Review

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Post-Suicide Grief Process: A Systematic Review

İntihar Sonrası Yas Süreci: Bir Sistematik Gözden Geçirme

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ABSTRACT

Suicide has been a frequently studied subject in the literature, whereas the grief process experienced by the survivors after suicide has been one of the neglected topics. Contributing to the literature and being able to understand how the bereavement processes of people shaped who experience the grief after suicide are the purposes of the systematic review. Accordingly, it was decided to include quantitative studies with comparative groups in order to understand whether these people are in the risk group or not, and qualitative studies to understand the grieving process in deeply. International databases were searched and 24 studies were included in the systematic review. The Prisma chart of the review and the summary of the studies are presented with the tables. According to the findings, it can be stated that the bereavement process of people who experience the grief process after suicide is shaped in a different way. The existence of factors such as the lack of social support mechanisms, the risk of stigmatization, the risk of self-harming behaviors can be considered in the context of differences. Points to be considered about the bereavement process of people who have experienced a post-suicide grief and suggestions for this grief process are given in the discussion and conclusion part of the study. Unfulfilled rituals, lack of social support, stigmatization and the process of making sense of suicide are the factors that therapists should pay attention to during the intervention phase.

Keywords: Suicide, bereavement, loss, systematic review

ÖZ

İntihar literatürde sıkça üzerinde durulan bir konu olagelmişken, ölümle sonuçlanan intihar sonrasında geride kalanların nasıl bir yas süreci yaşadıkları göz ardı edilen konulardan biri olmuştur. Sistematik derlemenin amaçları arasında, bu konuda literatüre katkı sağlamak ve intihar sonrası yas süreci yaşayan yakınların yas süreçlerinin nasıl şekillendiğini anlayabilmek bulunmaktadır. Ek olarak yasa yönelik hayata geçirilebilecek müdahale programlarında dikkat edilmesi gereken önemli noktalara değinilmiştir. Bu doğrultuda, sistematik derleme çalışmasına intihar eden kişinin geride kalan yakınlarının risk grubunda olup olmadığının belirlenebilmesi için karşılaştırılmalı grupların bulunduğu nicel çalışmaların ve yaşanılan yas sürecini derinlemesine anlayabilmek için yapılan nitel çalışmaların birlikte dahil edilmesine karar verilmiştir. Uluslararası veri tabanları taranmış ve sistematik derlemeye 24 çalışma dahil edilmiştir. Derlemenin akış diyagramı ve çalışmaların özeti tablolarla birlikte sunulmuştur. Bulgulara göre, intihar sonrası yas süreci yaşayan kişilerin yas sürecinin farklı bir biçimde şekillendiği dile getirilebilir. Sosyal destek mekanizmalarında yaşanabilecek eksiklik, damgalanma riskinin var olması, kişinin kendine zarar verici davranışlar içinde bulunma riskinin olması gibi faktörler farklılıklar bağlamında ele alınmıştır. İntihar sonrası yas süreci yaşayan kişilerin yas sürecine dair dikkat edilmesi gereken noktalar ve buna yönelik öneriler çalışmanın tartışma ve sonuç bölümünde verilmiştir. Gerçekleştirilemeyen törenler, sosyal destekteki eksiklik, damgalanma ve intiharı anlamlandırabilme sürecinin terapistlerin müdahale aşamasında dikkat etmesi gereken noktalar olabileceği aktarılmıştır.

Anahtar sözcükler: İntihar, yas süreci, kayıp, sistematik derleme

Introduction

According to the Turkish Language Association, suicide is defined as "the ending of one's own life with the effect of social and spiritual reasons" (TDK 2021). The concept of suicide, which is the subject of research in many fields with its social and psychological reasons, stands out as a subject that is frequently discussed and tried to be understood with its causes and consequences. It has been reported that the total number of recorded cases resulting in death due to suicide and intentional self-harming behaviors in Turkey in 2019 is 3,406 (TUIK 2021). According to the same data, it was observed that the number of suicides, which was 2.584 in 2001, and the crude suicide rate, which was 3.97, increased over the years, and the crude suicide rate increased to 4.11 in 2019.

