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The Impact of Suicide on Family Functioning

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Olivia M. Harrison[1], Jaiden L. Shankleton[1], Morgan L. Veldhof[1], Samuel P. Abraham[2*]

[1]Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA

[2]Associate Professor of Nursing, Bethel University School of Nursing, Mishawaka, Indiana, USA*

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ABSTRACT

Background: Suicide affects families differently than any other death. The suicide of a loved one has been shown to increase the survivors' risk for depression, suicide, and other disorders. Suicide affects everyone in the family differently, changing their interactions and how they communicate. It can disrupt the roles and responsibilities within the family because of complicated grieving. The people affected by a suicide, often called suicide survivors, are faced with stigma regarding their loved one's death. The stigma surrounding suicide can decrease support for survivors and can lead family members to have feelings of guilt and shame, which is unique from other losses. **Purpose:** The purpose of this study was to determine the impact of suicide on family functioning. **Method:** This review is an examination of the impact that suicide has on family functioning. Peer-reviewed studies were used to gather information on the impact of suicide on family functioning. **Findings**: **Conclusion:** Those affected by suicide require interventions to promote uncomplicated grief and improve family functioning.

INTRODUCTION

When an individual complete suicide, their loved ones are faced with unique challenges to grieving that affect many aspects of their lives. People who are affected by suicide may struggle following the death due to increased risk factors for substance use, suicide, complicated grieving, depression, and anxiety. In the time following the loss of their loved one, there are several barriers to effective grieving including stigma, lack of resources, and poor coping skills. Suicide has a significant and lasting impact on surviving family, friends, and the community. As illustrated in Figure 1, people who experience loss through suicide may experience anxiety and depression and may even have thoughts of suicide themselves [1]. There is a need for increased support, resources, and education for the survivors of suicide. This is a literature review with case studies to examine how suicide impacts family functioning.

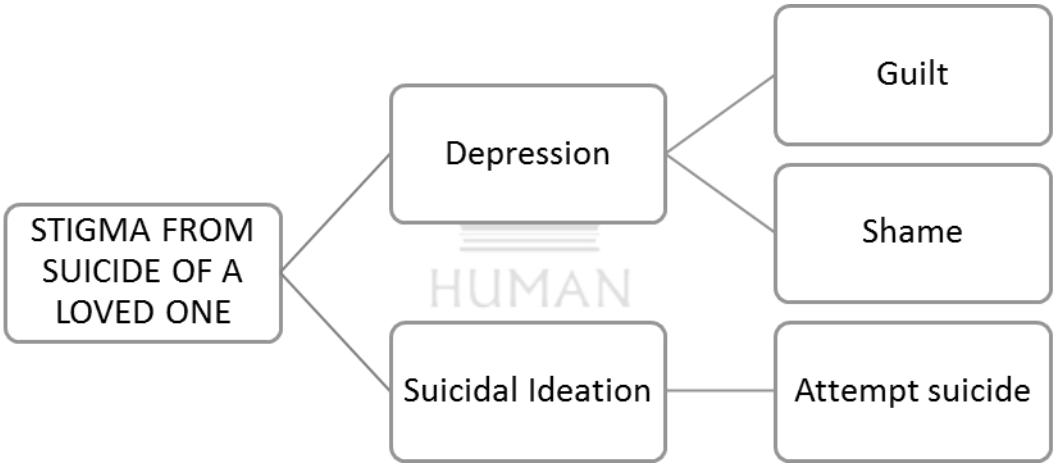

Figure no 1. Stigma from the suicide of a loved one can lead to severe emotional problems.

