

ADDRESSING A GLOBAL EPIDEMIC: OPPORTUNITIES FOR ADULT EDUCATION TO ASSIST SUICIDE LOSS SURVIVORS

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ABSTRACT

Globally 800,000 people die by suicide every year. The worldwide prevalence of suicide has led to an increase in suicide prevention educational programming, but suicide bereavement education is rarely addressed. The upward trend of suicide rates has direct implications at the personal, community, societal, and global levels. The purpose of this literature review is to bring together empirical studies of those bereaved by suicide from various fields, so that researchers in adult education have a direction for this much-needed area of exploration. Three themes emerged during this research: (a) unique bereavement challenges, (b) barriers to obtaining support, and (c) sources of effective support. The studies were conducted in the fields of death and dying, mental health, public health, nursing, and suicidology with only one study conducted in the field of adult education. The results of this literature review can serve as a starting point for synergistic endeavors between adult education researchers and scholars in these fields to create programming that will serve the needs of suicide loss survivors. Such endeavors will bridge the gap between adult education theories and praxis.

Keywords: Suicide bereavement, suicide loss survivors, adult education

INTRODUCTION

Every year 800,000 people die by suicide, and among 15-29-year-olds it is the second leading cause of death worldwide (World Health Organization, 2014, 2019). In the United States suicide is the 10th leading cause of death for all ages, the second leading cause of death among those aged 10–34, and the fourth leading cause among those aged 35–54 (Hedegaard, Curtin, Warner, 2018). With a conservative estimate of six people intimately impacted by each suicide, the American Association of Suicidology (2016) calculate that, in the United States each year, 250,000 people become suicide loss survivors. In 2018, the Centers for Disease Control and Prevention reported that 47,173 Americans died by suicide in 2017. My son was one of those individuals.

As a bereaved parent and an educator, I quickly discovered an appalling lack of educational resources available to assist individuals in the aftermath of a suicide and during the ongoing grieving process. Firsthand account books written by those bereaved by suicide provided solace, but there was little else published that proved useful. To help me and my loved ones navigate through this incredibly horrific time and to understand the process of other individuals' suffering, I decided to explore the academic literature on the topic of suicide bereavement. Despite the increase in and prominence of suicide prevention educational programming, the topic of suicide bereavement education and postvention support is seldom explored in the empirical literature in the field of adult education. The purpose of this literature review, then, is to bring together empirical studies of those bereaved by suicide from various fields, so that researchers in adult education have a direction for this much-needed area of exploration.

METHODOLOGY

Designing this literature review involved selecting empirical studies that examined the experiences of those bereaved by a suicide death. Finding the studies began with a search on various databases such as the U.S. Department of Education's ERIC database and ProQuest using search terms *suicide loss survivor* and *suicide bereaved*. The decision-making process in selecting a study for review was based on three criteria: the study had a methodology section implying it was an empirical study; the study focused on understanding the experience of suicide loss survivors; and the study was published in English in a peer-reviewed academic journal. Based on these criteria, 24 studies were included in this literature review.

Overview of Literature

Of the 24 studies, 16 are qualitative, 3 are quantitative, and 5 used a mixed methods approach. The articles were published in 13 different journals, in the field of death and dying, mental health, public health, nursing, and suicidology. Only one study was published in a journal devoted to adult education (Sands & Tennant, 2010).

Seven of the studies were conducted in Australia (Draper, Kolves, DeLeo, & Snowdon, 2014; Groos & Shakespeare-Finch, 2013; Peters, Cunningham, Murphy, & Jackson, 2016; Ross, Kolves, Kunde, & DeLeo, 2018; Ryan, Lister, & Flynn, 2013; Sands & Tennant, 2010; Wilson & Marshall, 2010). Six studies took place in the United States (Feigleman, Gorman, & Jordan, 2009; Maple, Plummer, Edwards, & Minichiello, 2007; Mayton & Wester, 2018; McMenemy, Jordan, & Mitchell, 2008; Miklin, Mueller, Abrutyn, & Ordonez, 2019; Sheehan et al., 2018). Three were conducted in Ireland (Gibson, Gallagher, & Jenkins, 2010; Shields, Russo, & Kavanagh, 2019; Sugrue, McGilloway, & Keegan, 2014). Two studies were performed in the United Kingdom (Pitman, Osborn, Rantell, & King, 2016; Pitman et al., 2018) and Taiwan (Tzeng et al., 2010; Tzeng, Su, Chiang, Kuan, & Lee, 2010). The remaining studies took place in Japan (Kawashima & Kawano, 2019), New Zealand (Fielden, 2003), Norway (Dyregrov et al., 2011), and Switzerland (Dransart, 2017).