Before talking about the period of bereavement after suicide, it is necessary to mention some models that convey how the mourning process is shaped. The bereavement process that

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every person experiences by facing loss or death includes a difficult process that the individual experiences in a unique way. Worden (2018) divided the grieving process into tasks in which the person plays a more active role and takes action to adapt to the loss. The first task begins with the individual's ability to accept the death of a loved one. Sometimes individuals have difficulty in making sense of the loss and deny the reality of the loss. In particular, it has been said that performing traditional rituals after death is an important stage in the individual's acceptance of loss. The second task is the painful process of grief that begins after accepting death. While experiencing grief, the person experiences emotional and physical pain and exhibits maladaptive behaviors. There are also those who deny the pain felt in this task and avoid painful thoughts. Trying to distance themselves from the pain and grief of loss, these people begin to use thought-suppressing processes, for example, alcohol and substance use are examples of thought-suppressing processes. In the third task, the individual tries to adapt to a world where the lost person does not exist. There are three adaptation tasks in this task: external, internal and spiritual. While external adaptation is related to how death affects the functionality of the individual in daily life, internal adaptation is related to the effect of the loss on the individual's self. Spiritual adaptation, on the other hand, is a concept related to the effect of death on one's beliefs, values and assumptions about the world. In the fourth and final task, the person can now continue his life while commemorating his lost loved one. While the tasks put forward by Worden (2018) regarding the bereavement process are as mentioned above, what constitutes the basis of the grief process that people who have difficulty in completing these tasks experience differently from others?

Stroebe and Schut (1999) put forward a model they called the 'Dual Process of Coping with Bereavement'. In this model, they stated that there are two different stressors that affect the coping mechanisms in the grieving process and that the individual encounters in their daily life experiences; these are loss-oriented and restoration-oriented stressors. While loss-oriented stressors are defined as a process in which the relationships, commitment and experiences related to the lost person are ruminatively thought about and including the feeling of longing, restoration-oriented stressors are secondary stressors that arise as a result of the loss and include the roles, relationships and situations that the individual needs to change in the absence of the lost person. The basic mechanism of this model is that the individual performs 'oscillation' by taking a confrontation and avoidance position between two different stressors related to loss, and this is seen as a successful coping method. This model assumes that pathological grief will occur in individuals who cannot oscillate between confrontation and avoidance (Stroebe and Schut 1999).

In this context, first of all, it is necessary to look at the term traumatic/pathological grief. Traumatic grief has been defined as the emergence of a sense of terror caused by an unexpected loss (Sezgin et al. 2004). In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), the concept of "Continuous Complex Grief Disorder" was given in the category of "Other Defined Trauma and Stress-Related Disorders", and it was emphasized in the statement that there was significant sadness associated with ongoing grief reactions in the 12 months after the loss. In addition to this diagnosis, under the title of other problems related to primary support resources in the V code (Other Situations That May Be the Focus of Clinical Interest) section of the DSM-5, a category named 'New Uncomplicated (Uncomplicated) Grief' has been given and the grief process with symptoms specific to major depression affect has been given and it can be used for those people (APA 2013). On the other hand, prolonged grief disorder is a disorder that has started to take its place in ICD-11 (International Classification of Diseases – 11th edition) (WHO 2021). In prolonged grief disorder, the person who lost a loved one experiences a permanent grief reaction that has spread to his life 6 months after the loss, and this situation impairs the functionality of the person. In a systematic review and meta-analysis study, it was emphasized that the prevalence rate of people with prolonged grief disorder ranged from 9.8% to 11% (Lundorff et al. 2017).

Sudden untimely deaths (deaths at risk of stigmatization such as suicide, murder, death as a result of AIDS), death of relatives of dependent individuals, multiple deaths, child death, perceived low social support and poor emotional functioning before bereavement are the factors that complicate the grieving process and worsen its outcomes (Sanders 1988). At the same time, unexpected deaths were found to cause greater feelings of grief and were associated with depressive symptoms in the individual (Houwen et al. 2010). Considering that the suicide occurred unexpectedly and untimely, it comes to mind that the grieving process may be more difficult for the relatives of the person who committed suicide. In their study, Clark and Goldney (1995) examined the prominent emotions and thoughts of people whose relatives died as a result of suicide, and the factors that help in recovery after bereavement. People in the mourning process stated that when they faced the helplessness and hopelessness of the situation they were in after the loss, they faced the possibility that the person they lost might have felt the same emotions before committing suicide, and that they were terrified because they failed to notice and intervene in this situation. In the same study, when people were asked about the behavior content of their deceased relatives before suicide, they mentioned withdrawal, introversion, problems in sleep patterns and said that they felt responsible and guilty because they could not notice some danger signals that could be considered farewell, such as distributing things and having a heartfelt conversation. Other affective content; It includes emotions such as anger, rage, not believing in suicide, and denial, dominated by the question "why" and they stated that they could not assume

