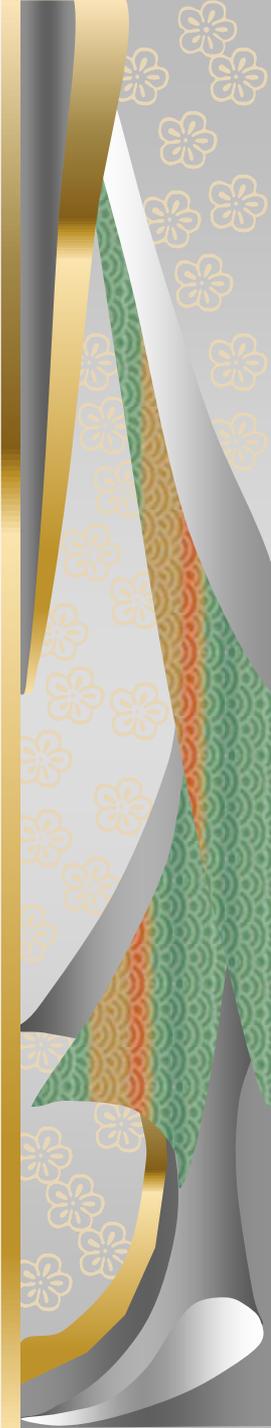
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Workshop Overview

- Introduction
- Suicide “101”
- Understanding the Experience of Suicide Loss
- What Do Survivors Need?
- What Can We Do to Help?
- Wrap-Up



Five Questions

- Why do people take their life?
- Who is responsible when a suicide occurs?
- Can suicide be prevented?
- Should suicide be prevented?
- Are there circumstances under which you might consider suicide?

What Should I Know About Suicide? – “Suicide 101”

- Epidemiology
- Risk Factors
- Etiology
- Warning Signs

Suicide Epidemiology

- Suicide Is A Public Health Problem
- 30,000 Completions/Year in U.S.
- 600,000 – 700,000 Attempts/Year
- Worldwide - Nearly 1 Million/Year, 20 Million Attempts/Year
- 11th Leading Cause Of Death in U.S., 3rd For Young People
- Males Complete Suicide at a Rate 4 Times That Of Females
- 90% Have Diagnosable Psychiatric Disorder - Most Often Mood Disorders

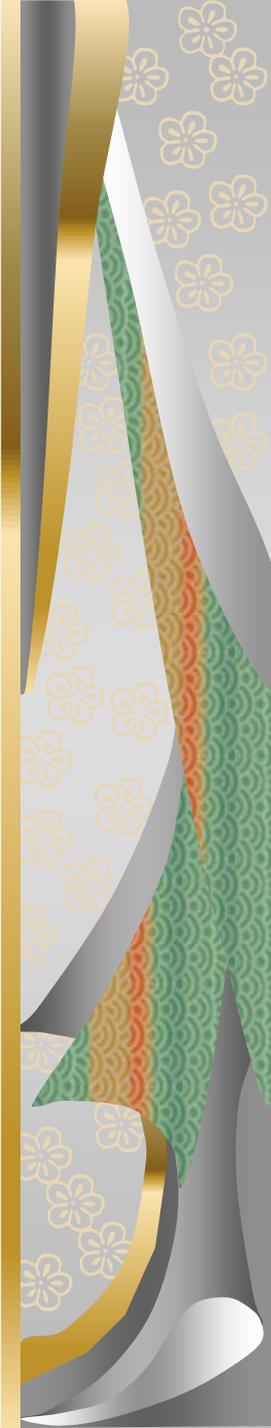
Suicide Risk Factors

■ How Do Suicide Rates Vary As a Function of:

- Age
- Gender
- Marital Status
- Race/Ethnicity
- Geography
- Social Class

Suicide Etiology: ***Suicide as the “Perfect Storm”***

- Genetic Factors
- Biological Factors
- Personality
- Past Experience
- Life Stressors
- Interpersonal Connectedness
- Social Issues
- Opportunity/Access to Means



