

Suicide Bereavement Support Groups: The evidence and efficacy.

Abstract:

The aim of this study is to conduct a critical literature review on the subject of suicide bereavement support groups, to ascertain if support groups are helpful for bereaved adults and if so, what group structure is most effective.

The outcome evidenced that 27% of bereaved people seek support groups (Honeycutt & Praetorius, 2016). The qualitative studies of suicide bereavement support groups demonstrate significant benefits for the attendees of the programs, evidenced by the outcomes, collated consumer narratives and conclusions of each study (Barlow et al., 2010; B. Feigelman & Feigelman, 2008; Beverly Feigelman & Feigelman, 2011b; Groos & Shakespeare-Finch, 2013; Mitchell et al., 2003; Pietila, 2002; Waljarvi et al., 2012).

Methodology for critical literature review

To conduct a literature search, PsychINFO, CINAHL and Medline databases were explored, using the keywords suicide, bereavement and support groups. 55 citations were retrieved and duplicate references removed. 16 citations were removed due to lack of relevance and a further 25 because of the inclusion/exclusion criteria. The total number of articles retrieved was 12.

Introduction

Suicide is a major cause of death, which the World Health Organisation estimates at one million people per year. The number of subsequent bereaved individuals seeking mental health services is estimated to be six per suicide (Barlow et al., 2010). Evidence suggests that therapeutic groups are the most indicated intervention to assist suicide survivor recovery and post-traumatic growth. Although eight-week programs appear to be the most standard duration for a closed group scenario and two to four meetings per month for open-ended groups, there is no conclusive evidence indicating which structure provides the best outcomes.

Grief from the loss of a loved one is an individual experience. When the loss is caused by the person taking their own life, the emotional experience for the bereaved is particularly complex. Some survivors consider it difficult for others to understand their experience unless they had been through it themselves. Therapeutic groups become invaluable here, because they help to foster a sense of support through solidarity and shared experiences, which becomes the foundation for helpful coping strategies and recovery.

Facilitating a suicide bereavement support group is challenging. The unique experience of each person needs to be managed whilst simultaneously holding the group in a safe space. In addition, the compulsion for people to share their story within the group can be re-traumatising for other participants.

Exploring the efficacy of suicide survivor groups and gaining an understanding of how to be more effective in the process, are key aspects of wanting to explore literature on this subject.

There are two components to this question:

- a) Are suicide support groups helpful, which requires quantitative data and
- b) What group formats have been found to be effective, which is qualitative.

Themes emerging from the research

Key points that emerged from this critical literature review have been grouped together into themes and outlined below.

Complex nature of grief

Bereavement from the loss of a loved one through suicide is complex and has damaging psychological impact that can take many years to begin to recover from. Reactions are individual and combine both trauma and grief with associated feelings of shock, anger, rage, abandonment, blame, guilt, rejection, hopelessness and stigma (Barlow et al., 2010; B. Feigelman & Feigelman, 2008; Groos & Shakespeare-Finch, 2013; Honeycutt & Praetorius, 2016; Mitchell et al., 2003; Walijarvi et al., 2012).

Solidarity

Walijarvi et al. (2012) state that the underpinning understanding is that support from others is “key to the effective processing of a significant death.” Being able to speak openly and share experiences with others without having to modify content helped suicide survivors feel validated, accepted, to understand their experience, gain insight, develop support networks, reduce isolation, ‘normalise’ thoughts and feelings and to have permission to grieve (Groos & Shakespeare-Finch, 2013; Pietila, 2002; Walijarvi et al., 2012).

Recovery

Support groups tend to have participants in different stages of grief. When people observe others bereaved by similar circumstances return to normal function, it gives them reassurance that recovery is possible and helps them to move forward with their lives (Groos & Shakespeare-Finch, 2013; Walijarvi et al., 2012). Long-term survivors often become peer support workers from a desire to help others and to continue their own healing journey and may even move into suicide prevention campaigning and political involvement (Barlow et al., 2010; Beverly Feigelman & Feigelman, 2011b), demonstrating post-traumatic growth.

Group structure

Because of the complex nature of suicide bereavement and the individual reactions and coping strategies, integrated approaches incorporating diverse theoretical frameworks within the support groups work best (Walijarvi et al., 2012). Models need to incorporate posttraumatic reactions and grief and include education around this duality (Groos & Shakespeare-Finch, 2013; Mitchell et al., 2003). Bo’s Place (Walijarvi et al., 2012) describe

an integrated framework but acknowledge a “lack of conclusive evidence for the effectiveness of bereavement programs. Szumilas et al. (2011) also state that more research is needed to ascertain the most effect program structure.

People leaving groups

The main reasons for people leaving support groups includes poor facilitation, lack of equality in time sharing, people monopolising the group, changing composition of the group, cliques forming (Beverly Feigelman & Feigelman, 2011b) and going over the same issues and moral hierarchies (Pietila, 2002). One of the most critical elements is the potential for being re-traumatised by hearing other people share their story. There is also potential for comparison and expectation around time of recovery (Groos & Shakespeare-Finch, 2013). Barlow’s et al. research (2010) explored peer-led support groups and concluded that because of the nature of complex grief, a collaborative approach is best.

The evidence and efficacy for suicide survivor support groups

27% of bereaved people seek support group (Honeycutt & Praetorius, 2016). The qualitative studies of suicide bereavement support groups demonstrate significant benefits for the attendees of the programs, evidenced by the outcomes, collated consumer narratives and conclusions of each study (Barlow et al., 2010; B. Feigelman & Feigelman, 2008; Beverly Feigelman & Feigelman, 2011b; Groos & Shakespeare-Finch, 2013; Mitchell et al., 2003; Pietila, 2002; Walijarvi et al., 2012).

The two broader mixed method research conducted (Beverly Feigelman & Feigelman, 2011a; Honeycutt & Praetorius, 2016) had demonstrably larger samples and addressed a broader spectrum of bereaved individuals, people’s choice of intervention and the respective effectiveness. Interestingly, there was no difference in outcomes for people who had attended support groups and those who did not (Beverly Feigelman & Feigelman, 2011a), challenging the assumption that support groups are the most helpful intervention.

The systematic literature review (Szumilas & Kutcher, 2011), despite noting a lack of quality research in this area, concluded that there were positive results in outcome measures for participants in group programs and that suicide bereavement support groups should be more available. More research is required to establish the best setting and structure.

Conclusion

Bereavement associated with suicide is complex because of the combination of trauma and grief. Whilst individual therapy is utilised by some, many people choose support programs because of the level of acceptance, solidarity and support. People working in clinical or autonomous roles, who have appropriate training, have the capacity to facilitate suicide bereavement support groups. This enables greater access to such services for the community, mitigating further risk, since people bereaved by suicide are statistically more at risk.



This critical literature search has explored original research in suicide bereavement support groups. Despite the challenges of phenomenological studies, there is enough empirical evidence to conclude that suicide support groups are effective.

Developing program protocols could be further explored, however there are some solid recommendations and guidelines available to provide a meaningful support service.

Additional facilitator training would further contribute to the utility of support groups for people bereaved by the loss of a loved one to suicide.

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