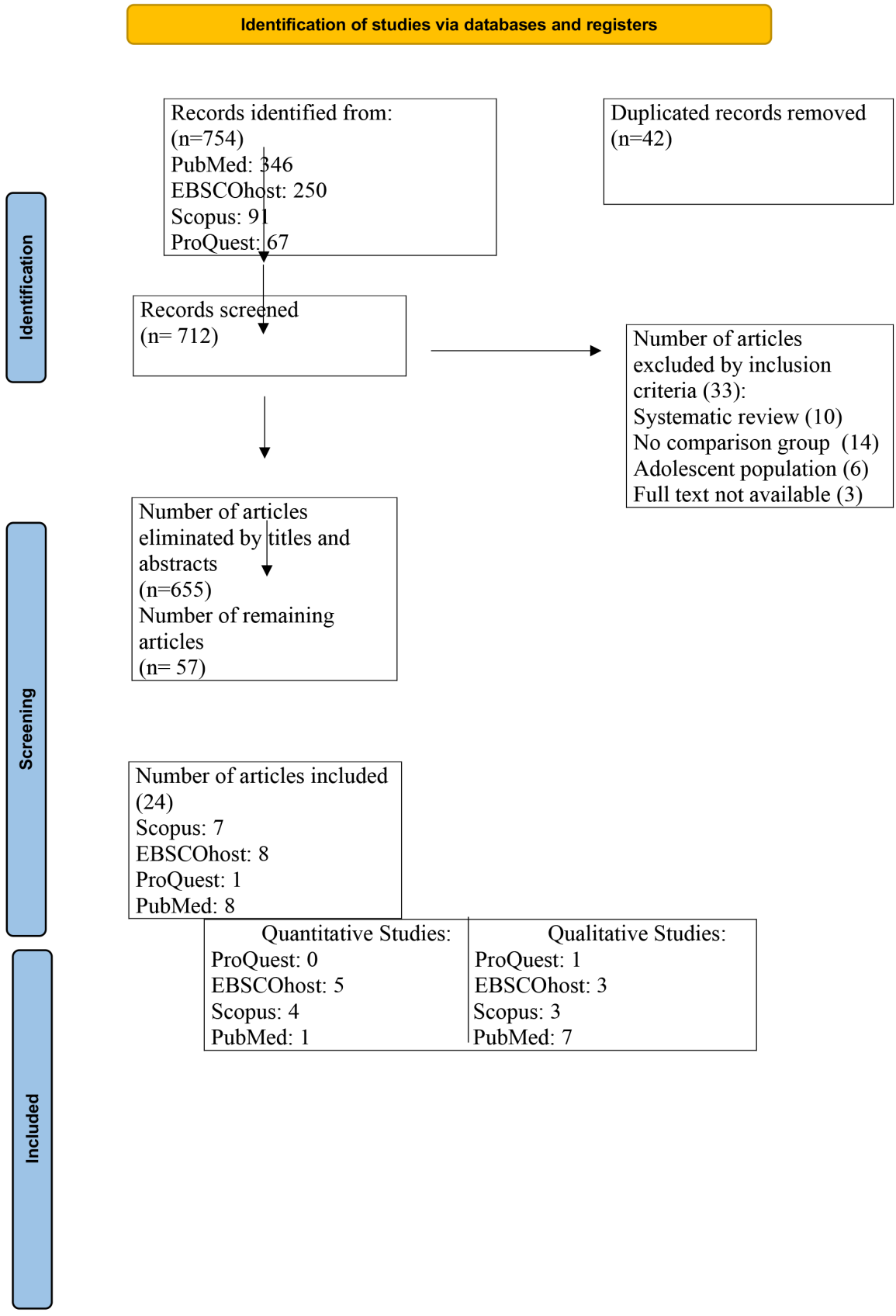

Table 1. Prisma Diagram.

