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**How is it after a suicide loss, some people end up hopeful?**

The love of my life took her life in March 2006 when she was six months pregnant. I thought my life was over; what more did I have to live for given what we had to look forward to? But how wrong was I. As I write this toward the end of 2010, I am in a new relationship and am about to become a father again. The horror of my tragic loss has been replaced with pure joy, hope, and a future; all things that I believed were taken from me on March 5, 2006. I always have been an optimist, but I never imagined this to happen. I'm writing my story about losing a life partner to suicide in the hope that others who have lost a partner can see that there is hope, and there can be joy in your life again.

-Mark Wilson, New Zealand




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**Suicide Bereavement**

- Often the statistic of 6 survivors per suicide is used.
- This approximation is based on an estimate created by Dr. Edwin Shneidman in the 1970s
  - meant to be comparable to the number of extended family members who were eligible to receive compensation following either an incident in which bodies were double-buried in a cemetery (Linn-Gust, 2004) or an airline disaster
  - Not Empirically based!




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## Estimates of “Survivors”

- Most people believe this is very low as many more than 6 people experience life changing effects when a person with whom they are connected ends their life




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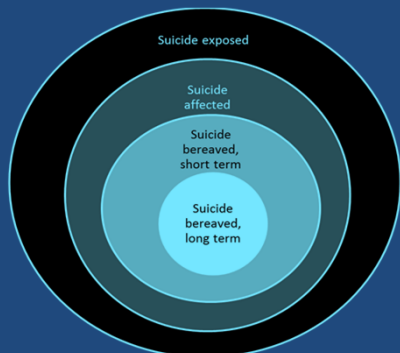
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## A new nomenclature for “survivors”



(Cerel, McIntosh, Neimeyer, Marshall & Maple, 2014)

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## Potential types of individuals in each category

Exposed	Affected	Suicide-Bereaved, short term	Suicide-Bereaved, long term
<ul style="list-style-type: none"> <li>• First responders</li> <li>• Anyone who discovers</li> <li>• Family members</li> <li>• Therapists</li> <li>• Close friends</li> <li>• Health Care workers</li> <li>• Community members</li> <li>• Schools &amp; workplaces</li> <li>• Acquaintances</li> <li>• Fans of celebrities</li> <li>• Community groups (sporting clubs)</li> <li>• Rural or close knit communities</li> </ul>	<ul style="list-style-type: none"> <li>• First responders</li> <li>• Anyone who discovers</li> <li>• Family members</li> <li>• Therapists</li> <li>• Friends</li> <li>• Classmates</li> <li>• Co-workers</li> <li>• Team members</li> <li>• Neighbors</li> </ul>	<ul style="list-style-type: none"> <li>• Family members</li> <li>• Therapists</li> <li>• Friends</li> <li>• Close work colleagues</li> </ul>	<ul style="list-style-type: none"> <li>• Family members</li> <li>• Therapists</li> <li>• Close friends</li> </ul>

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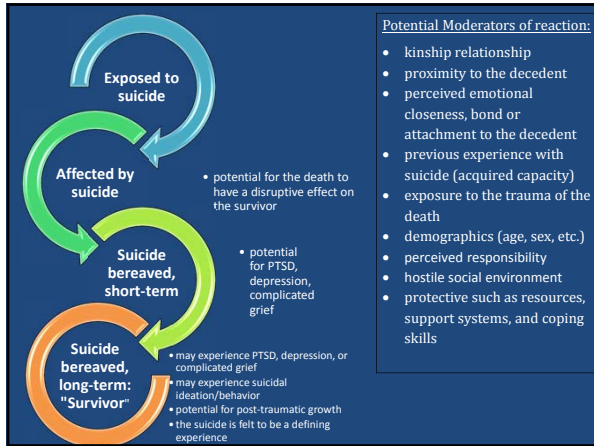
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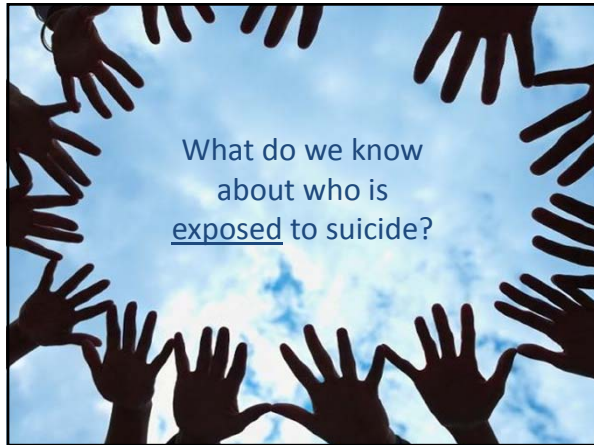
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**Random Digit Dial studies**