Numerous studies focused on meaning-making and changing worldviews after a suicide death (Dransart, 2017; Dyregrov et al., 2011; Fielden, 2003; Groos & Shakespeare-Finch, 2013; Kawashima & Kawano, 2019; Maple et al., 2007; Miklin et al., 2019; Sands & Tennant, 2010; Shields et al., 2019; Sugrue et al., 2014). Others concentrated on the stigmatization that silences survivors and complicates their grief (Feigleman et al., 2009; Mayton & Wester, 2018; Peters et al., 2016; Pitman et al., 2016; Sheehan et al., 2018; Tzeng et al., 2010). Several studies focused on understanding survivors' coping strategies and support needs (Draper et al., 2014; McMenemy et al., 2008; Ross et al., 2018; Wilson & Marshall, 2010). Two studies (Gibson et al., 2010; Pitman et al., 2018) focused on understanding the impact of suicide bereavement on occupational functioning. An action research study examined the impact of an arts-based project that provided a voice to those bereaved by suicide (Ryan et al., 2013). The remaining study focused on strained family relationships following a suicide death (Tzeng, Su, et al., 2010).

FINDINGS

Three themes emerged during exploration of the studies: (a) unique bereavement challenges, (b) barriers to obtaining support, and (c) sources of effective support.

Unique Bereavement Challenges

There is an overwhelming consensus that survivors believe someone cannot understand what a suicide loss feels like unless they have personally experienced it (Dransart, 2017; Groos & Shakespeare-Finch, 2013; Mayton & Wester, 2018; McMenemy et al., 2008; Ryan et al., 2013). The intentional nature of a suicide death sends a message to the survivors (Sands & Tennant, 2010) that can be viewed as a final judgment on the value of the relationship (Dransart, 2017). The question of "why" permeates survivors' thoughts which causes them to be prone to feelings of extreme guilt and that they were somehow responsible for their loved one's act or that they could have prevented it (Dransart, 2017; Dyregrov et al., 2011; Feigleman et al., 2009; Gibson et al., 2010; Groos & Shakespeare-Finch, 2013; Mayton & Wester, 2018; Pitman et al., 2016; Ross et al., 2018; Ryan et al., 2013; Sands & Tennant, 2010; Sheehan et al. 2018; Tzeng et al., 2010; Tzeng, Su, et al., 2010).

Societal stigmatization towards those bereaved by suicide was a common finding in several studies. Some bereaved families were viewed as contributing to their loved one's death through abuse, neglect, denial, or failure to provide adequate help (Feigleman et al., 2009; McMenemy et al., 2008; Peters et al., 2016; Sheehan et al., 2018). The bereaved struggle with feelings that they were now "contaminated" by their loved one's suicide (Sheehan et al. 2018, p. 336) and have "tainted bloodlines" (Pitman et al., 2016, p. 27). Families often feel pressured to keep the suicide a secret due to societal stereotypes and prejudices (Peters et al., 2016; Sheehan et al., 2018; Tzeng et al., 2010; Tzeng, Su, et al., 2010). Being unable to share their pain at home or in public makes their grieving especially complicated (Peters et al., 2016; Tzeng et al., 2010; Tzeng, Su, et al., 2010). The bereaved report giving up or drastically reducing activities to avoid contact with the outside world (Dransart, 2017; Gibson et al., 2010; Mayton & Wester, 2018; Pitman et al., 2018; Ross et al., 2018; Sands & Tennant, 2010; Tzeng et al., 2010; Tzeng, Su, et al., 2010).