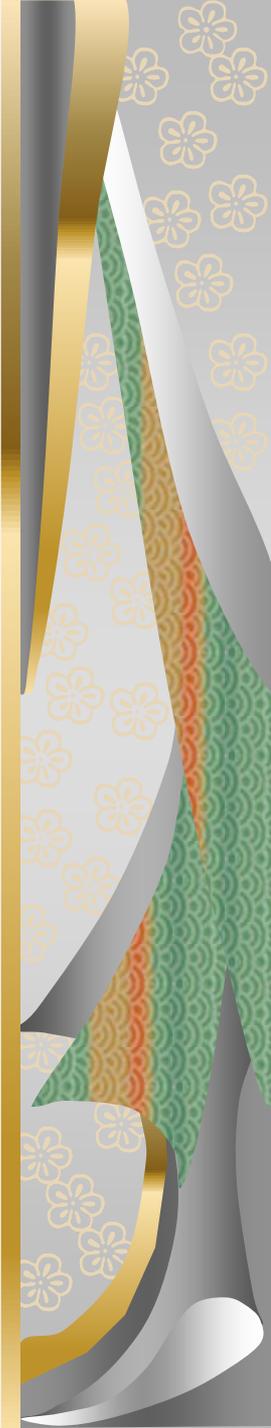
Suicide Warning Signs

Is Path Warm - A Mnemonic

-  **I**deation
-  **S**ubstance Abuse
-  **P**urposelessness
-  **A**nxiety
-  **T**rapped
-  **H**opelessness
-  **W**ithdrawing
-  **A**nger
-  **R**ecklessness
-  **M**ood Changes

Understanding The Experience Of Suicide Loss

- Who is a survivor?
- How many survivors are there?
- Is suicide bereavement different?
- Common themes for survivors
- The impact of suicide on family systems
- Video & discussion



Definition of Survivorhood

■ Previous Definitions

- Exposure
- Kin
- Psychological Proximity

■ A Broader Definition

- *“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 as a result of the suicide of another person”*

Definition of Survivorhood

■ Advantages of This Definition

- Differentiates between exposure and survivorhood
- Does not presume that anyone is automatically a survivor, nor exclude anyone from being a survivor
- Allows for measurement and research
 - E.g., people who meet criteria for Complicated (Prolonged) Grief Disorder

How Many Survivors Are There?

- 6 Survivors for every suicide (180,000 new survivors each year)?
- Exposure - Crosby & Sacks (2002)
 - 7% of U.S. population exposed in a year (21 million each year)
 - 1.1% have lost a family member (3.3 million each year)
 - Of those exposed:
 - 3.2% lost immediate family
 - 13.7% extended family
 - 80.4% friend or acquaintance

Are Survivors at Risk?

■ Crosby & Sacks (2002)

- Exposure associated with being male, younger, & never married
- Calculating odds ratios, estimated that those exposed are:
 - 1.6 times more likely to have suicidal ideation
 - 2.9 times more likely to have suicide plans
 - 3.7 times more likely to have made a suicide attempt
- Put differently:
 - 2.1% of sample who reported suicidal ideation also had been exposed in last year
 - 7.2% of people with suicide plans had been exposed
 - 10.6% of people who made suicide attempts had been exposed

Are Survivors at Risk?

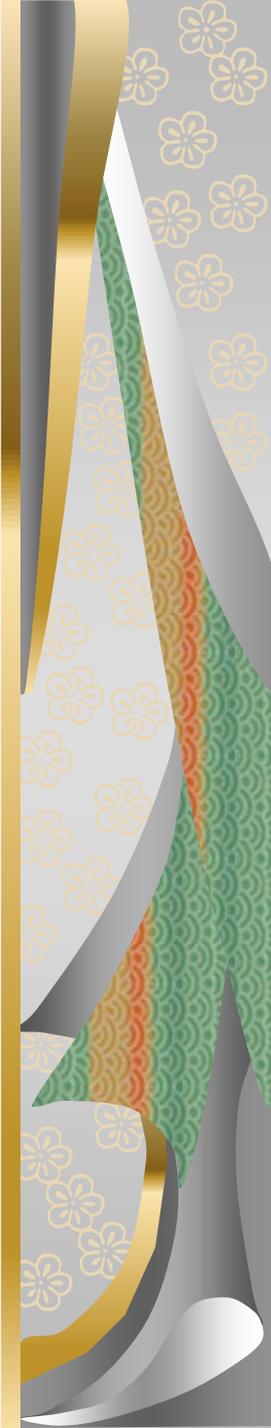
- Qin, Agerbo, & Mortensen (2005)
 - Completed suicide in immediate family associated with 2.1 fold increase in risk for completion of suicide themselves
 - 1.9 fold increase for males, 2.95 for females
 - In young survivors (<21), paternal suicide associated with a 2.3 fold increase, and maternal suicide associated with a 4.8 fold increase in risk for completion
 - Loss of a child or spouse is associated with increased risk of suicide in survivors – and loss to suicide increases risk even more

Who is a Survivor? Conclusions

- Exposure Is Widespread
- Survivorhood Is Probably Also Much More Common Than Previously Estimated
- Exposure Confers Some Risk
- We Need Prospective Epidemiological Research to Know How Many Become Survivors After Exposure to Suicide

What Is The Impact Of Suicide On Survivors?