- Call a randomly selected sample of the general public
- To answer the questions
  - What percentage of people know someone who has died by suicide?
  - What variables influence outcome for people exposed to suicide?

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### University of Kentucky Military Suicide Bereavement Study

Funded by the Military Suicide Research Consortium (MSRC)

1. How many individuals are exposed to suicide?
2. What are the outcomes of exposure to suicide like for veterans, community members, and those family members of veterans and service members who have died by suicide?

\*This work was in part supported by the Military Suicide Research Consortium (MSRC), Department of Defense, and VISN 19 Mental Illness Research, Education, and Clinical Center (MIRECC), but does not necessarily represent the views of the Department of Defense, Department of Veterans Affairs, or the United States Government. Support from the MSRC does not necessarily constitute or imply endorsement, sponsorship, or favoring of the study design, analysis, or recommendations.

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### Random Digit Dial Survey

- 931 veterans & 805 non-veteran community
  - Both cell phones (20%) & land lines (80%) called
  - Veteran calls average 16 min, community calls average 10 min
- All participants completed
  - Patient Health Questionnaire measures about depressive (Phq-Dep9) & anxiety symptoms (Phq-Anx7), demographics
- Individuals with exposure to suicide report:
  - Closeness to the decedent (1=not close to 5=very close)
  - Prolonged Grief (PG-13) & PTSD symptoms (SSS-PTSD) about the suicide
- Veterans also asked about knowing someone who died suddenly & traumatically in their military career.

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### Design & Methodology

Random Digit Dial Epidemiological phone study of veterans (n=931) & community members (n=805)

- Interview of Suicide Exposed n=27
- Interview of Military suicide & trauma exposed n=33
- Interview of Sudden Death of Military Colleague n=18
- Interview of community suicide exposed n=20
- Military purposive sample n=6
- Interview of family members of recent military suicides n=24

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## About the sample

### Whole sample (unweighted)

- 53.6% veteran (n=931)
- 68.9% male (n=1,196)
- Age: range 19-101  
( $x = 57.84 \pm sd = 16.32$ )
- 90.3% White (n=1,552)
- 66.5% married  
(n=1,152)
- 45.3% non-metro  
(n=783)

### Sample weighted -- comparable to residents of Kentucky

- 11.2% veteran
- 46.2% male
- Age: range 19 – 99,  
( $x = 54.10 \pm sd = 16.33$ )
- 89.8% White
- 58.5% married
- 44.8% non-metro




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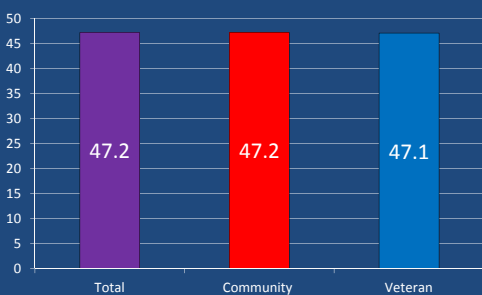
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## Do you know anyone who has ever died by suicide?