For parents who lost a child to suicide, unanswered questions about the motivations for the suicide, feelings of shock and bewilderment were overwhelming (Maple et al., 2007; Ross et al., 2018). Parental suicide loss survivors reported higher levels of rejection, shunning, stigma, shame, responsibility, and guilt than parents bereaved by a child's natural death (Feigleman et al., 2009). Parents exhibited higher levels of distress and lower levels of sense-making ability when compared to suicide bereaved who had other types of relationships with the deceased (Kawashima & Kawano, 2019).

Studies by Shields et al. (2019) and Sugrue et al. (2014) focused solely on surviving mothers. Both provide meaningful accounts of how mothers try to make sense of their loss. Sugrue et al. (2014) detail the disturbing plight of mothers whose extreme love for their children add to the intensity of their anguish. Participants of this study express longing for death either by passive or active means, and one had recently been hospitalized for a suicide attempt. Shields et al. (2019) chronicle how mothers found hope and were liberated from their crippling guilt and anger with the help of fellow surviving mothers.

After the suicide death of a patient, health care professionals (HCP) reported disbelief, shame, anger, betrayal, guilt, feelings of vulnerability, loss of self-confidence, and fear that their professional reputation might suffer (Draper et al., 2014). These emotions were more intense in HCPs who had a consultation with the patient within a week of their suicide. The HCPs questioned if they "had missed" something in that consultation and whether they could

have prevented the suicide if they had assessed and/or managed the case differently” (Draper et al., 2014, p. 724).

Survivors also face challenges when returning to work after the suicide death of a loved one (Gibson et al., 2010; Pitman et al., 2018). Intense emotional grief reactions, such as tearfulness, confusion, anxiety, and profound sadness were sources of frustration and embarrassment in the workplace. Explicit avoidance by colleagues and decreased self-confidence were reported in both studies as having detrimental effects on occupational functioning. Hearing coworkers use suicide phrases in a throwaway manner was especially hurtful and immediately returned their minds to the traumatic way they lost their loved one (Gibson et al., 2010). Mental health problems that emerged from the stress of their extreme grief adversely affected the survivors’ work performance (Pitman et al., 2018).

Barriers to Obtaining Support

Wilson and Marshall (2010) found that 94% of loss survivors reported a need for help to manage their grief, yet only 44% received some form of support. Factors that prevented survivors from obtaining support included lack of available information, lack of awareness of services, help not offered, distance, thinking no one could help (Wilson and Marshall, 2010), and cost of services (McMenamy et al., 2008). Most of the participants needed professional help, yet they indicated little or no satisfaction with the help received, because of the service provider’s attitude and lack of sensitivity (Fielden, 2003; Peters et al., 2016; Wilson & Marshall, 2010).

The silencing effects of a suicide death on the bereaved were noted in many studies (Dyregrov et al., 2011; Feigleman et al., 2009; Fielden, 2003; Groos & Shakespeare-Finch, 2013; Mayton and Wester, 2018; McMenamy et al., 2008; Pitman et al., 2016; Ryan et al., 2013; Sands & Tennant, 2010). Due to the circumstances that surrounded their loved one’s death, the bereaved tend not to advocate for themselves despite experiencing dangerous levels of inner turmoil. Being overcome with grief and driven to social isolation hindered their ability to experience the natural grieving process (Mayton & Wester, 2018; Miklin et al., 2019; Pitman et al., 2016; Sheehan et al. 2018). Survivors report “being so disabled by their feelings of shock, disbelief and numbness . . . that they only managed to just survive or exist day to day” (Fielden, 2003, p. 76). Suicide bereavement often leads to depression and suicidal thinking (Dransart, 2017; Feigleman et al., 2009; McMenamy et al., 2008; Miklin et al., 2019; Pitman et al., 2018; Sands & Tennant, 2010).