CASE STUDIES

Patient A

A 20-year-old patient consented to an interview about her past and present life experiences. She was hospitalized for suicidal ideation, major depressive disorder, and anxiety. Her first suicide attempt was at age 9 when she swallowed a whole bottle of Ibuprofen. The first suicide attempt resulted in her first psychiatric admission. Her second suicide attempt was an attempted overdose on quetiapine at age 16, which resulted in her second admission to a psychiatric unit. Both

attempts were described as ways to “open my parent’s eyes to what I was going through.” She declined to go into more detail. At the time of admission, the patient’s mother was visibly distraught and stated that she did not want to see her daughter go through another long hospital stay. When the patient’s mother was asked how the last admission affected her daily life, she described always keeping a close eye on her daughter and wishing there was more she could do.

Patient B

The sister of a 21-year-old patient in the psychiatric unit was interviewed following her brother's admission. She found her brother on the floor of his room with a handful of pills, ready to overdose with the intent to end his life. When asked how this has affected her, she stated "I did not realize things had gotten this bad, I do not know what I did wrong." The nurse gave the sister resources she could use to process her emotions after finding her brother attempting to commit suicide.

Patient C

Patient C was a 31-year-old, who shared his experience with a family member who died by suicide. He shared that his father committed suicide when he was a child. As a result of the loss of his father, his family struggled financially. He explained that he grew up in an unsafe neighborhood and starting at a young age he participated in illegal activities, such as shoplifting and drug use. As he grew up, he developed a substance abuse disorder and depression. He expressed how growing up, he resented his father for dying by suicide, because of how difficult his life became. He stated that he did not have access to resources such as grief counseling and had difficulty coping with his father's death. Ineffective coping following his father's suicide was portrayed through several behaviors such as unhealthy relationships and substance use. He could have benefitted from resources to support him, promote effective coping skills and improve the functioning of his family. As noted in the literature and case studies, the loved ones of people who commit suicide may struggle with several symptoms (see Figure 2).

Figure no 2. Struggles the survivors of those who committed suicide face.

LITERATURE REVIEW AND FINDINGS

The university's online library was used as the primary search engine to find studies. Another resource utilized was google scholar. The date range of articles searched was from 2016 to 2021, and no articles older than five years were used. Some keywords used to find studies included suicide, family, impact, functioning, and relationships. Findings are summarized below with subheadings.

Risk of Suicide Does not Decline with Time

People exposed to suicide within their family are found to be at higher risk for suicide and extreme psychological pain described as psychache [2]. The amount of time since the associated suicide was not found to correlate with either experience. This suggests that no matter how long ago an individual was exposed to suicide, their risk for attempting suicide themselves does not decline.

Exposure to suicide becomes a risk factor for suicidal ideations and actions [3]. If this process can be better understood, the resources for individuals affected by suicide can be improved. Interviews were conducted with people who have experienced suicide, whether that be through a

family member or a friend. In a study, quotes taken from the interviews included differing opinions about how their experience of suicide opened their mind to the idea of it. Some stated, "It made it so much more real," and "This is something you can do," while others felt the opposite, stating "I could never do it" [3]. Before experiencing suicide, those thoughts had not been viewed as a realistic option. However, following the death, subjects reported that suicidal thoughts became more prominent. Others expressed feeling as though there was no point in life if they could not be with their loved ones. Grief was a driving force for these thoughts. On the other side, some people explained that they could never take their own life for fear of how they would affect those around them [3].

Emotional Health Effects

People who have experienced suicide are at increased risk for depression, psychiatric disorders, and suicide themselves [4]. In a research study, The Depression, Anxiety, and Stress Scale (DASS) was used to assess family members affected by suicide. The scale assessed feelings of dysphoria, hopelessness, self-depreciation, anhedonia, situational anxiety, irritability, and impatience. The results allowed family members to receive individualized treatment based on how frequently they felt certain emotions. The presence of the listed intense emotions affects not only the individual feeling them but others around them, leading to a change in relationships and functioning. Individual treatment is important but looking at the family as a whole may be beneficial in the grieving process [4].

