SHORT COMMUNICATION

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The Overlooked Grief of Suicide Survivors - A Systematic Review

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Abstract

According to the World Health Organisation, approximately 7,26,000 people die by suicide every year. For every death by suicide, approximately 135 lives get affected. These people are called suicide survivors. The current study aims to understand how the studies of suicide survivors have revealed similarities among the journeys of suicide survivors. A total of 47 literature was reviewed with a collective sample size of 10,534. The results revealed that various factors, namely, attributional factors, psychological factors, interpersonal factors and support and resource requirements play an important role in the challenges experienced by the survivors of suicide after the death of their loved ones. Of all the sub-dimensions, the need for self-disclosure as well as psychotherapy was observed with the highest frequency. All of the findings highlight the need for a therapeutic intervention devised to cater to the specific needs of a suicide survivor.

Major Findings: This study has identified a total of 24 challenges experienced by suicide survivors which have been classified into four categories - attributional factors, psychological factors, interpersonal factors and support and resource requirements. Out of all the identified factors, the need for self-disclosure and psychotherapy was observed most frequently, therefore, highlighting the need to develop a therapeutic intervention device to cater for the specific needs of a suicide survivor.

Keywords: Blame, Psychotherapy, Self-Disclosure, Suicide Survivors

1. Introduction

According to the World Health Organisation, approximately 7,26,000 people die by suicide every year[1]. However, a death by suicide doesn't just affect the life of the individual but also the people around them, including their family, friends and close ones. A suicide survivor refers to the friends and family of those who die by suicide[2]. According to Parker[3], suicide survivors, or people bereaved by suicide are at a high risk of a wide range of challenges relating to their mental health, social phenomena as well as quality of life. Parker[3] also found that such survivors are also at a high risk of dying by suicide. The World Health Organisation states that for every death by suicide, 135 lives are affected. This result is also validated by research done by Cerel *et al.*[4] in 2013 with a sample of 1,736 adults.

Over the past four decades, multiple researchers across the globe have conducted systematic reviews to find the difference between grief after death by suicide and deaths because of other reasons. Reynolds[5] could not find any empirical data to prove that people bereaved by suicide show higher levels of pathological reactions to grief. Building upon the same, McIntosh[6] stated that the grief after suicide is more similar than different from grief after any other form of death. On the contrary, researchers have also found that the grief reactions of suicide survivors are at least different, if not more severe than the grief experienced by people bereaved by other forms of death[7]. Sveen and Walby[8] also found that suicide survivors reported higher levels of blaming, loneliness

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and isolation, lack of social support and lower levels of acceptance of the death.

India is now considered the global capital of suicide and witnessed a total of 1,70,924 deaths by suicide in 2022 at a rate of 12.4 deaths per 1 lakh population. This shows a total increase in the rate of suicides by 4.2% as compared to 2021 – the highest recorded rate over 56 years, leading to an average of 468 deaths by suicide every day. The NCRB reports also show that an average of 5% increase in the rate of deaths by suicide was observed in all age groups, except for the young generation (<18 years) while the age group of 18-35 contributed to almost 35% of the total deaths by suicide in 2022, the highest among all age groups. (Accidental Deaths and Suicides in India|*National Crime Records Bureau,* 2022)[9] (Figure 1).

Going by the estimations of the WHO and other researchers, it can be estimated that approximately 2,30,74,740 people in India (1.6% of the total population) witnessed the death of someone they knew by suicide in the year 2022 alone.

2. Method

2.1 Inclusion and Exclusion Criteria for Studies

Only the studies that evaluated the different psycho-social aspects of a suicide survivor's life after the death of their loved ones. Both primary as well as secondary research were included. Only research papers published in the English language were included. Only researches published in journals were included.

2.2 Strategies for Identifying Researches

Studies that fulfilled the inclusion criteria were identified after searching through Google Scholar, the American Association of Suicidology and the Research Gate database. Keywords including 'suicide survivor', 'left behind' and 'grief after suicide' were used to search for studies. A total of 17 researches were selected ranging from 1988 - 2020. The breakdown of the researches can be seen in Table 1.