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## Exposure is not related to demographics

	Suicide Exposed	Suicide Non-Exposed	Test Statistic
Age	53.67, + 14.73	54.38, + 17.48	ns
Veteran status	10.8% Vet	11.5% Vet	ns
Sex	46.0% Female	46.7% Female	ns
Marital Status	59.3% Married	57.7% Married	ns
Race	92.2% White	87.5% White	$X^2 (1) = 10.09^{**}$
Metro Status	56.1% Metro	54.0% Metro	ns
Have children	81.1%	78.4%	ns

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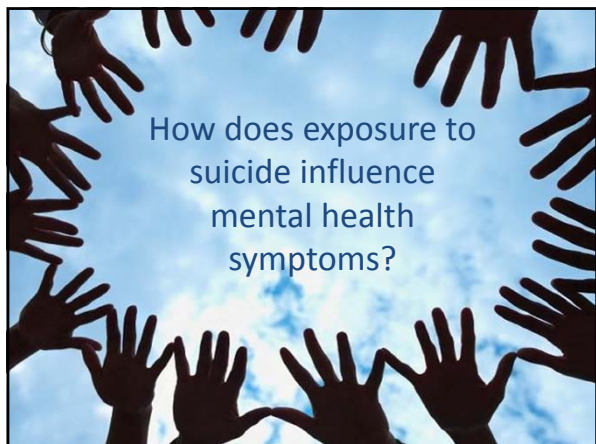
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### Suicide Exposure: Relationships

- 136 unique relationships
  - friend (25.2%)
  - acquaintance (3.7%)
  - cousin (7.9%)
  - uncle (3.3%)
  - co-worker (5.2%)
  - brother (3.3%)
  - military relationship (5.7%)
- Unique categories- 91 relationships only mentioned once or twice including:
  - Church member, pastor, babysitter, AA group member, teammate, player on team I coached, mentor, fan of my band, band member, & drinking buddy




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### Relationship types

- 10.3% first degree relatives (n=84)
- 23.1% second degree relatives (n=188)
- 66.5% non-relatives (n=541)




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## Veteran and friends

"[He] and I had a co-mingle of friends . . . I would say something, and then otherwise it was a normal conversation, the wrong thing is said, and then you have got two or three people out of five that's in tears, .. it's just, it's just really sad and heartbreaking for somebody that had so much to live for . . . "




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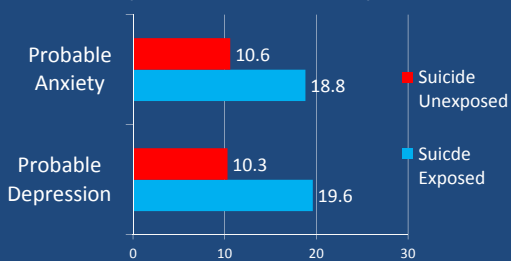
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## Exposure Related to Symptoms of Depression & Anxiety



Variable	Odds Ratio (95% CI)	
	Depression Dx	Anxiety Dx
Suicide Exposure	2.14 (1.59-2.87)*	1.93(1.45-2.58)*

\*p < .001  
NOTE: Covariates were as follows: Veteran status, Gender, age, Race, Rural/Urban Status

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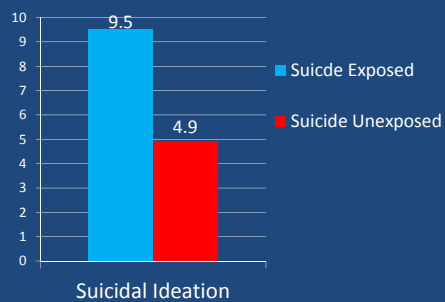
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## Exposure Is Even Related to Current Suicidal Ideation



\* chi-sq(1)=13.54, p<.001

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### Veteran long-term effect Suicide 10+ years ago

- “Well I was thinking well if he can do it, escape from his problems, maybe I could too. But I really haven't really thought about it... until I was going through some hard times 5 years ago when I started thinking about it the most”




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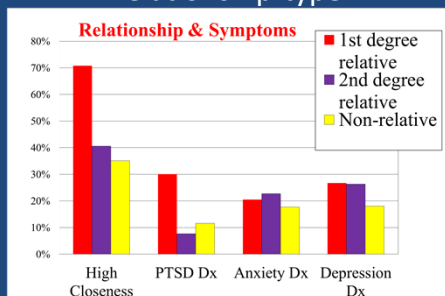
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### Symptoms not related to relationship-type