Substance Use

Relatives of individuals who died by suicide are more likely to experience increased aggression and impulsivity. It has also been determined that people who die by suicide often possess these traits [5]. These traits are most likely passed on through both genetics and lived experiences, meaning the relative of someone who died by suicide is predisposed to develop these traits on multiple levels. Individuals with high impulsivity are more likely to use substances and develop a substance use disorder. Furthermore, those who are bereaving suicide are at higher risk for developing psychiatric conditions including substance use disorder. When an individual knows someone who died from suicide, has a substance use disorder, and has aggressive personality

traits, they are said to have comorbid conditions. A person who has comorbidities is at extremely high risk for suicide [5].

Stigma and Guilt

The stigma surrounding suicide contributes to unhealthy coping patterns and feelings of shame in grieving individuals [6]. When comparing suicidal deaths to other types of bereavement, this study states that those who are grieving a suicide are more likely to have depression and thoughts of suicide themselves. Negative portrayals of suicide from others create another burden for a family that is already grieving a tremendous loss. In some communities, suicide can be thought of as impulsive, cowardly, or against their religious beliefs. This can lead to family members minimizing their feelings, to avoid judgment or criticism. Studies show that the number one reason for not seeking professional help following the suicide of a loved one is because there is fear of judgment or stigmatism [6]. This can ultimately lead to grieving family members missing important opportunities to find support for their loss.

The deceased's loved ones may experience a wide range of emotions following the death by suicide. They may blame themselves or others or feel guilty for not preventing the death [7]. There are different theories on the origin of guilt in suicide survivors. One theory suggests that due to the stigma of suicide, the deceased's family could be suspected of some responsibility in the suicide. These beliefs form others can lead to further isolation of the grieving family in a time that they need support and comfort. The placement of blame onto others within the circle of survivors causes tension and issues in the family. In addition to guilt, the survivors may feel a sense of rejection and abandonment from the person who completed suicide, which further complicates the grieving process [7].

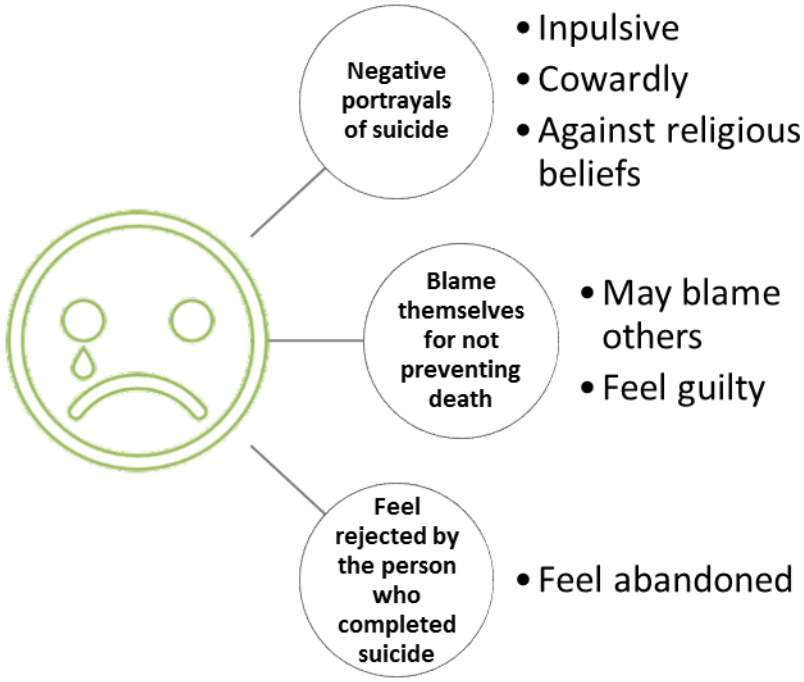

Figure no 3. Negative portrayals and feelings of the loved ones of those who completed suicide.