Tablo 2. Summary of Quantitative Studies

Study	Sample Size	Groups	Findings
Bolton et al. (2003)	3962	Suicide (n=1415), Motor accident (n=1132), Control group (n=1415)	At the end of 2 years after the loss, parents of children who had a motor accident were more likely to have depression than those whose children committed suicide. However, more hospitalizations were seen in parents who lost their children as a result of suicide.
Tal et al. (2017)	148	Suicide (n=58), Accident(n=74), Murder (n=16)	In this study, no difference was found in the severity of the bereavement process and the symptoms of complex grief disorder in the three groups, however, it was determined that there was an increase in the PTSD symptoms of those who lost their relatives as a result of suicide, and it was reported that these people experienced more impairments in most areas of their lives compared to other groups.
Houck (2007)	150	Suicide (n=50), Cancer (n=50), AIDS (n=50)	This study, which examines stigma, reported that among the three groups, relatives of those who died as a result of AIDS experienced more stigma compared to other groups.
Pitman et al. (2020)	1854	Suicide (n=353), Natural Death (n=1106), Accident (n=395)	In this study examining substance and alcohol use, it was found that people who died as a result of suicide and unnaturally used more substances after loss.
Barrett and Scott (1990)	57	Suicide (n=14), Unexpected Death (n=15), Accident (n=15), Expected Natural Death (n=13)	It has been revealed that relatives of those who have committed suicide have different grief reactions compared to other groups. However, at the end of 2-4 years after the loss, there was no difference between the groups in terms of recovery symptoms.
Feigelman et al. (2009)	540	Suicide (n=462), Natural Death (n=54), Traumatic Death (n=24)	In this study examining stigma, it was found that among the groups, those whose relatives committed suicide and those who died traumatically experienced more stigma compared to those who lost their relatives by natural death.
Spiwak et al. (2020)	1635	Suicide (n=365), Sudden Natural Death (n=1000), Injury Death (n=270) and Control Group (n= unknown)	Compared to the control group, the probability of mental disorders was higher in all groups experiencing the grieving process. However, it was found that people whose relatives committed suicide had higher depression levels compared to the other two groups.
Harwood et al. (2002)	131	Suicide (n=46), Natural Death (n=46)	Compared to the control group, it was revealed that people who lost their loved ones as a result of suicide experienced stigma, rejection, embarrassment and gave different grieving reactions. However, depression levels were similar in both groups.
Hom et al. (2016)	1753	Suicide (n=1004), Control group (n=749)	In this study conducted with members of the military, it was determined that people whose relatives died as a result of suicide had more severe suicidal thoughts, suicide attempts and self-harming behaviors than those who did not. In addition, the degree of closeness to the person who committed suicide was found to predict future suicide attempts.
Pitman et al. (2016)	3432	Suicide (n=614), Unexpected Natural Death (n=, 2106), Unexpected Unnatural Death (n=712)	In terms of stigmatization, it is seen that the relatives of the people who commit suicide score higher than the other groups. In addition, this group also scored higher on the guilt, responsibility and shame variables compared to the other two groups.

the role of being a supportive force against the problems of the loved person and they felt rejected (Clark and Goldney 1995). In addition to these feelings experienced in the mourning process after suicide, it is also important how the cultural and belief contexts of the people interpret the suicide act.

To examine a cultural perspective on this issue, it is known that suicide is generally viewed negatively in most belief systems and cultures. The term pathoreactive is used to describe the effect of culture on people's perception and their reactions to psychopathology (Viswanath and Chaturvedi 2012). As an example, while suicide is seen as an unforgivable sin in the Muslim belief system, it is accepted as 'murder' in the Indian justice system (Colucci 2013). Likewise, it is said that in all sects belonging to the Christian belief system, suicide is equated with abortion and murder in terms of sin (Gearing and Lizardi 2009). However, as an exceptional case, it may be necessary to consider Japanese culture in this regard. In Japanese culture, where belonging to the group occupies a very important place, suicide can be seen as a self-sacrifice act