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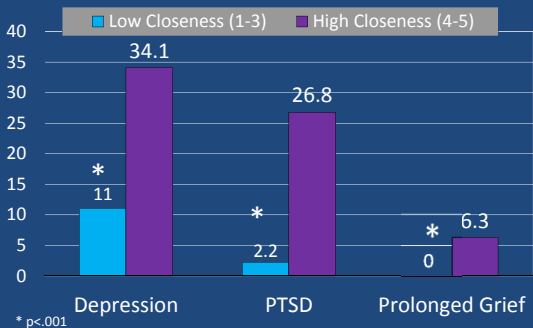
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### Closeness Associated with Mental Health Symptoms among Suicide Exposed




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### Wife of service member

- “He was suicidal for years, but he said he wouldn’t . . . His parents told me that if they had been here, this wouldn’t have happened . . . Putting the blame on me . . . he wouldn’t have done this if he was under their protection. They didn’t believe he had a real problem (with PTSD) . . . they thought it was him. I felt empty inside, like my life was over ...”

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### Conclusions

- Almost half the population has exposure to the suicide of someone they know
  - Demographic variables do not predict exposure
- Lifetime suicide exposure is related to increased suicidal ideation, depression, PTSD and overall anxiety symptoms and diagnoses.
- Perceived closeness to the decedent but not age, sex or time since the loss is related to depression, anxiety and prolonged grief symptoms.
- Future research needs to examine who goes from affected by suicide to bereaved by suicide



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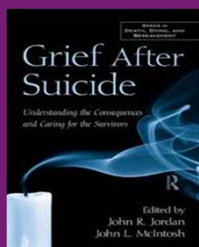
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### What do we know about suicide bereavement?



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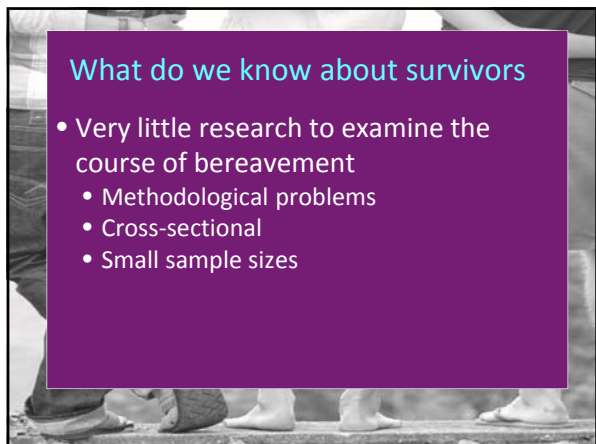
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**What do we know about survivors**

- Very little research to examine the course of bereavement
  - Methodological problems
  - Cross-sectional
  - Small sample sizes

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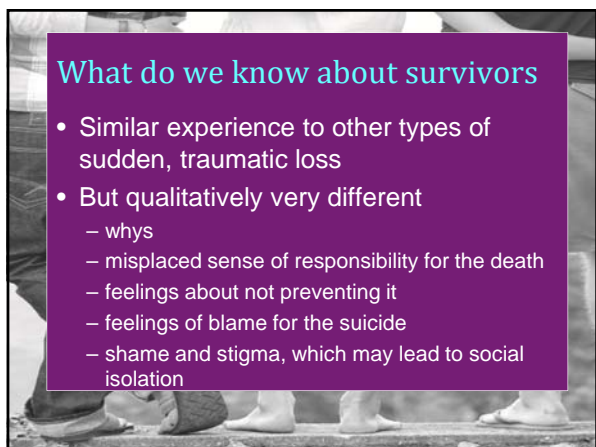
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**What do we know about survivors**

- Similar experience to other types of sudden, traumatic loss
- But qualitatively very different
  - whys
  - misplaced sense of responsibility for the death
  - feelings about not preventing it
  - feelings of blame for the suicide
  - shame and stigma, which may lead to social isolation