- Is suicide bereavement different?
- What are the prominent themes for survivors?
- Are there positive effects of survivorhood
- What is the impact on families?



Is Suicide Bereavement Different?

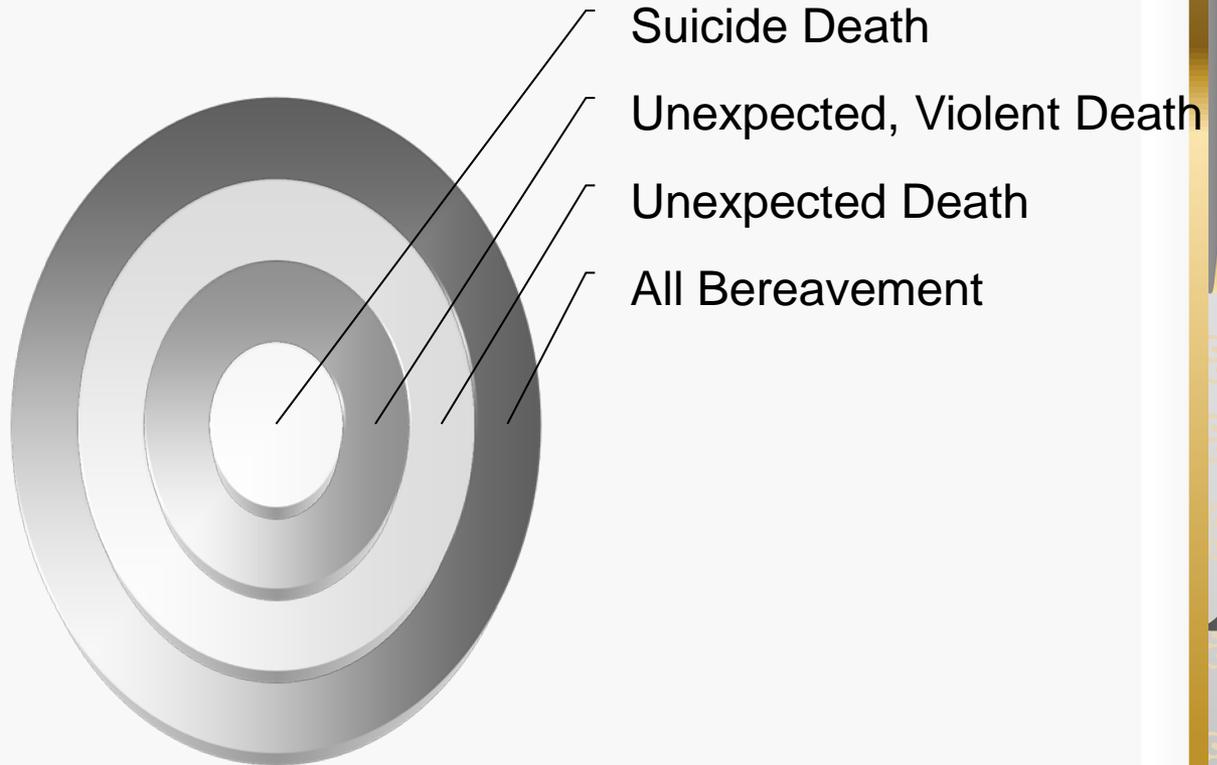
■ Past Controversy

■ Most Recent Study – Sveen & Walby, 2008

- There are few, if any differences on mental health variables
- There are differences in the some specific grief responses
 - Greater rejection, guilt/responsibility (first 18 months), shame/stigma, lack of acceptance of the death
- Whether differences are found depend, in part, on methodology (interview vs. paper & pencil) & measures used (general grief vs. suicide specific)

■ How Can We Think About Differences and Similarities in Suicide and Other Losses?