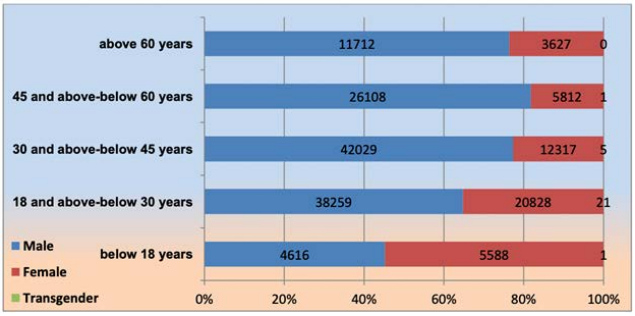


Figure 1. Age and gender-based distribution of suicides in India in the year 2021.

2.3 Data Analysis

The initial analysis of the research revealed that a very large number of self-prepared surveys, questionnaires and measuring tools were used for analysis. Keeping in mind that there is a wide diversity in the experiences of the survivors, the researches were reviewed based on the similarities in their findings, to get a better understanding of the survivor's reactions.

3. Result

The current study aims to understand how the studies of suicide survivors have revealed similarities among the journeys of suicide survivors. A total of 47 researches have been reviewed, including 30 primary researches and 17 secondary researches, with a collective sample size of N = 10,534. Out of the 30 primary researches, 15 were qualitative, 14 were quantitative and 01 was survey-based.

After reviewing the existing literature, it was found that different researchers have found multiple similar findings among the journeys of suicide survivors. 24 such findings were evaluated, which have been divided into four factors - Attributional Factors, Psychological Factors, Interpersonal Factors and Support and Resource Requirements.

3.1 Attributional Factors

Attributional factors highlight the cognitive and emotional process involved in finding the reason, or responsibility of

Table 1. Categories of researches analyzed

Category of Analysis	Number of Researches
Total Number of Researches	47
Primary Researches	30
Secondary Researches	17
Total Sample Size (collective)	10,534
Qualitative Researches	15
Quantitative Researches	14
Survey Study	01

the action, *i.e.*, suicide. Suicide survivors tend to spend a lot of time understanding what has happened and what situations, incidents or actions that led their loved one to take the extreme step of ending their own life. These factors can be divided into two categories:

(i) Perceived Intentionality

A total of 02 researches found survivors to have reported having a difficult time accepting that their loved one was suffering to the extent that they decided to end their life. It was observed that the loved one's intention to die acts as a barrier to the recovery of the survivor. They tend to place blame on the person who chose to leave them behind, often using words like 'selfish' to describe them. This also acts as a differentiating factor between grief after suicide and grief after any other form of death. Jordan[10] argued that perceived intentionality acts as the biggest differentiating factor between grief after suicide vs grief after death by any other reason. Hoffmann *et al.*[11] also found similar results.

(ii) Perceived Responsibility

The sense of responsibility was observed in 03 researches, revealing that survivors deal with a lot of self-blaming questions where they question themselves, and their behaviour, often wondering what more they could have done, if they missed any signs or where they lack a caregiver. Some survivors also blamed others, including family members, friends or even god. Tzeng *et al*[12] found that blame was very commonly seen in the journey of a suicide survivor. He stated that while some survivors blamed themselves, others blamed the world around them He also found that a lot of survivors also feel blamed by others and are made to feel responsible for the death of their loved one. Hoffmann *et al.*[11] found self-blame to be one of the most common factors in suicide survivors. The same was reported by Peters *et al.*[13] as well.

3.2 Psychological Factors

Multiple researchers over time have reported a higher risk of psychological factors among Survivors of suicide. These include feelings of depression, hopelessness, psychological, distress, a higher risk of developing, suicidal ideation, and attempting, suicide, et cetera. Different researchers have explored the presence of various psychological factors in survivors of suicide namely – complicated grief[8,10,14-17], Depression and Hopelessness[11,14,15,18-22], Suicidal Ideation[18,19,20,23], Psychological Distress[15,21,23-26], Stress Related Growth[27], *etc.*

These psychological factors can be classified as Barriers in Recovery[28] and various coping challenges[29-31]. These factors help us in identifying the different aspects of the suicide survivor's psychological factors that act as a challenge in recovery and accessing support for the mourners after a suicide. These challenges arise from the various social, emotional, cultural and interpersonal factors that are associated with suicide in the society.