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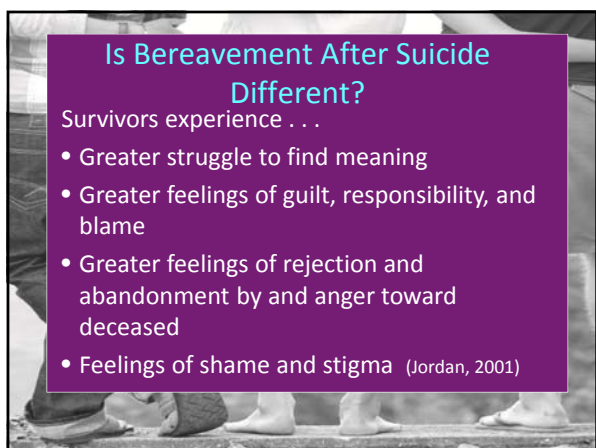
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**Is Bereavement After Suicide Different?**

Survivors experience . . .

- Greater struggle to find meaning
- Greater feelings of guilt, responsibility, and blame
- Greater feelings of rejection and abandonment by and anger toward deceased
- Feelings of shame and stigma (Jordan, 2001)

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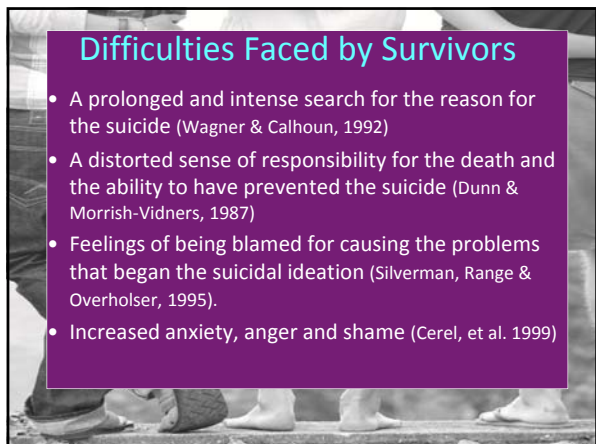
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### Difficulties Faced by Survivors

- A prolonged and intense search for the reason for the suicide (Wagner & Calhoun, 1992)
- A distorted sense of responsibility for the death and the ability to have prevented the suicide (Dunn & Morrish-Vidners, 1987)
- Feelings of being blamed for causing the problems that began the suicidal ideation (Silverman, Range & Overholser, 1995).
- Increased anxiety, anger and shame (Cerel, et al. 1999)

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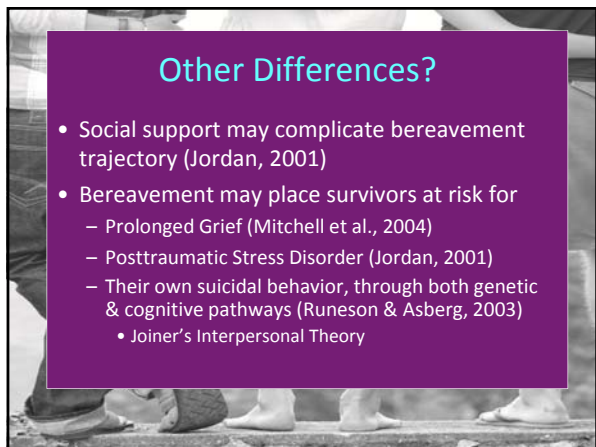
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### Other Differences?

- Social support may complicate bereavement trajectory (Jordan, 2001)
- Bereavement may place survivors at risk for
  - Prolonged Grief (Mitchell et al., 2004)
  - Posttraumatic Stress Disorder (Jordan, 2001)
  - Their own suicidal behavior, through both genetic & cognitive pathways (Runeson & Asberg, 2003)
    - Joiner's Interpersonal Theory