If the bereaved get past the previously mentioned hurdles and begin searching for help, they typically have difficulty in locating appropriate services. The lack of existing quality resources creates a sense of frustration among survivors (Groos & Shakespeare-Finch, 2013; Wilson & Marshall, 2010). Survivors have different coping styles and grief responses, consequently their bereavement needs are not all the same (Dransart, 2017; Maple et al., 2007). Survivors who identify with a deceased person’s perceived motivations and view suicide as “a thing one can do to cope with psychological pain or to deal with a personal problem” have an increased vulnerability to suicide (Miklin et al., 2019, p. 25). Others, however, can make a different meaning of their loss and experience an inoculation effect as they now view suicide as a way of harming loved ones through grief and trauma.

Gibson et al. (2010) and Pitman et al. (2018) both reported that loss survivors understood work and school obligations continued in their absence, but they had difficulty readjusting

due to the insensitivity of managers and instructors. One participant explained receiving a poor performance review, in which her manager did not make allowances for her bereavement (Gibson et al., 2010), and another was disciplined for sickness absences, as the employer was not considering the physical toll that grief had taken on her (Pitman et al., 2018). Taking time off to grieve was helpful, but returning to a backlog of work also added to the existing high levels of stress (Pitman et al., 2018).

Sources of Effective Support

Support groups, which are one of the few organized resources available to the bereaved, are considered vital in the survivors' healing journey. Being supported by individuals with a shared experience has helped individuals avoid succumbing to suicide themselves (Dransart, 2017; Miklin et al., 2019). Support groups give survivors permission to talk freely about their loss, express emotions, and feel normal (Groos & Shakespeare-Finch, 2013; Mayton & Wester, 2018; McMenemy et al., 2008; Ross et al., 2018; Ryan et al., 2013; Sands & Tennant, 2010; Wilson & Marshall, 2010). For mothers, support groups act as sanctuaries where they could sort out their feelings and understand they were not responsible for their child's actions (Shields et al., 2019). Learning about others' personal recovery successes empower support group members to move from stories of despair to narratives of hope (Sands & Tennant, 2010).

Some survivors feel the need to create space to process their loss and make time to pursue activities, such as reading books and writing poetry (Fielden, 2003). Miklin et al. (2019) noted a mother who lost a daughter to suicide participated in "an art therapy group that combined suicidal individuals with bereaved individuals" and found the experience to be "a transformative healing experience" (p. 26). Ryan et al. (2013) conducted an action research project to facilitate meaning-making by giving survivors "a voice to express their often silent, lonely, and stigmatized experience" (p. 214). They empowered the participants, who had no formal training in writing, to *story* about the suicide death, through the process of creating a play and publishing a book. Participants reported a decrease in the feeling of isolation and an increase in self-esteem as a result of the process (Ryan et al., 2013).

Understanding that not all survivors are able to verbally express their experience, Mayton and Wester (2018) conducted a photovoice study within a survivor support group to provide an alternative way for survivors to express their grief. Participants were instructed to take photos that represented what they would like others to know about their experience of losing someone to suicide. They then shared their photographs with their group members and took turns sharing their interpretations of each other's photographs. A constant sense of loneliness was a common theme represented in the photographs. The survivors reported the process enabled them to construct meaning, convey their experiences on a deep level, and decreased their sense of isolation.

DISCUSSION

This literature review addresses the societal problem of suicide by focusing on its far-reaching grip on those left in its destructive wake. While suicide is an issue of global concern, this paper is intended to personalize the problem by demonstrating how it adversely impacts individuals on a personal level. With one person dying by suicide every 40 seconds (World Health Organization, 2019), the number of individuals who become bereaved by suicide is increasing daily. The unique bereavement challenges associated with suicide deaths

complicate the grieving process and create barriers to obtaining support. With the exception of support groups, there are limited services that are considered effective in the eyes of suicide loss survivors.

Empirical research on suicide bereavement has been confined primarily to the field of death studies, psychiatry, and public health. The lack of existing studies in the adult education realm exposes a major gap in the literature. The findings of this research can serve as a starting point for synergistic educational endeavors to close this gap. Adult education scholars can form interdisciplinary teams to further explore the needs of this population and to undertake much-needed projects such as designing postvention educational resources and programming for the suicide bereaved. Such endeavors will also serve to bridge the gap between adult education theories and praxis.