3.3 Interpersonal Factors

Interpersonal factors play a very important role in the journey of a suicide survivor. Four such factors were identified, namely, Stigma, relationship difficulties, social isolation and social and cultural challenges. Stigma was observed in 4 research papers, indicating that it plays an essential role in the journey of the suicide survivor. It was observed that the perceived stigma experienced by the suicide survivor significantly impacts the other domains of their life, including psychological distress and psychopathological domains[23]; feelings of rejection and shame[8], barriers in accessing support[28] and normlessness as well as fear[32]. Challenges associated with relationships were observed in 07 research papers, indicating that suicide survivors find it difficult to maintain social relationships after death. Hoffmann *et al.*[11] found that relationship dynamics getting altered is very commonly seen in suicide survivors. Tzeng *et al.*[12] found that survivors from the collectivistic culture only maintained a strained family relationship because of the pressure experienced by the social culture. Similarly, Dunn *et al.*[32] found that the substantial effect that suicide has on the social relations of the survivors is often overlooked or neglected in their journey after the death and Hafford-Letchfield *et al.*[33] stated that the emotional and physical trauma affects the relationship dynamics of the suicide survivors. The same is also manifested in the form of social isolation or the withdrawal of social relations by the suicide survivors[21]. Mitchell *et al.*[34] identified the need for clinicians to focus on social relationships for suicide survivors.

Social isolation is observed in multiple grief survivors of suicide as a result of the stigma and challenges in building new bonds, as experienced by them. McMenamy *et al.*[21] identified social isolation as a barrier to seeking help, which presents in the form of avoidance[35], emotional burden[36] and challenges in social functioning[25]. Another significant factor observed were the social and cultural

challenges, which are identified as a challenge in recovery[37], challenges in acceptance by the society[38] and demonstrate a potential to modify the behaviour[39] of not just the survivor but also the people around them.

3.4 Support and Resource Requirements

This factor focuses on the different future needs of the survivors of a suicide loss, identifying their attributional, psychological and interpersonal factors. The primary requirement in this area is the need for more empirical evidence in the same, with a limited number of research works existing on the same. While there is information available on the challenges faced by the bereaved, very little evidence is available on the therapeutic interventions for the same. The same was also observed by Putri *et al.*[31] who stated that there exists a 'substantial research gap' in intervention-based work for suicide bereavement. The need for identification is another important aspect observed in 02 research papers, indicating that the survivors feel that identifying themselves as someone who has been through a loss, gone through challenges and has 'survived' through a difficult phase helps them in their journey from recovery. Honeycutt and Praetorius[40] stated that people from the bereaved group prefer the term 'survivor' as they feel it justifies their struggles. Cerel *et al.*[41] also stated that there is an important need to identify the survivors to help them better.

Self-disclosure came forward as an important need in 05 research papers, indicating that explaining personal and intimate information helps the survivor recover from their loss, feel identified as well and form a social circle where they feel understood. Levi-Belz[27,42] found that self-disclosure acts as an important factor in Stress-Related Growth. He also found that sharing intimate information is beneficial for those who suffer from the loss of a family member to suicide. McMenamy *et al.*[21] stated that survivors find it helpful to talk to other survivors. O'Connell *et al.*[43] identified the need for shared understanding and Nalavade *et al.*[37] highlighted the need for compassionate understanding in the journey of recovery in the lives of suicide survivors. Another discovered element was meaning-making, as identified in 02 papers. Batista *et al.*[44] suggested the use of a 'meaning in loss' protocol for the intervention for suicide survivors. This was also confirmed by Dransart[45].

Psychotherapy came forward as an essential need in 6 research papers, indicating that professional help acts as a way to help survivors accept the situation, deal with their grief and come to terms with reality. Out of the 6 papers, 2 revealed that psychotherapy helps them make meaning out of the death, repair their relationship with the deceased and start building a new life. Bellini *et al.*[14] highlighted the need for appropriate psychotherapy; Cerel *et al.*[41] highlighted the importance of support groups led by professionals to help the survivors while Visser *et al.* (2023)[46] identified that the effect of a support group does not last for a longer duration of time; McMenamy *et al.*[21] stated that the majority of the suicide survivors viewed professional help as helpful. Romero *et al.*[47] highlighted the efficacy of Cognitive-Behavioural Therapy for suicide bereaved group, while Aguirre and Slater[48] argued the need for postvention strategies for the bereaved group.

Existing literature also emphasized the need for therapeutic interventions to build stronger protective factors, such as self-forgiveness[24], social support[49], religious and spiritual belief and finding a purpose in life[37], along with setting interventions including Cognitive Behavioral Therapy[37], peer support group[30], neurofeedback (Cantor, 2022)[50] and community outreach[46].