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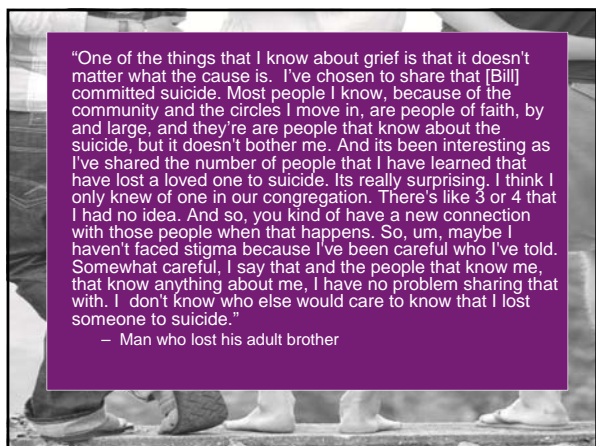
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"One of the things that I know about grief is that it doesn't matter what the cause is. I've chosen to share that [Bill] committed suicide. Most people I know, because of the community and the circles I move in, are people of faith, by and large, and they're are people that know about the suicide, but it doesn't bother me. And its been interesting as I've shared the number of people that I have learned that have lost a loved one to suicide. Its really surprising. I think I only knew of one in our congregation. There's like 3 or 4 that I had no idea. And so, you kind of have a new connection with those people when that happens. So, um, maybe I haven't faced stigma because I've been careful who I've told. Somewhat careful, I say that and the people that know me, that know anything about me, I have no problem sharing that with. I don't know who else would care to know that I lost someone to suicide."

– Man who lost his adult brother

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### Interventions for survivors

- No one treatment which has been recommended for survivors.
  - Support groups, SOS (Survivor of Suicide) groups are the most common form of intervention received by survivors.
  - Psychotherapy or counseling, both in individual or family format
  - Active Postvention (LOSS Teams) gets individuals into treatment quicker (Cerel & Campbell, 2008)

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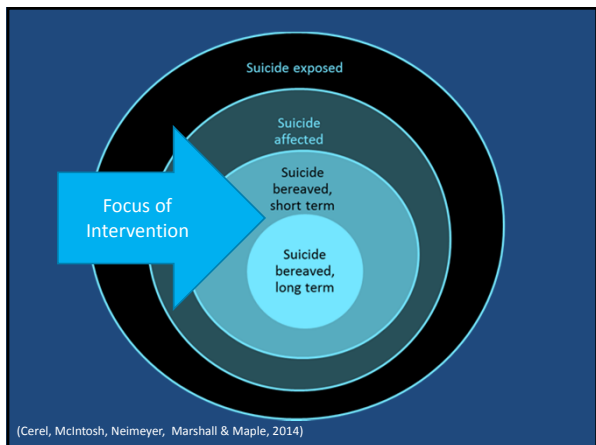
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### Interventions for Survivors: Survivor of Suicide Support Groups

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“Grief knits two hearts in closer bonds than happiness ever can; and common sufferings are far stronger links than common joys.”  
 ~Alphonse de Lamartine

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- ### What are Survivor of Suicide Support Groups?
- Open/closed group format
  - Variations in facilitation
    - Survivor
    - Mental health professional
    - Survivor/mental health professional
  - Variations in functions and types of groups
    - Psychoeducational
    - Support
    - Therapeutic

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### What Happens in Support Groups?

- All groups include sharing of experiences.

Activity	Average percent of groups time	Range	Percent of groups in which this activity takes place 0% of the time
Sharing	62.0	8-100%	0%
Lecture	4.6	0-60%	64%
Coping skills suggested by group members	16.3	0-50%	9%
Coping skills suggested by group leader	12.9	0-50%	13%
Other	3.6	0-52%	69%

Cerrel, J., Padgett, J., & Reed, J. (2009). Support groups for suicide survivors: Results of a survey of group leaders. *Suicide and Life-Threatening Behavior*, 39(6), 588-598. PMID: 20121322

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### Why Research on Survivor Support Groups?

- Survivor support groups are a commonly used resource for those grieving a suicide death but there is very little research on how they work.
- Given the wide variability among groups, there is a vital need to evaluate survivor support groups to determine approaches that are most helpful to survivors.
- To appropriately study survivor support groups, researchers must involve survivors of suicide in the design and implementation of their research.