This research is intended to bring an understanding of the experiences of suicide loss survivors which could be utilized to start a conversation to dispel stigma about this taboo death, design a postvention training to support survivors' specific urgent needs, enhance medical education programs for health care professionals, improve workplace policies, encourage government funding of suicide bereavement programs, and develop community education programs. Those who would benefit from reading this research would be policy decision-makers within government agencies and workplaces, health care providers, school officials, curriculum designers for medical programs, public health officials, grief education providers, coroners, law enforcement officials, funeral directors, and suicide loss survivors.

CONCLUSION

The field of adult education has a history of advocating for social change to improve the lives of disenfranchised groups by empowering learners to take action in their communities. This sentiment is especially meaningful for me as a suicide loss survivor and as an adult education scholar-practitioner. With the worldwide rising suicide rates, the time is ripe to start a new humanitarian movement to spark social change by addressing the needs of a group of individuals who are suffering in silence.

In 1972, Shneidman, founder of the American Association of Suicidology, stated "the largest public health problem is neither the prevention of suicide nor the management of suicide attempts, but the alleviation of the effects of stress in the survivors whose lives are forever altered" (p. xi). Despite Shneidman's plea 48 years ago, assistance is still not readily available for survivors. Educational efforts aimed at easing the suffering of these individuals would not only have a major impact on the quality of their personal lives but would also create a positive ripple effect felt by our entire global society.

REFERENCES

- American Association of Suicidology. (2016). U.S.A. suicide 2015: Official final data [Data file]. Retrieved from <http://www.suicidology.org/portals/14/docs/resources/factsheets/2015/2015datapgsv1.pdf?ver=2017-01-02-220151-870>
- Centers for Disease Control and Prevention. (2018). *Suicide rates rising across the U.S.* Retrieved from <https://www.cdc.gov/media/releases/2018/p0607-suicide-prevention.html>
- Dransart, D. (2017). Reclaiming and reshaping life: patterns of reconstruction after the suicide of a loved one. *Qualitative Health Research, 27*(7), 994–1005.
- Draper, B., Kolves, K., DeLeo, D., & Snowdon, J. (2014). The impact of patient suicide and sudden death on health care professionals. *General Hospital Psychiatry, 36*, 721–725.