Tablo 3. Summary of Quantitative Studies

Study	Sample Size	Method Used	Findings
Miklin et al. (2019)	48	Semi-structured interview	In the study, it was observed that 37 out of 48 participants had an increased awareness of suicide, while for 7 participants, losing a relative due to suicide triggered suicidal thoughts in them, while for 19 participants, they reported that they would never think of committing suicide due to the effect of the mourning process experienced after the loss.
Gaffney and Hannigan (2010)	10	Semi-structured Qualitative Survey	In this study, which aims to investigate coping styles, participants stated that they experienced a shocked detachment in the first stage. The experiences in the first phase were described by the participants as post-traumatic stress. In the year after the loss, participants experienced fluctuations with a number of regulatory strategies, such as focusing on day-to-day work. In a long period, while one group grew after trauma, another group stated that they could no longer cope with this stress.
Pitman et al. (2017)	27	Interview	Among the 27 participants were those who lost loved ones to suicide, unexpected unnatural death, and sudden natural death. In this study, which investigates stigma in depth, two main themes emerged regarding stigma: some negative attitudes from the environment and social awkwardness. Among some negative attitudes coming from the environment, there is the accusation of the relatives of the people who committed suicide by others. Especially in people who lost their relatives as a result of suicide, they avoided using the word suicide and reported that they could not get support from their environment and this was a stigmatizing situation. Guilt and shame were found to be associated with suicide and unnatural deaths.
Ohayi (2019)	27	Face to face interview	Relatives of people who commit suicide have difficulty and denial of accepting that their loved one died due to suicide. Their basic attitude is to deny suicide. Along with denial, fear of being stigmatized is one of the main themes. Being ashamed of suicide is one of the themes stated by the participants. In addition to shame, there is also resentment and anger towards the person who thinks that people who commit suicide abandon their personal and general responsibilities and who commits suicide because of this.
Hunt et al. (2019)	10	Semi-structured interview	Two main themes emerged from this study, which are beneficial and harmful in the post-suicide mourning process. While harmful theme is feeling responsible, the useful theme is meaning-seeking behavior. Between the two themes, social and family support is midway between feeling responsible and looking for meaning. While some of the participants developed addictions and compulsions due to their sense of responsibility, they isolated themselves and had suicidal behaviors and thoughts. At this point, it has been seen that the meaning-seeking process of those who can get support from these people who need support is much easier. With the meaning-seeking process, people can maintain their ties, keep their memories alive, and reframe suicide.
Eng et al.(2019)	346	Survey	In this study, which investigates alcohol and substance use by individuals who are grieving after suicide, 3 main themes emerged. The first theme is control of alcohol and substance use. Participants stated that they lost control over alcohol and substance use during the grieving process or that they restricted their use. The second theme is the perceived goals of substance and alcohol use by individuals. While the participants argued that it was used as a way of coping with intense emotions and thoughts in these perceived purposes, some participants said that they used alcohol and drugs to honor their deceased relatives and to keep their memories alive. The third and final theme is attributing alcohol and substance abuse to external factors.
Wainwright et al.(2020)	29	Semi-structured interview	In this study on parents, it was found that the first theme that emerged was the importance of not feeling alone in the grieving process. In the context of this theme, while the participants said that it was helpful to talk to people whose relatives committed suicide, they emphasized that it is difficult to talk to people who have not experienced this. The second theme is perceived barriers to reaching support. Participants stated that they believed it was beneficial to get support from professionals, but they also said that fear was felt when asking for help. The third and final theme covers the need for additional support. It has been determined that the families who want to get help as a primary care intervention feel helpless because of the lack of information about the suicide grief of the general practitioners who will help.