Effects of Loss



Prominent Themes For Survivors

- Why? - Making Sense of the Death
- Responsibility - Guilt & Blame
- Trauma & Helplessness- Shock & Horror
- Anger - Rejection & Abandonment
- Relief - The End Of Suffering

Prominent Themes For Survivors

- Shame- Stigma
- Disruption – Isolation & Social Ambiguity
- Suicidality – Why Go On?
- Sorrow – Grief & Yearning

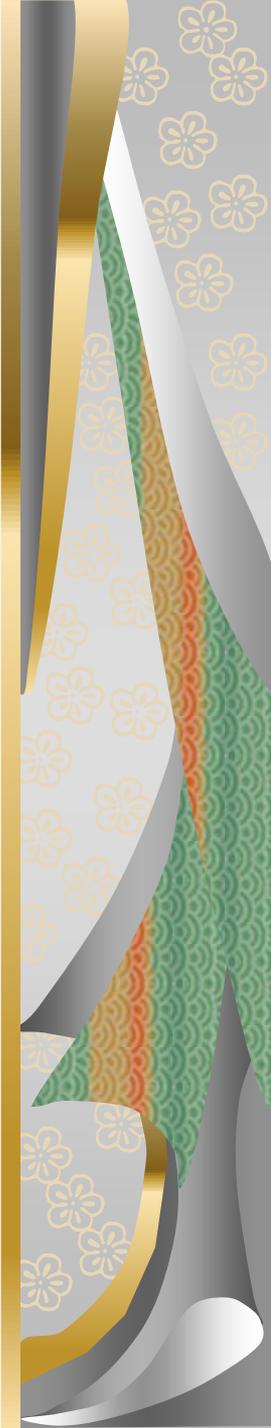
Post-Traumatic Growth After Suicide

■ Changed identity

- Survivor
- Worthy of self-care

■ Changed relations with others

- More priority on relationships
- More expression of love/affection
- More compassion for others
- Ending dysfunctional relationships



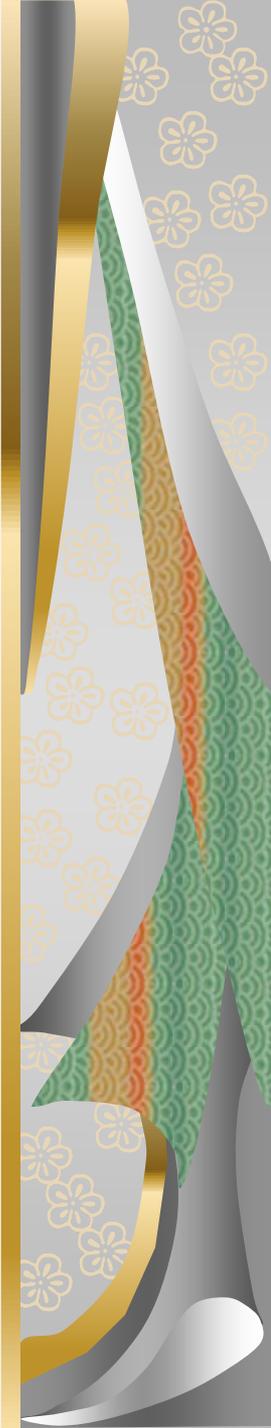
Post-Traumatic Growth After Suicide

- Changed outlook on life
 - Purpose – sometimes a new purpose
 - Greater appreciation/gratitude
 - Deeper spirituality/faith
 - Hope
- Growth

Prominent Themes For Survivors:

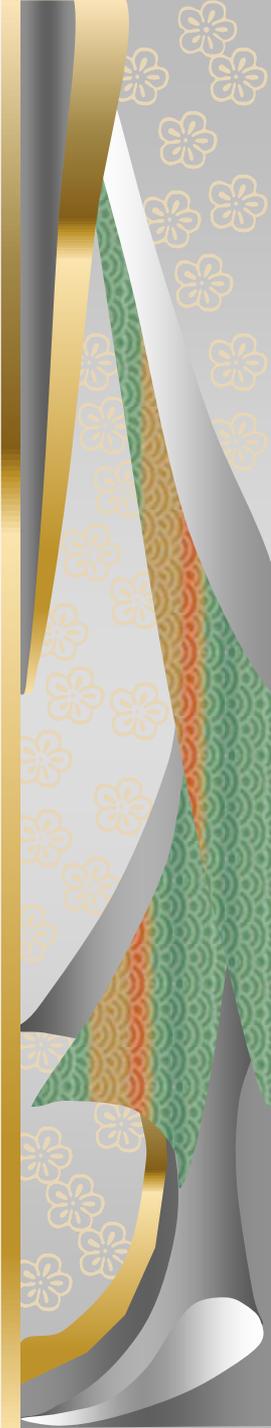
Family Impact

- Information management – who and what to tell
 - Powerful impact of secrets
- Disruption of family routines, rituals, & role functions
 - Changes in emotional availability
 - Changes in distance and power in relationships
- Communication shut-down
 - Perceived fragility of members
 - Anger/conflict management
- Coping Asynchrony - Differences in grieving styles



Prominent Themes For Survivors: *Family Impact*

- Blame/scapegoating
 - Development of cut-offs and estrangement
 - Struggle to construct a shared narrative
- Developmental anxiety about repetition (esp. for parents)
 - Hypervigilance
 - Problems with developmental separations
 - Increase in emotional “gravitational pull” of family
 - “Are we cursed?”
- Result = Loss of Family Cohesion



What Do Survivors Need?