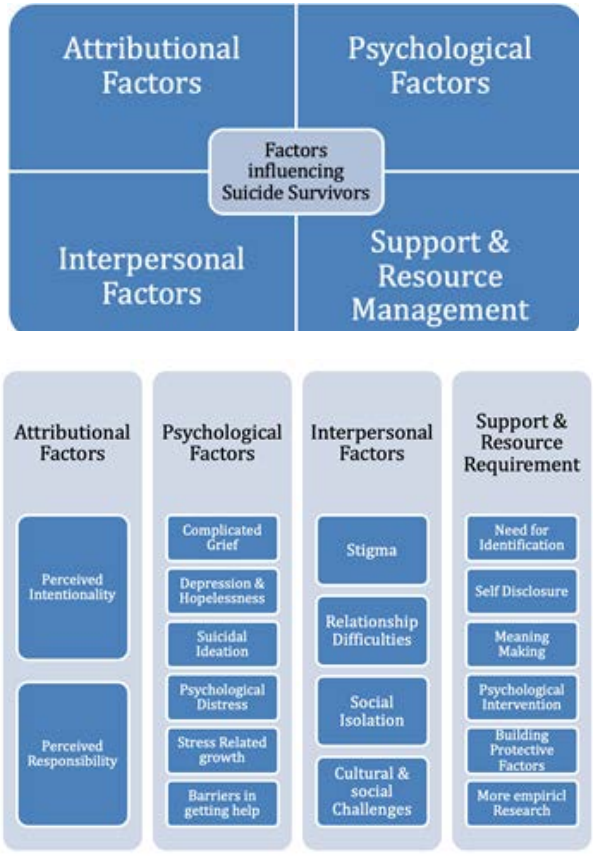


Figure 2. Summary of identified factors.

The needs identified in this paper differ from the four themes identified by Rivart *et al.*[28] namely - 'maladaptive coping strategies, emotional processes following suicide, lack of support from agencies, and the importance of mental health awareness', however, some similarities in the broader themes can be seen.

Overall, it was observed that multiple blame-associated, psychological, social as well as future needs play an important factor in the life of the survivor after the death of the loved one. The same was observed in a study conducted by Sveen and Walby[8] where they reported higher levels of shame, rejection, blame, reason-making as well as stigma in suicide survivors than in people who grieve after any other form of death. Sajan *et al.*[51] identified that the challenges experienced by people grieving after a suicide, are unique, and therefore, require specific interventions and theories. On the other hand, the development of research work on suicide survivors in India has been observed over the past 1 decade, with Chakraborty *et al.*[52] finding similar psychological and interpersonal factors in the Indian population of survivors of self-death. The summary of the identified factors is presented in Figure 2.

4. Conclusion

The current study aims to understand how the studies of suicide survivors have revealed similarities among the journeys of suicide survivors. Findings have revealed four broad factors which classify the different aspects of a suicide survivor's life after witnessing the suicide. These factors are attributional factors (Perceived intentionality and perceived responsibility), psychological factors (complicated, grief, depression and hopelessness, suicidal ideation, psychological, distress, stress-related growth, Barriers to help and challenges in coping), Interpersonal factors (stigma, relationship, difficulties, social isolation and cultural and social challenges) and support and resource requirement (Need for identification, self-disclosure, meaning, making, psychological intention, building protective factors and the need for more research in this field).

Limitations

- The current study does not include any study about suicidal ideation.
- The current study does not include any study about self-help behaviour in suicide survivors.

Future Implications

The findings of the current study can help in :

- Developing a theory about the needs of the suicide survivors.
- Formulating a survivor-specific intervention strategy
- Conducting a psychological need-based analysis of suicide survivors.
- Developing support group-based Community Outreach Programme for survivors of suicide