Tablo 3. Continued

Study	Sample Size	Method Used	Findings
Azorina et al. (2019)	499	Survey	This study was conducted to investigate the perceived effect of the grief process after suicide on interpersonal relations. The first theme is the feeling of social discomfort upon death. Stigma and taboo underlies this feeling, which caused the participants to feel shame. Another reason underlying the feeling of social discomfort is the tension and sadness created by talking about suicide. Finally, people felt judged or embarrassed about how they would express the grieving process. The second theme is social withdrawal. Among social withdrawal, it has been found that people lose their social self-confidence and in some cases use social withdrawal as a coping method to be alone. In the third theme, it was observed that while the grieving process shared with others created intimacy for some participants, they distanced themselves because experiencing a shared experience was seen as being exposed to intense grief for others. Finally, fear of future losses affected people's attachment styles.
Ross et al. (2021)	26	Focus group	In this study, which was conducted to investigate the social support needs of people who are grieving after suicide, four main themes emerged. In the early stages of grief, participants needed proactive and practical support. Second, as a result of suicide, participants felt shame, guilt, and rejection. They isolate themselves as a result of avoiding talking about suicide and making social interactions painful. In addition to all these, it was reported that the participants who returned to the workplace after death faced stigma and insensitive attitudes. The final theme is how communicating with others is shaped in terms of social support. While participants found joining online groups helpful for reaching out to and gaining support from others, others described it as stressful. They said that talking to people who had a similar experience was relaxing in terms of social support.
Hybolt et al. (2020)	20	Semi-structured interview	This study was planned to understand how the post-suicide grieving process creates anxiety on the daily lives of elderly participants. The first includes the participants' studies to understand why their relatives who died after suicide committed suicide. Retrospectively, they tried to make sense of the signs of the disappeared person's suicide. Secondly, it includes the concern of keeping the memory of the deceased alive by integrating it into daily life. The participants did some activities to keep their memories of the deceased fresh. The final theme includes mourning and organizing day-to-day work with regaining life despite loss.
Begley and Quayle (2007)	8	In-depth interview	Four main themes emerged in this study. The first theme was 'controlling the effect of suicide'. In this theme, the first reaction of the participants when they learn that their relatives committed suicide is described. This period is seen as a period of intense pain, fear, stress and turmoil. The second theme is 'make sense of suicide'. In this theme, which the participants had the most difficulty with, there are tasks such as making sense of why suicide took place, questioning past relationships with the disappeared person, feeling guilt and shame, reviewing external factors and the character of the disappeared person. In the third theme, it was determined that the participants were in a social unrest. It is seen that the participants who socially interact with people again need support but end up disappointed. The last theme emerged as the theme of 'purposefulness'. Loss, in this theme, has changed the participants' perspective on life, and now the participants are accustomed to new activities and new roles in their lives.
Pitman et al. (2018)	460	Interview	In this study, which was conducted to understand how the post-suicide bereavement process affects the functioning of the bereaved people in the field of education and work, it has been observed that the first theme is some features of the grief process that reduce work performance: grief has an effect on cognitive, emotional and social confidence of the person. The second theme is the effect of some structural difficulties in business and education life on the grieving process as an external factor. The first factor that stands out in the second theme is the lack of institutional support as social support. At the same time, it was observed that taking leave after the grieving process and the lack of concentration on returning to work, together with the accumulation of work, negatively affect the person. Finally, with a new perspective, themes such as using work or education to avoid emotions, honoring the lost person and having motivation to make sense of life have emerged.

Tablo 3. Continued

Study	Sample Size	Method Used	Findings
Ross et al. (2018)	73	Interview	At the end of the 6-month and 12-month interviews with the parents who lost their children as a result of suicide, it was found that the parents were in search of a meaning and an answer to their child's suicide as the first theme. The search for a meaning to suicide is shaped by getting angry with and blaming others. It has been observed that behaviors such as blaming the health system and their friends, whom they think have a bad influence on their children, and getting angry with them. As the second theme, the importance of coping strategies and support mechanisms, compatible and maladaptive, was put forward. In maladaptive coping strategies, it has been observed that there are behaviors such as avoiding talking about the subject, using alcohol and substance to sleep. In adaptive coping strategies, it has been seen that visiting the grave of the disappeared person and talking to the disappeared people about this issue are beneficial in terms of support. The last theme is making sense of loss and finding a purpose. Some of the participants said that they reevaluated their lives after the loss, and this strengthened them emotionally and spiritually. Some participants, on the other hand, had difficulty in making sense of the loss at the end of 12 months and had difficulty in finding a meaning and purpose to continue their lives.
Spillane et al. (2018)	18	Semi-structured interview	The first theme that emerged as a result of the thematic analysis is that health-related reactions and loss are shaped together. The reactions related to the loss are that the participants experience guilt, shame and sadness after the loss. In the physical reactions experienced after the loss, there are problems such as nausea, fatigue, vomiting, shortness of breath, low energy level, and inability to sleep. The second theme is the inequality in formal and informal support in the context of social support. While the support of the participants from their close circles is important, it has been seen that they should also get support from official sources on issues that they cannot talk to or avoid talking to their close circles. The third and final theme is restructuring life after loss. While some participants were interested in their well-being and made an important path in their relationships, others mentioned that it was difficult to continue in life.

to preserve social harmony (Young 2002). On the other hand, there is evidence showing that suicide rate and individualism are highly correlated in terms of culture (Eckersley and Dear 2002). A study aiming to examine how suicide notes in the USA and Turkey changed in terms of individualism and collectivism found that the sentences in the suicide notes written in Turkey had a more indirect meaning (Leenaars et al. 2010). This situation does not directly express the suicidal intentions and painful situation of the people who commit suicide, but it has been interpreted as the effect of collectivism and religion. In addition, it has been stated that the content of farewell, apology, guilt, anger, revenge and love and the mention of God written for the survivors in the content of the suicide notes in Turkey is more than the notes written in America may be a reflection of collectivism and the Muslim belief system. Therefore, it can be said that suicide as an action is highly related to culture and belief system. In addition, the grief process experienced by the survivors can be shaped by these two variables. Again, it will be important to examine the rituals performed after death, which are very related to the culture and belief system, in this context.