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### Survivor of Suicide Support Groups

- To find a group, visit:  
[www.afsp.org](http://www.afsp.org) or [www.suicidology.org](http://www.suicidology.org)

- Lexington-UK SOS Group
  - Weekly meetings
  - Every Monday from 5:30p-7p
  - Good Shepherd Episcopal Church
  - 533 East Main Street, Lexington



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### Online Support Groups

- Parents of Suicides-Friends and Families of Suicides  
[www.pos-ffos.com](http://www.pos-ffos.com)

- Alliance of Hope  
[www.allianceofhope.org](http://www.allianceofhope.org)



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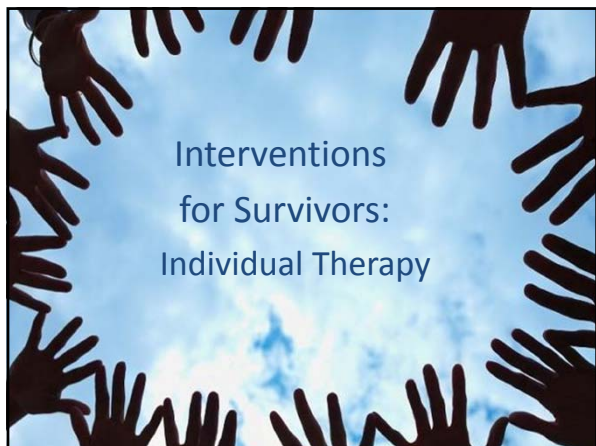
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### Therapy and Survivors

- Previous research has indicated that more than 2/3 of people bereaved by suicide may seek individual therapy following their loss and most survivors who seek therapy find it moderately to highly helpful (McMenamy, Jordan, & Mitchell, 2008).
- Despite this, nothing is known about what survivors perceive to be helpful about individual therapy or how this experience impacts their grief.
- Given that most therapists do not have specialized training in traumatic loss especially suicide loss, there is a need to better understand the experience of survivors with therapy in order to determine how to best prepare clinicians to work with survivors.

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### Survey of Survivors Experiences with Individual therapy

- An online survey was conducted in which survivors who had been in individual therapy were asked to participate.
- 197 completed surveys
  - 88.3% female, average age 47.3 (range 19-75)
  - 70.8% of the sample from the US (33 States)
    - 22.6% from Australia & 8 other countries represented
  - On average, 6 years since the death (0-40 years)
  - Relationship to the person the lost
    - 34.5% lost a child, 23% lost a sibling, 18.4% lost a parent

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### What were some things your therapist did that were helpful?

- Listened/gave support (n=32)
  - “Listened as I cried. Provided a safe, quiet, beautiful space for me to grieve”
- Normalized and Validated Feelings and Experiences (n=30)
  - “Listening to me; validating my feelings; she was kind and caring and even though she did not have children of her own, I sensed that she cared about my experiences and that she understood how loss in general impacts a person.”
- Gave me room to grieve (n=21)
- Concrete Assistance/ Suggestions/ Advice/ Insights (n=20)
- Learned it wasn't my fault (n=20)
- Nothing (n=14)

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### More about therapy

- 62.1% (n=103) reported that therapy was quite beneficial or very beneficial while only 8.4% reported therapy was not at all beneficial
- 8.6% (n=15) of survivors stated that their therapists identified as a survivor of suicide loss.
- When asked about school of therapy to which their therapist subscribed, over a third were unclear of their therapist's orientation (38.7%) and 31% described their therapist as a grief therapist (31%).
  - No differences in satisfaction were found based on these orientations.
- Almost two-thirds of the sample met the probably PTSD cutoff (short PTSD screening scale) but only 39% reported a therapist or physician had ever formally diagnosed them with PTSD.

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### What were some things your therapist did that were not helpful?

- “He tried to do most of the talking because he thought I was paying to listen to him and the information he had to give!! I figured out that's why our sessions would last 2 hours!”
- “Sometimes it felt as if she was faking compassion.”
- “She said nothing. I talked to a wall. A disinterested wall.”
- “The guy was a basket case and I resent having to pay to take care of my therapists”

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### Role of more specialized training for therapists in suicide bereavement

- “My therapist didn't know sh\*t about suicide grief and was too fearful to get outside of her orientation and be a human being about responding empathically to my grief.”
- Need more therapists educated in suicide-- should be mandatory

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### Conclusions of Therapist Experiences

- Results suggest that survivors who participated were mostly satisfied with their experience of individual therapy and overall therapists seemed to be appropriate in treating survivors.
- It appears that some therapists may not be aware of the role PTSD plays in suicide bereavement and did not diagnose it in participants of this study.
- Based on these results, therapists might need more training in the specifics of how suicide grief is different and in how to treat survivors.