- Understanding Risk Factors
 - What moves people from exposure to survivorhood?
- Research on Survivor Needs
- The Psychological Tasks for Survivors
- Implications for Clinical Work with Survivors

Risk Factors For Complicated Grief

- *Before the Death*

- Pre-existing Psychiatric Disorder
- Quality Of The Relationship
 - Dependency on deceased
 - Dependency of the deceased on survivor
 - Conflictual
 - Especially angry exchange right before the death

Risk Factors For Complicated Grief

- *At the Time of Death*

- Expectedness of the death
 - More sudden – expect shock, disorientation
 - More expected – expect caregiver strain response = sense of failure, relief, guilt
- Method/Witnessing
 - Dissociation & flashback symptoms
 - Risk of PTSD
- Encounters with Police/Rescue/ME
- Location of the Suicide

Risk Factors For Complicated Grief

- *After the Death*

■ Social Network Response

- Empathic failure with social network

■ High Risk Mourner Categories

- Parents - Particularly mothers
- Siblings - Particularly sisters
- Adolescents who are already depressed and who identify with the deceased
- Elderly Caucasian widowers

Risk Factors For Complicated Grief

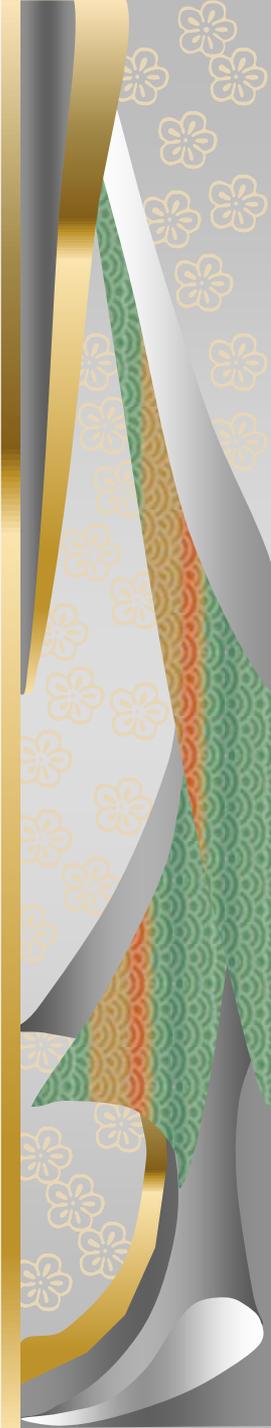
- *After the Death*

■ High Distress Responses

- Self-destructiveness
- Rage/ loss of control
- Unremitting guilt
- Dissociation & other trauma symptoms
- Unremitting yearning (Complicated Grief or Prolonged Grief Disorder)

■ Markers of High Risk Families

- Secrecy
- Blame/scapegoating
- Social stigmatization of members
- Cut – offs & isolation from support systems
- Family Hx. of psychiatric disorder & suicides (or attempts)
- Additional stressors



What Do Survivors Need?

Prior Research on Survivor Needs

- Provini, Everett, & Pfeffer (2002)
 - 25% indicated specific concerns/needs
 - 75% wanted formal, professional help
 - Most prominent concern: family problems, especially impact on children.
- Dyregrov (2002) – Bereaved parents
 - 88% expressed need for professional help
 - Most prominent concerns:
 - Impact on children
 - PTSD type responses
 - Need for outreach

What Do Survivors Need? A pilot study

McMenamy, Jordan, & Mitchell, 2008

■ Survivor Survey:

■ **Problems**

- E.g. Practical, social, & psychological

■ **Sources of support**

- E.g. Professional, family & friends

■ **Resources utilized**

- E.g. Support groups, readings

■ **Barriers to seeking support**

- E.g. Financial constraints, family disapproval

■ Complicated Grief

■ Demographic and Death Circumstances

Pilot study – McMenemy, Jordan, & Mitchell

Participants

- N=63
- Age: Mean=51 years (s.d.= 9.9)
- 72% (n=45) female
- 39% (n=24) above \$70,000 yearly income
- 65% (40) married, 17% (12) single/divorced, 17% (11) widowed
- Months since suicide: Mean=48 (s.d. 66)
- Gender of deceased: 80% (50) male
- Relationship to deceased: 32% (20) parents, 29% (18) children, 17% (11) siblings, 17% (11) spouse, 2 other