- Dyregrov, K., Dieserud, G., Hjelmeland, H., Straito, M., Rasmussen, M., Knizek, B., & Leenaars, A. (2011). Meaning-making through psychological autopsy interviews: the value of participating in qualitative research for those bereaved by suicide. *Death Studies, 35*, 685–710.
- Feigleman, W., Gorman, B. S., & Jordan, J. R. (2009). Stigmatization and suicide bereavement. *Death Studies, 33*(7), 591-608.
- Fielden, J. M. (2003). Grief as a transformative experience: Weaving through different lifeworlds after a loved one has completed suicide. *International Journal of Mental Health Nursing, 12*(1), 74-85.
- Gibson, J., Gallagher, M., & Jenkins, M. (2010). The experiences of parents readjusting to the workplace following the death of a child by suicide. *Death Studies 34*(6), 500-528.
- Groos, A., & Shakespeare-Finch, J. (2013). Positive experiences for participants in suicide bereavement groups: a grounded theory model. *Death Studies, 37*, 1–24.
- Hedegaard, H., Curtin, S.C., Warner, M. (2018). *Suicide rates in the United States continue to increase*. NCHS Data Brief, no 309. Hyattsville, MD: *National Center for Health Statistics*, retrieved from <https://www.cdc.gov/nchs/data/databriefs/db309.pdf>
- Kawashima, D., & Kawano, K. (2019). Parental grief after offspring suicide and adaptation to the loss in Japan. *OMEGA-Journal of Death and Dying, 79*(1), 34-51.
- Maple, M., Plummer, D., Edwards, H., & Minichiello, V. (2007). The effects of preparedness for suicide following the death of a young adult child. *Suicide and Life-Threatening Behavior, 37*(2), 127-134.
- Mayton, H. N., & Wester, K. (2019). Understanding the Experiences of Survivors of a Loss by Suicide: A Photovoice Study. *Journal of Creativity in Mental Health, 14*(1), 10-22.
- McMenamy, J., Jordan, J., & Mitchell, A. (2008). What do suicide survivors tell us they need? results of a pilot study. *Suicide and Life-Threatening Behavior, 38*(4), 375-389.
- Miklin, S., Mueller, A. S., Abrutyn, S., & Ordonez, K. (2019). What does it mean to be exposed to suicide?: Suicide exposure, suicide risk, and the importance of meaning-making. *Social Science & Medicine, 233*, 21-27.
- Peters, K., Cunningham, C., Murphy, G., & Jackson, D. (2016). Helpful and unhelpful responses after suicide: Experiences of bereaved family members. *International Journal of Mental Health Nursing, 25*(5), 418-425.
- Pitman, A., Osborn, D., Rantell, K., & King, M. (2016). The stigma perceived by people bereaved by suicide and other sudden deaths: a cross-sectional UK study of 3432 bereaved adults. *Journal of Psychosomatic Research, 87*, 22-29.
- Pitman, A., Putri, A., De Souza, T., Stevenson, F., King, M., Osborn, D., & Morant, N. (2018). Support needs and experiences of people bereaved by suicide: qualitative findings from a cross-sectional British study of bereaved young adults. *International Journal of Environmental Research and Public Health, 15*(4), 666.
- Ross, V., Kolves, K., Kunde, L., & De Leo, D. (2018). Parents' experiences of suicide bereavement: a qualitative study at 6 and 12 months after loss. *International Journal of Environmental Research and Public Health, 15*(4), 618. doi:10.3390/ijerph15040618
- Ryan, M., Lister, R., & Flynn, L. (2013). Giving voice to those bereaved by suicide: The 'nothing prepared me for this' project. *Advances in Mental Health, 11*(3), 213–222.
- Sands, D., & Tennant, M. (2010). Transformative learning in the context of suicide bereavement. *Adult Education Quarterly, 60*(2), 99-121.
- Sheehan, L., Corrigan, P. W., Al-Khouja, M. A., Lewy, S. A., Major, D. R., Mead, J., . . . Weber, S. (2018). Behind closed doors: The stigma of suicide loss survivors. *OMEGA-Journal of Death and Dying, 77*(4), 330-349.
- Shields, C., Russo, K., & Kavanagh, M. (2019). Angels of courage: The experiences of mothers who have been bereaved by suicide. *OMEGA-Journal of Death and Dying, 80*(2), 175-201.
- Shneidman, E.S. (1972). Foreword. In Cain, A.C. (Ed.), *Survivors of suicide* (pp. ix–xi). Springfield, IL: Charles C. Thomas.
- Sugrue, J. L., McGilloway, S., & Keegan, O. (2014). The experiences of mothers bereaved by suicide: An exploratory study. *Death Studies, 38*(2), 118-124.
- Tzeng, W.C., Su, P. Y., Chiang, H.H., Kuan, P.Y., & Lee, J. F. (2010). The invisible family: A qualitative study of suicide survivors in Taiwan. *Western Journal of Nursing Research, 32*(2), 185-198.
- Tzeng, W.C., Su, P. Y., Tzeng, N.S., Yeh, C. B., Chen, T. H., & Chen, C. H. (2010). A moral life after a suicide death in Taiwan. *Qualitative Health Research, 20*(7), 999–1007.
- Wilson, A., & Marshall, A. (2010). The support needs and experiences of suicidally bereaved family and friends. *Death Studies, 34*(7), 625-640.
- World Health Organization. (2014). Preventing suicide: A global imperative. Geneva, Switzerland: Author.
- World Health Organization. (2019, September 9). Suicide: one person dies every 40 seconds. Retrieved from <https://www.who.int/news-room/detail/09-09-2019-suicide-one-person-dies-every-40-seconds>