Siblings and Parents Affected by Suicide

The loss of a sibling is the loss of a lifelong friend, playmate, role model, and protector [8]. Along with this loss comes changes in family function, roles within the family, and communication between family members. Not only do they have to adjust to changes in their family, but they also must learn to grieve in a new environment without their sibling. The death of a child can result in changes in parenting techniques and roles. This change can partially be attributed to feelings of guilt and shame or the fear of losing another child. The parents may also become distant in their grieving process and lead the siblings to believe that their needs have been ignored or even neglected [8].

The process of grieving for many of the siblings in this study included a complete life interruption [8]. Nearly everything in their lives was paused because of the death of their sibling. Initially, participants reported denial which progressed to disbelief about the situation. This disbelief then became prevalent in their everyday life. Many reported moving back home or staying home more than they usually would make sure that their parents were okay. They

reported later that their grief was somewhat postponed due to their need to be a support system for their parents. Some participants explained that they felt they could not express their feelings without further burdening their parents, so they chose not to express them at all. Overall, every participant mentioned how their life drastically changed due to the loss of their sibling, and that change was dependent on how their parents reacted to that loss [8].

Support from an outside party or individual would be a good resource for these siblings. Having someone they could talk to who is not affected by their loss could better allow them to express their full emotions. With the help of a therapist or support group, they would be able to tell others their feelings without worrying that it would negatively impact them. Some participants voiced that therapy allowed them to say things that would have otherwise scared their parents into believing they want to commit suicide [8]. Statements such as, "I wish I could be with my brother" would frighten their parents but would not negatively impact a therapist. This could ultimately help them grieve their sibling more effectively.

Children Affected by Suicide

Children who are exposed to suicide before they are age 18 are at increased risk for different outcome variables. This could be from the death of a sibling, parent, or a close family member. They are more susceptible to mood or anxiety disorders, post-traumatic stress disorder (PTSD), social problems, academic difficulties, and physiological changes [9].

The older the child is the more immediately they are affected by the suicide [9]. These older children are more likely to engage in more risky behavior, such as smoking nicotine, smoking marijuana, and engaging in sexual activity before they are age 15. These risky behaviors are associated with adolescents who are aware of how the family member died. They are also less likely to talk to adults about how they have been affected by the death.

Regarding parents who die by suicide, the children are more likely to be anxious, aggressive, or withdrawn immediately after death. There is an increased level of behavioral issues with suicide-bereaved children compared to children whose parents died from other factors [9]. These children not only lost a parent but lost them in a way that is not culturally accepted and seen as dishonorable.

Regardless of how the parent died, there is no difference in the amount of sadness or guilt felt in response to the death [9]. Suicide-bereaved children expressed more anxiety, anger, and embarrassment after the death of their parents. There is also a difference in how the suicide-bereaved children are comforted after their parent dies. Adults feel pity or are less accepting if the child's parent dies of suicide. Children who are bereaved by suicide at a young age are more likely to experience different psychological and physical changes because of coping with the death. The incidence of depression after the bereavement of a parent who died by suicide was remarkably increased with children ages 12 and younger [9].

Interventions for Grieving a Loved One's Suicide

There are three different types of bereavement interventions for those grieving a loved one's death [10]. These include primary, secondary, and tertiary interventions. Primary interventions are meant for every person that is grieving regardless of how they appear to be handling their loss. An example of primary intervention is screening for risk factors of developing complicated grief. Complicated grief is defined as an inability to adapt to a loss, along with characteristics that impair their ability to grieve. These characteristics can include a preoccupation with how the death occurred, avoidance of memories with the deceased, placing blame on oneself and others. They can also experience an intense longing to bring the deceased back into their lives. Secondary interventions are used for people who have a higher risk of experiencing complicated grief. This includes people who are grieving a loss due to suicide or homicide [10]. Secondary interventions can include writing or talk about emotions in a safe environment. Expression of feelings through verbal or written words can help the individual evaluate their emotions in a way that promotes healing. Tertiary interventions are rare for those experiencing complicated grief. Complicated grief can happen in any loss, but it is more common in deaths due to suicide [10]. Factors that contribute to complicated grief alter the relationship and bond between family members. This can cause tension and isolation. Study results regarding complicated grief are less promising.