Pilot study – McMenemy, Jordan, & Mitchell

Results

 See Handouts

Pilot study – McMenemy, Jordan, & Mitchell

Implications

- Survivors are a distressed population
- Training needed for broad range of professionals, e.g. clergy, funeral directors, medical personnel, other “gate-keepers”
- Need more resources & better social marketing

Pilot study – McMenemy, Jordan, & Mitchell

Participants

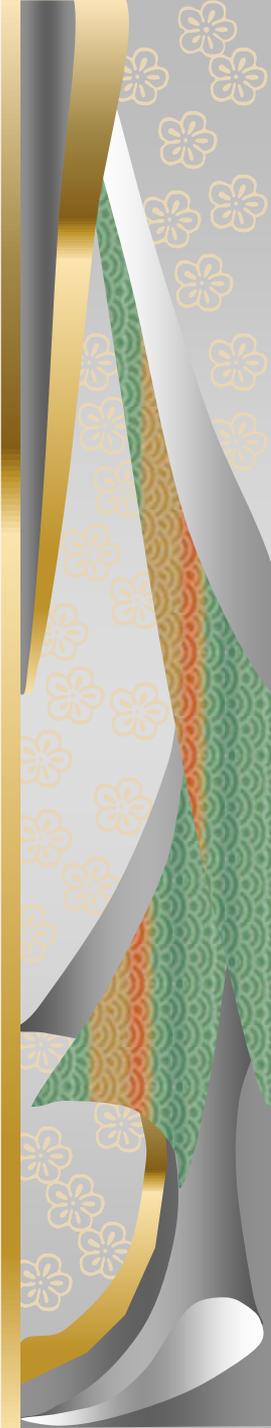
- Services should be out-reaching
 - Depression, traumatization, & complicated grief are barriers
 - Lack of resources and knowledge of where to find them are barriers
- “One size does not fit all”
 - Multiple pathways to find services
 - Multiple types of services
 - Individual therapy, support groups, online chat
- Value of survivor to survivor contact

What Can We Do To Help?

- Goals of Postvention Treatment & Loss Integration
- Postvention Options
- Summary: Guidelines for Clinical Work with Survivors

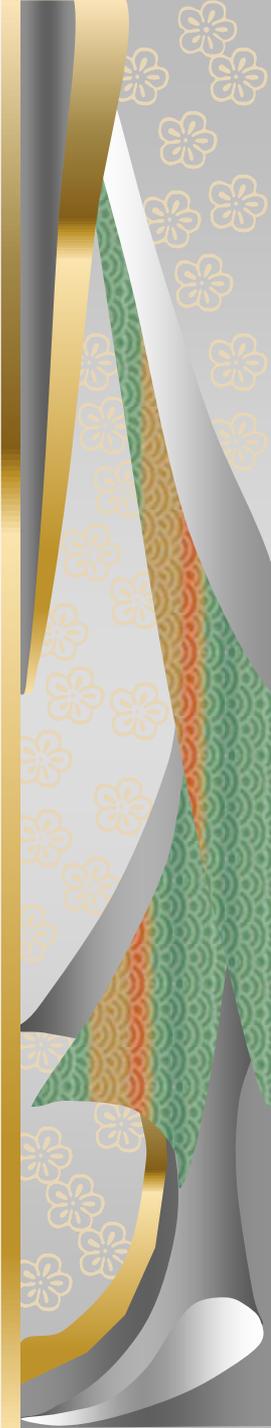
Goals of Postvention & Tasks of Loss Integration

- Containment of the trauma & restoration of control
 - Bio-rhythms
 - Management of intrusive images, memories
 - Face the horror of the death in a controlled fashion
- Creation of a “narrative” of the suicide - Psychological autopsy & sense-making activities
 - To understand the mental state of the deceased
 - Sort out realistic responsibility for the death and develop a realistic perspective about the multiple causes
 - To learn to live with the “blind spot” (Sands)
- Self-dosing - Cultivating analgesia and finding sanctuary
 - For traumatic images, memories
 - For “grief pangs” – Dual Process Model of grief



