Bereavement After Suicide: Walking the Journey with Survivors

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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*

- Ideation
- Substance Abuse
- Purposelessness
- Anxiety
- Trapped
- Hopelessness
- Withdrawing
- Anger
- Recklessness
- Mood 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

- Suicide Death
- Unexpected, Violent Death
- Unexpected Death
- All Bereavement
Prominent Themes For Survivors

- 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)
  - Hypervigilence
  - 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 – McMenamy, 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 – McMenamy, Jordan, & Mitchell

Results

See Handouts
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 – McMenamy, 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 companioning 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