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### What Therapists Need to Know

- Be genuine
- The details of the suicide might not be important for treatment-- and discussion might re-traumatize people
  - Treat PTSD and depression
- Normalize feelings- guilt, shame, stigma
- Help people understand that there might be growth/hope after the suicide (post-traumatic growth)
- Help people understand that we don't really know what helps people most after a suicide
- Be knowledgeable about other resources and sources of support for the survivor

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What Friends and Family Need to Know

- Don't make assumptions
- Assume that they are still grieving – there is no timeframe for the process
- Don't be afraid to ask questions – but focus on how the survivor is doing, not details of the death
- Understand the nature of suicide bereavement and the unique issues it brings up
- Recognize that grief ebbs and flows
- Anniversaries and big dates are often hard
- LISTEN

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“Anything that’s human is mentionable, and anything that is mentionable can be more manageable. When we can talk about our feelings, they become less overwhelming, less upsetting, and less scary. The people we trust with that important talk can help us know that we are not alone.”  
~Fred Rogers

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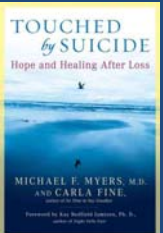
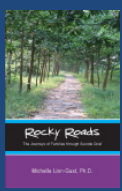
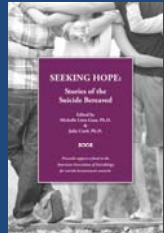
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**Books**

Bibliographies can be found online:

American Foundation for Suicide Prevention Bibliography for Survivors  
[www.afsp.org/coping-with-suicide/where-do-i-begin/books-for-survivors](http://www.afsp.org/coping-with-suicide/where-do-i-begin/books-for-survivors)

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“Grief is a lot like waves of the ocean. When it first hits in the storm and the waves are coming hard and fast ..they hit you... And then, the storm kind of passes and things settle down and you still have grief that hit you and sometimes you're not expecting it. Its pretty much out of the blue, you got your back turned to the ocean which you're not supposed to do, and you get knocked down by one occasionally, or a rogue wave will come in an unusual one hits you. And you know, by and large, you just know, its going to get you eventually, when you come to the ocean, you're going to get knocked by a wave here and there. And, you know, but then you learn how to adjust to it and the waves dissipate greatly and you move on. And you have calmer oceans for a while 'til the next thing comes along and it causes you tribulation or trial and I said "Don't fight the waves, ride em' and that's what I've done this year. Its kinda how I've learned, um, better.”

– Man who lost his brother to suicide last year




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**Resources**

- American Association of Suicidology 
  - [www.suicidology.org](http://www.suicidology.org)
    - <http://listserv.apa.org/archives/suicidology.html>
- Suicide Prevention Resource Center
  - [www.sprc.org](http://www.sprc.org)
- American Foundation for Suicide Prevention
  - [www.afsp.org](http://www.afsp.org)

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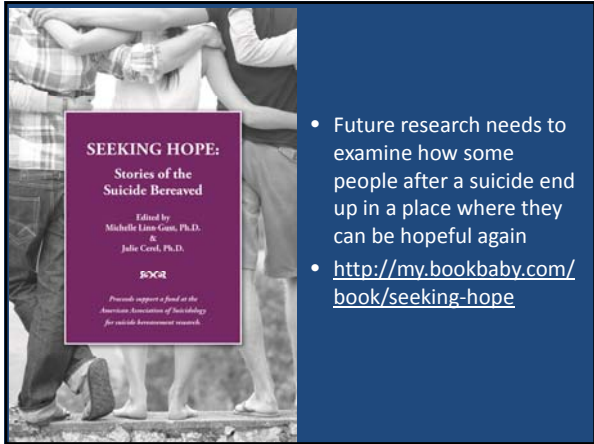
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- Future research needs to examine how some people after a suicide end up in a place where they can be hopeful again
- <http://my.bookbaby.com/book/seeking-hope>

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