Goals of Postvention & Tasks of Loss Integration

- Learn social management skills
 - Eliciting support from helpful social network
 - Avoiding/managing “toxic” people
- Repair and transformation of the relationship with deceased
 - Dis-identification with the deceased (Sands)
 - Internalizing positive connection with the deceased
- Develop a “durable biography” of the deceased
 - Cultivating memories from others
 - Honoring the life, not the death
- Reinvestment in living
 - Finding new connections, pathways for the self



Postvention Options

■ Organizational Postvention – Principles

- Establish a uniform policy about the response to death of a member of the community
 - Not based on mode of death, popularity, or financial resources of the family
- Use the occasion as a “teachable moment”
 - About psychiatric disorder
 - Suicide
 - Acceptability of help-seeking and availability of resources
 - Alternatives to suicide for solving problems
- Reach out to “at risk” groups
 - Friendship circle
 - Others who are depressed or suicidal
 - Others who might identify with the deceased
- Provide follow-up to the above over time

■ Guiding Principal = Help channel the grief, rather than block it

Postvention Options

■ Survivor To Survivor Outreach

- On scene
- Home visitor team
- “Survivor buddies”

■ Family Counseling

- Psychoeducation
- Reduce blame, guilt
- Improve communication & information exchange

Postvention Options

■ Individual Counseling

- Better monitoring of response
- Tailored to the needs of the survivor

■ Use of specific, targeted techniques

- Trauma reduction
 - EMDR
 - Prolonged Exposure therapy
- Meaning Reconstruction & Restorative Retelling
 - Psychoeducation about suicide/ psychiatric disorder
 - Journaling
 - Rynearson protocol
- Relational Repair
 - Empty-chair
 - Guided visualization
 - Letter writing

Postvention Options

■ Groups

- Open, peer led
- Structured (usually professionally led)

■ Referrals:

- AFSP - afsp.org;
- AAS - suicidology.org;
- Samaritans (Boston) – samaritanshope.org

Postvention Options

Bibliotherapy & Internet

-  Private and “dosed”

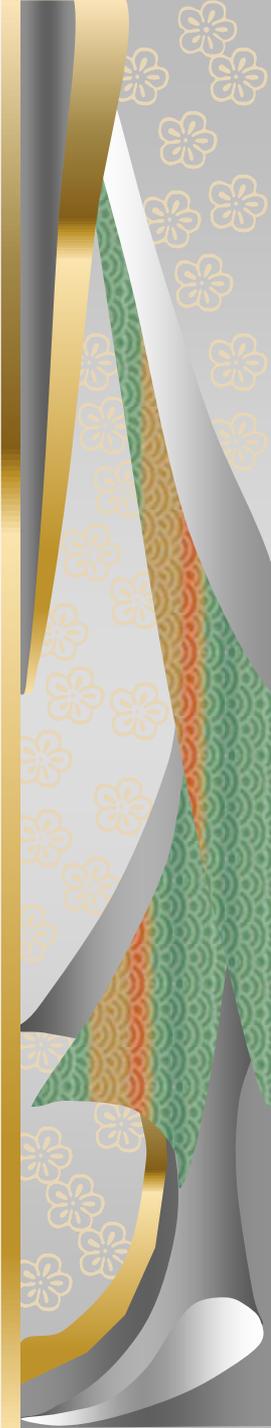
-  afsp.org; suicidology.org;
griefnet.org

AFSP Survivor Conferences

Activism

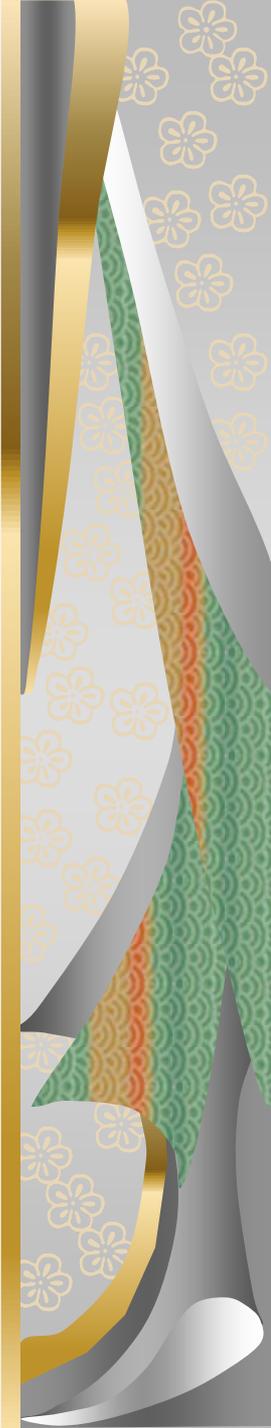
Summary: *Guidelines for Clinical Work with Survivors*