5. References

1. World Health Organization. Suicide [Internet]. 2024. Available from: https://www.who.int/news-room/fact-sheets/detail/suicide
2. Shneidman ES. The psychological autopsy. Suicide Life Threat Behav. 1981; 11(4):325-340. https://doi.org/10.1111/j.1943-278X.1981.tb01009.x
3. Parker I. The story of a suicide. The New Yorker. 2012; 6:37-51.
4. Cerel J, Maple M, Aldrich R, van de Venne J. Exposure to suicide and identification as survivor. Crisis. 2013; 34(6). https://doi.org/10.1027/0227-5910/a000220 PMid:23871953
5. Reynolds FM, Cimbolic P. Attitudes toward suicide survivors as a function of survivors' relationship to the victim. OMEGA - J Death Dying. 1989; 19(2):125-133. https://doi.org/10.2190/KR1X-QNG3-2YGM-UDYQ
6. McIntosh DN, Silver RC, Wortman CB. Religion's role in adjustment to a negative life event: Coping with the loss of a child. J Pers Soc Psychol. 1993; 65(4):812. https://doi.org/10.1037//0022-3514.65.4.812 PMid:8229652
7. Ellenbogen S, Gratton F. Do they suffer more? Reflections on research comparing suicide survivors to other survivors. Suicide Life Threat Behav. 2001; 31(1):83-90. https://doi.org/10.1521/suli.31.1.83.21315 PMid:11326771
8. Sveen CA, Walby FA. Suicide survivors' mental health and grief reactions: A systematic review of controlled studies. Suicide Life Threat Behav. 2008; 38(1):13-29. https://doi.org/10.1521/suli.2008.38.1.13 PMid:18355105
9. National Crime Records Bureau, Ministry of Home Affairs, India. Accidental Deaths & Suicides in India; 2022. p. 10
10. Jordan JR. Lessons learned: Forty years of clinical work with suicide loss survivors. Front Psychol. 2020; 11:766. https://doi.org/10.3389/fpsyg.2020.00766 PMid:32411052 PMCid:PMC7201040
11. Hoffmann WA, Myburgh C, Poggenpoel M. The lived experiences of late-adolescent female suicide survivors: A part of me died. Health SA Gesondheid. 2010; 15(1). https://doi.org/10.4102/hsag.v15i1.493