Those who are affected by suicide need increased grief counseling (see Figure 4). One study of survivors found that many professionals failed to recognize and respond to their needs following the death [11]. Grief counseling is especially crucial for those who are survivors of suicide, due

to their increased risk for suicide themselves. Since many people do not feel ready to express their feelings in the early stages of grieving, it is important to offer counseling on multiple occasions [11]. Stigma, self-blame, and guilt may be reasons a grieving individual is reluctant to reach out for help. It is crucial to offer help repeatedly to show support and give them the option to accept help at any time.

One major way to reduce the negative effects of suicide on the family is to intervene before the suicide or suicide attempt ever occurs. A noteworthy intervention is a family check-up program [12]. This is started at the school, mainly focused on reducing substance use disorders and behavior problems in adolescents. Students can join classes that teach different coping mechanisms and communication techniques when talking with parents about suicidal ideations. Decreasing access to lethal means is another intervention that can reduce suicide in adolescents and adults at risk for suicide. This includes placing guns and knives in a safe with a lock that only one person has access to in the house. When the adolescent or adult no longer has lethal means readily accessible, the chance and completion of suicide are decreased [12].

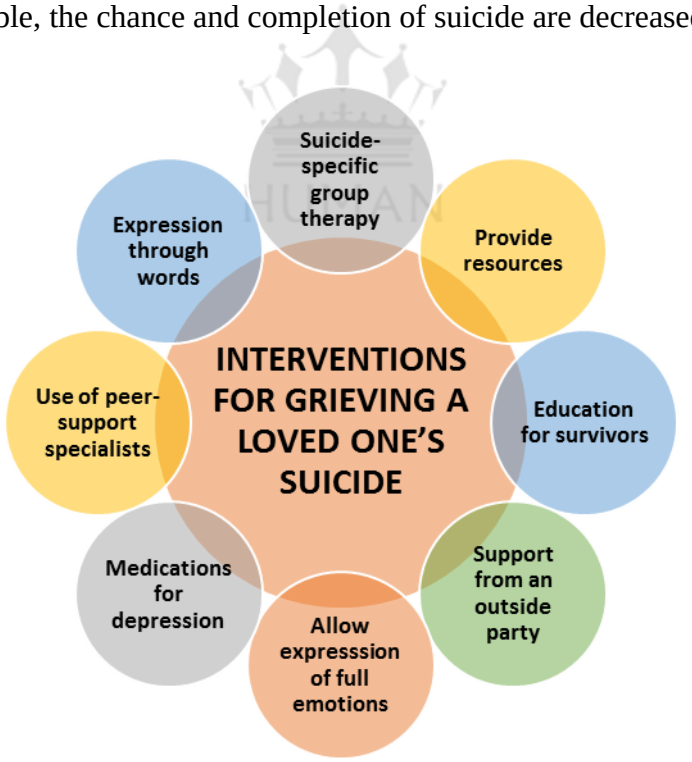

Figure no 4. Some interventions for grieving a loved one's suicide

Resources for Grieving

There are many resources available to suicide survivors but little information about their effectiveness. A study that was conducted asked participants what coping strategies were the most helpful in their grieving process [13]. The participants noted using formal and informal coping strategies. Formal coping strategies include suicide-specific group therapy, individual therapy, and medication use for their depression and anxiety. Informal coping strategies included reading, writing, and spending time outdoors when they felt overwhelmed. These informal strategies were sought out by the participants themselves to find the resources that worked best for them.