- Revise Your Assumptions About the Grieving Process & Clinician Role
 - Duration & intensity of grief
 - Integration not resolution
 - Expert companionship vs. “treatment”
- Goal = Provide a Safe & Sheltered Context for Doing Griefwork & Learning Coping Skills
- Attend to Traumatization
- Support Construction of a Narrative
 - Psychological autopsy/inquest/“trial”
 - “Walk in the shoes of the deceased” – Sands
 - Differentiate the self from the deceased



Guidelines for Clinical Work with Survivors

- Help With Learning to “Dose”
 - Confronting the loss
 - Compartmentalizing the loss
 - Validate any form of analgesia that is not destructive
- Address Family & Social Network Issues
- Facilitate Contact With Other Survivors
- Go Slowly With Guilt
- Follow the Principle: *“Don’t Waste Your Grief”*

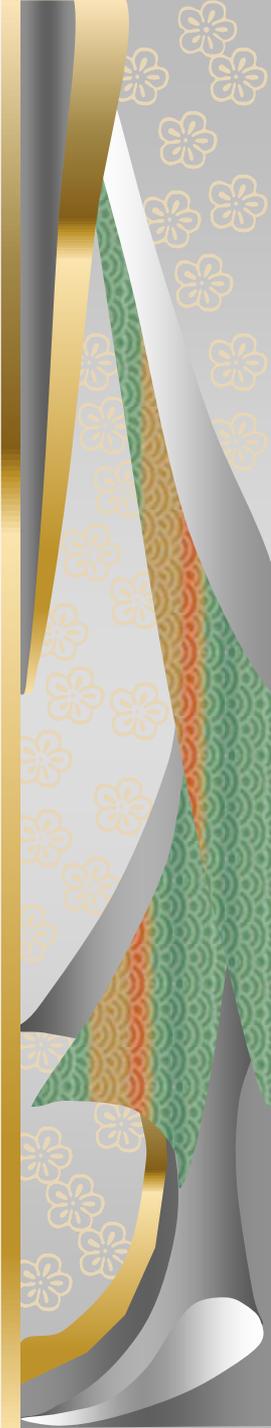


Guidelines for Clinical Work with Survivor Families – *Family Therapy*

- Family consultant supporting family coping/resilience
 - Not trying to “fix” a problem/pathology
 - Important psychoeducational role
 - Flexibility about who is seen, when, and where
- Watch for blaming, trauma symptoms, suicidality
- Encourage utilization of outside resources

Guidelines for Clinical Work with Survivor Families – *Family Therapy*

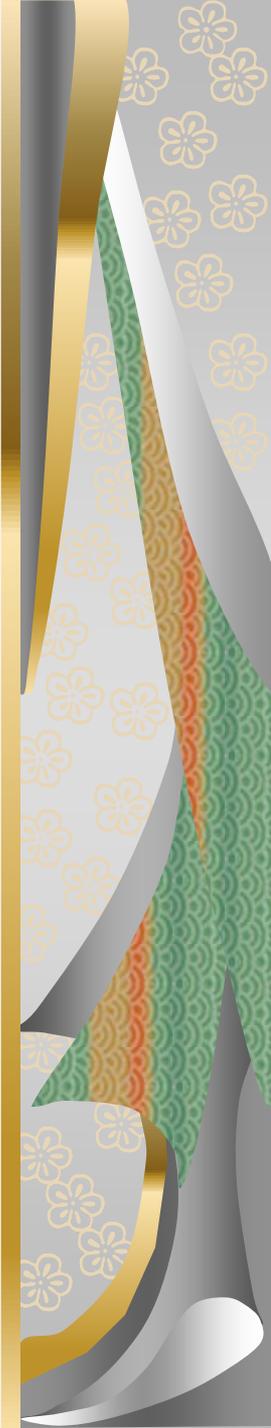
- Promote good self-care first, particularly for parents
- Encourage restoration of family ritual life
- Encourage shared family grief activities
 - Discussion of the deceased; memory book; Memorialization of the deceased
- Consult with parents about the developmental needs of grieving children
 - Developmental nature of grief for children
- Reality test – fears about further suicides, general trauma
- Offer hope for survival and healing to all



Wrap-Up

 Questions?

 Comments?



Three Final Thoughts

- Postvention *is* Prevention
- It Takes a Village to Prevent Suicide
- It Takes a Village to Journey with a Survivor