12. Tzeng WC, Su PY, Chiang HH, Kuan PY, Lee JF. The invisible family: A qualitative study of suicide survivors in Taiwan. West J Nurs Res. 2010; 32(2):185-198. https://doi.org/10.1177/0193945909350630 PMid:19915201
13. Peters K, Cunningham C, Murphy G, Jackson D. People look down on you when you tell them how he died: Qualitative insights into stigma as experienced by suicide survivors. Int J Ment Health Nurs. 2016; 25(3):251-257. https://doi.org/10.1111/inm.12210 PMid:26889754
14. Fisher JE, Zhou J, Blumhorst AL, Ogle CM, Sumberg L, Cozza SJ. Pathways between grief, depression, hopelessness, reasons for living, and suicidal ideation in bereaved individuals. J Psychiatr Res. 2024; 179:351-359. https://doi.org/10.1016/j.jpsychires.2024.08.033 PMid:39357398
15. Bellini S, Erbuto D, Andriessen K, Milelli M, Innamorati M, Lester D, *et al*. Depression, hopelessness, and complicated grief in survivors of suicide. Front Psychol. 2018; 9:198. https://doi.org/10.3389/fpsyg.2018.00198 PMid:29568278 PMCid:PMC5852099
16. Bartik W, Maple M, Edwards H, Kiernan M. Adolescent survivors after suicide. Crisis. 2013; 34(3). https://doi.org/10.1027/0227-5910/a000185 PMid:23357218
17. Wagner KG, Calhoun LG. Perceptions of social support by suicide survivors and their social networks. Omega - J Death Dying. 1992; 24(1):61-73. https://doi.org/10.2190/3748-G16Y-YEBF-QD10
18. Adeyemo DA, Olunloyo BO, Agokei SP. Socio-psychological predictors of suicidal ideation among young adults in Oyo State, Nigeria. Nusantara J Behav Social Sci. 2024; 3(3):101-110. https://doi.org/10.47679/njbss.202457
19. Bonaccorso N, Tripoli G, Vella I, La Cascia C, Amodio E, Bongiorno E, *et al*. Psychological distress and suicidal ideation in Sicilian medical students: The SMS-ME project. J Affect Disord Rep. 2024; 17:100834. https://doi.org/10.1016/j.jadr.2024.100834
20. Davey D, Macdonald-Gagnon G, Bauer BW, Langenecker SA, Ajilore O, Phan KL, *et al*. Repetitive negative thinking and suicidal ideation in internalizing psychopathologies: A replication study. Behav Res Therapy. 2024; 182:104622. https://doi.org/10.1016/j.brat.2024.104622 PMid:39213740
21. McMenamy JM, Jordan JR, Mitchell AM. What do suicide survivors tell us they need? Results of a pilot study. Suicide Life Threat Behav. 2008; 38(4):375-389. https://doi.org/10.1521/suli.2008.38.4.375 PMid:18724786
22. Pfeffer CR, Martins P, Mann J, Sunkenberg M, Ice A, Damore Jr JP, *et al*. Child survivors of suicide: Psychosocial characteristics. J Am Acad Child Adolesc Psychiatry. 1997; 36(1):65-74. https://doi.org/10.1097/00004583-199701000-00019 PMid:9000783
23. Scocco P, Preti A, Totaro S, Ferrari A, Toffol E. Stigma and psychological distress in suicide survivors. J Psychosom Res. 2017; 94:39-46. https://doi.org/10.1016/j.jpsychores.2016.12.016 PMid:28183401
24. Levi-Belz Y, Gilo T. Emotional distress among suicide survivors: The moderating role of self-forgiveness. Front Psychiatry. 2020; 11:341. https://doi.org/10.3389/fpsyt.2020.00341 PMid:32390889 PMCid:PMC7190787
25. Logan N, Krysinska K, Andriessen K. Impacts of suicide bereavement on men: A systematic review. Front Public Health. 2024; 12:1372974. https://doi.org/10.3389/fpubh.2024.1372974 PMid:38655522 PMCid:PMC11035897
26. Bhise MC, Behere PB. A case-control study of psychological distress in survivors of farmers' suicides in Wardha District in central India. Indian J Psychiatry. 2016; 58(2):147-151. https://doi.org/10.4103/0019-5545.183779 PMid:27385846 PMCid:PMC4919957
27. Levi-Belz Y. To share or not to share? The contribution of self-disclosure to stress-related growth among suicide survivors. Death stud. 2016; 40(7):405-413. https://doi.org/10.1080/07481187.2016.1160164 PMid:26963136
28. Ali F. Exploring the complexities of suicide bereavement research. Procedia Soc Behav Sci. 2015; 165:30-39. https://doi.org/10.1016/j.sbspro.2014.12.601
29. Rivart P, Wainwright V, Flynn S, Hunt IM, Shaw J, Smith S, *et al*. Ethnic minority groups' experiences of suicide bereavement: A qualitative exploratory study. Int J Environ Res Public Health. 2021; 18(22):11860. https://doi.org/10.3390/ijerph182211860 PMid:34831616 PMCid:PMC8621836
30. Ali F, Lucock M. It's like getting a group hug and you can cry there and be yourself and they understand. Family members' experiences of using a suicide bereavement peer support group. Bereavem Care. 2020; 39(2):51-58. https://doi.org/10.1080/02682621.2020.1771951
31. Putri AK, Armstrong G, Setiyawati D, Andriessen K. Unveiling studies on self-healing practices for suicide loss survivors: A scoping review. Death Stud. 2024:1-4. https://doi.org/10.1080/07481187.2024.2437471 PMid:39656506
32. Dunn RG, Morrish-Vidners D. The psychological and social experience of suicide survivors. OMEGA - J Death Dying. 1988; 18(3):175-215. https://doi.org/10.2190/6K91-GN16-0DF6-5FUE
33. Hafford-Letchfield T, Hanna J, Grant E, Ryder-Davies L, Cogan N, Goodman J, *et al*. It's a living experience: Bereavement by suicide in later life. Int J Environ Res Public Health. 2022; 19(12):7217. https://doi.org/10.3390/ijerph19127217 PMid:35742466 PMCid:PMC9223552
34. Mitchell AM, Kim Y, Prigerson HG, Mortimer-Stephens M. Complicated grief in survivors of suicide. Crisis. 2004; 25(1):12-18. https://doi.org/10.1027/0227-5910.25.1.12 PMid:15384652