Group therapy is a way for individuals to express their feelings of grief and loss. There is suicide-specific group therapy that is preferred by survivors of suicide [13]. There is a greater sense of belonging with individuals who have experienced similar trauma. Acceptance is high in suicide-specific support groups, general group therapy is also helpful for suicide survivors, but participants noted that they felt more judgment [13].

Peer specialists or paraprofessional support during suicide bereavement are more effective than therapy performed by a professional [14]. These support options include therapy for depression, anxiety, and improving life skills following the suicide of a loved one. Peer support specialists are individuals who have shared similar experiences to provide empathetic and understanding advice. Peer support programs are linked to fewer hospitalizations for individuals going through bereavement of a loved one, it also has been shown to improve coping skills and social interactions [14]. An important step in the grieving process is reaching out to people who can support their loved ones through their grief.

The literature shows that suicide impacts family functioning in a way that no other death does. It can cause family members to have feelings of guilt, shame, and embarrassment. These feelings then negatively impact their ability to cope with their loss. The suicide of a family member can also predispose other members of the family to develop different mental health issues in the future. These can include an increased risk of depression, anxiety, stress, and suicide. Cultural aspects may influence grief reaction [15]. Each person of the family can be also affected differently, changing the way that they interact with other individuals. Family roles can alter

drastically leading to an increase in either dependence or independence of family members. Bereavement is then or around 12 months [10]. Suicide prevention resources are available online [16]. Personal stories of people who went through suicide in the family are worth reading. They believe that grief is a necessary and healthy process. The only way to get out of severe pain is to go through it [17].

DISCUSSION

Based on the findings from the literature review and case studies, suicide greatly impacts family functioning. All families and individuals experience grief in their ways; however, it has been shown that suicide affects individuals differently than other types of bereavement. Interventions are needed to increase the education available to families following a suicide. This education can provide family members with resources available to aid in their grieving process. Primary, secondary, and tertiary interventions are used based on how the individual is grieving. Interventions include suicide-specific group therapy, the use of peer support specialists, expression through words, and grief therapy.

The interventions listed above have shown a decrease in hospitalization due to suicide attempts from the survivor. There has also been a decrease in depression, anxiety, stress, and complicated grief [14]. Although these have been expressed by most survivors of suicide there is a marked improvement in family functioning. An expected outcome from intervention is uncomplicated grief. This type of grief is still painful for the individual but rarely leads to the development of unhealthy behaviors [15]. These unhealthy behaviors can include substance abuse, aggression, and unhealthy coping strategies.

CONCLUSION

The death of a loved one by suicide creates a unique situation for the survivors who are frequently associated with complicated grieving, disrupted family functioning, and the development of psychiatric disorders. Case studies outlined describe how suicide has affected patients and families in a psychiatric unit. One client's family expressed feelings of increased anxiety. Another client explained how his father's suicide contributed to his development of depression and substance use disorder. Literature defines the effect of suicide on family

members, including feelings of psychache, guilt, and stigma. Family members of someone who completed suicide are in turn at risk for depression, substance abuse, anxiety, and suicide themselves. These characteristics of complicated grief place strain on existing relationships and create tension between parents, children, and siblings. The effects of complicated grief are evident both immediately following the death as well as years later.

Interventions to minimize the effects of complicated grief aim to maintain family relationships, improve coping skills, and prevent the suicide of survivors. Available interventions include primary, secondary, and tertiary. Primary interventions include grief counseling for everyone, secondary interventions include resources for people who are at high risk for developing complicated grief patterns, and tertiary interventions include treatment for families who are affected by complicated grief and unhealthy coping mechanisms. By providing interventions early and consistently, survivors can meet expected goals and avoid experiencing complicated grief.

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	**Olivia M. Harrison** *Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA*
	**Jaiden L. Shankleton** *Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA*
	**Morgan L. Veldhof** *Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA*
	**Dr. Samuel P. Abraham– *Corresponding Author*** *Associate Professor of Nursing, Bethel University, 1001 Bethel Circle, Mishawaka, Indiana, USA*

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