35. Hanschmidt F, Lehnig F, Riedel-Heller SG, Kersting A. The stigma of suicide survivorship and related consequences - A systematic review. PloS One. 2016; 11(9):e0162688. https://doi.org/10.1371/journal.pone.0162688 PMid:27657887 PMCid:PMC5033475
36. O'Connell S, Troya MI, Arensman E, Griffin E. That feeling of solidarity and not being alone is incredibly, incredibly healing: A qualitative study of participating in suicide bereavement peer support groups. Death stud. 2024; 48(2):176-186. https://doi.org/10.1080/07481187.2023.2201922 PMid:37092540
37. Nalavade MT, Zachariah B, Takawale P, Komesaroff P, de Wit EE, Bunders-Aelen J. Individual and sociocultural determinants of suicide in an Indian community: A qualitative study. Illness, Crisis Loss. 2024: 10541373241293914. https://doi.org/10.1177/10541373241293914
38. Deb KS, Vishwakarma A, Chadda RK. Socio-Cultural Aspects of Suicide. Available from: https://www.researchgate.net/profile/Koushik-Deb/publication/374902005_Socio-Cultural_Aspects_of_Suicide/links/6534ccb51d6e8a7070443361/Socio-Cultural-Aspects-of-Suicide.pdf
39. Lasrado R, Young A. On surviving suicide in South India-exploring support mechanisms from the perspectives of survivors and service providers. Ment Health, Relig Cult. 2017; 20(1):75-88. https://doi.org/10.1080/13674676.2017.1324416
40. Honeycutt A, Praetorius RT. Survivors of suicide: Who they are and how do they heal? Illness, Crisis Loss. 2016;24(2):103-118. https://doi.org/10.1177/1054137315587646
41. Cerel J, Padgett JH, Conwell Y, Reed Jr GA. A call for research: The need to better understand the impact of support groups for suicide survivors. Suicide Life Threat Behav. 2009; 39(3):269-281. https://doi.org/10.1521/suli.2009.39.3.269 PMid:19606919 PMCid:PMC3774151
42. Levi-Belz Y. Stress-related growth among suicide survivors: The role of interpersonal and cognitive factors. Arch Suicide Res. 2015; 19(3):305-320. https://doi.org/10.1080/13811118.2014.957452 PMid:25510891
43. O'Connell S, Troya MI, Arensman E, Griffin E. That feeling of solidarity and not being alone is incredibly, incredibly healing: A qualitative study of participating in suicide bereavement peer support groups. Death stud. 2024; 48(2):176-186. https://doi.org/10.1080/07481187.2023.2201922 PMid:37092540
44. Batista J, Alves D, Pires N, Silva JR, Mendes I, Magalhães C, *et al.* The meaning in loss protocol: A clinical trial of online grief therapy. Death Stud. 2024:1-3. https://doi.org/10.1080/07481187.2024.2370633 PMid:38940635
45. Dransart DAC. From sense-making to meaning-making: Understanding and supporting survivors of suicide. Br J Soc Work. 2013; 43(2):317-335. https://doi.org/10.1093/bjsw/bct026
46. Visser V, Tretheway R. A longitudinal study of the impact of a suicide bereavement service on people bereaved by suicide. OMEGA - J Death Dying. 2023:00302228231188751. https://doi.org/10.1177/00302228231188751 PMid:37423761
47. Romero-Moreno JC, Cantero-García M, Huertes-del Arco A, Izquierdo-Sotorrío E, Rueda-Extremera M, González-Moreno J. Grief intervention in suicide loss survivors through cognitive-behavioral therapy: A systematic review. Behav Sci. 2024; 14(9):791. https://doi.org/10.3390/bs14090791 PMid:39336006 PMCid:PMC11428494
48. Aguirre RT, Slater H. Suicide postvention as suicide prevention: Improvement and expansion in the United States. Death Stud. 2010; 34(6):529-540. https://doi.org/10.1080/07481181003761336 PMid:24482858
49. Levi-Belz Y, Krysinska K, Andriessen K. What do we know about suicide bereavement, and what we can do to help suicide-loss survivors? Int J Environ Res Public Health. 2023; 20(8):5577. https://doi.org/10.3390/ijerph20085577 PMid:37107858 PMCid:PMC10138333
50. Clay T, Cantor D. PMS Dysphoria Syndrome: qEEG Correlates and sLORETA Default Mode Network and Implications for Trauma. NeuroRegulation. 2022;9(4):195-6.
51. Sajan M, Kakar K, Majid U. Social interactions while grieving suicide loss: A qualitative review of 58 studies. Family J. 2022; 30(3):401-410. https://doi.org/10.1177/10664807211052492
52. Chakraborty S, Halder S. Psychological sequelae in suicide survivors: A brief overview. Ind J Soc Psychiatry. 2018; 34(2):105-110. https://doi.org/10.4103/ijsp.ijsp_57_17

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