In a study that investigated whether the rituals performed after the deceased person, which can also be described as coping skills, have a facilitating effect on the mourning process, the participants stated that performing rituals such as religious ceremonies held after death, making a dedication, sharing memories of the disappeared with someone else, visiting a special place with the deceased, talking with the photos of the deceased or visiting his grave are very beneficial during the grief process. Performing these rituals with others has been seen as important in terms of showing that the acceptance process develops faster and that people do not act in isolation when they feel that they are supported (Castle and Phillips 2003). In accordance with our culture and the religious belief system of a widespread part of the country, there is a large number of individuals who commit suicide, in which the relatives of the individuals who commit suicide may develop the behavior of self-blaming as a result of the death that has taken place, and that they may not be able to oscillate between avoidance and confrontation in a healthy way, and that they may hang out in the confrontation part in connection with the internal attribution. The lack of social support that may arise during the practice of rituals, which is a helpful factor in coping with the presumption of sin and the stigma that may come with it; made us think that the possibility of developing pathological grief and weakness in long-term coping mechanisms would be high. The purpose and importance of this systematic review article are as follows: (1) It can be said that the relatives of people who commit suicide are in a risk group in terms of the grieving process, with the increasing rate of suicide resulting in death. (2) Being able to determine whether these people are in the risk group for prolonged grief or traumatic grief may

provide a benefit for intervention studies. (3) This systematic review may guide clinicians in developing an intervention program specific to these individuals or ensuring that the therapy process is appropriately shaped.

Method

For the studies to be included in the systematic review, Scopus, PubMed, EBSCOhost, ProQuest databases were searched between June-September 2021, using the keywords "suicide bereavement" or "suicide grief". The articles between 1990-2020 were scanned. As a result of the searches (Scopus: 176, EBOSCO: 274, ProQuest: 104, PubMed: 120, ScienceDirect: 80), a total of 754 articles were reached, repetitive articles were removed from the accessed articles, the rest were classified according to their titles and abstracts, and finally eliminated according to the inclusion criteria.

Among the inclusion criteria, it was decided to include articles whose native language is English, since no articles in the Turkish field could be found on this subject. Secondly, it was deemed appropriate to include studies in the adult population. In order to understand the difference in the grief process after suicide, it was decided to include studies that compared different groups in quantitative studies. Finally, it was thought that quantitative and qualitative studies should be evaluated separately and the findings were presented under sub-headings.

Results of Quantitative Studies

The findings of the quantitative studies are given in Table 2. Among the scales used in quantitative studies, Columbia Suicide Severity Rating Scale-Revised, Complicated Grief-Clinical Global Impressions Scale-Severity, Rapid Depressive Symptom Inventory- Self-Report (The Quick) Inventory of Depressive Symptoms–Self-Report), Inventory of Complicated Grief, Work and Social Adjustment Scale, Typical Beliefs Questionnaire, The Grief Experience Questionnaire, Purpose-In-Life Test, Stigmatization Scale, Montgomery and Asberg Depression Rating Scale, Suicide Exposure and Bereavement Experiences Scale, Depressive Symptom Inventory—Suicidality Subscale, Suicidal Behavior Questionnaire – Revised Form, Interpersonal Behavior Questionnaire—Thwarted Belongingness Subscale and Non-Suicidal Self-Injury Measure, Non-Suicidal Self-Injury Measure scales are used.

Considering the findings of quantitative studies, it may be possible to say that the grief reactions of people who lost their relatives as a result of suicide differ. Although depression levels were similar in comparison groups in some studies, it was observed that people who lost their loved ones as a result of suicide had higher depression levels in some studies. In addition, it is seen that the loss experienced by these people affects the functionality of their lives. For example, it can be said that methods such as alcohol and substance use are used to cope with the grief and mourning process brought about by the loss. On the other hand, it can be stated that stigma plays an important role in making the grieving process more difficult. In addition to stigma, feelings such as guilt, responsibility for loss and shame are seen to be effective in shaping the post-suicide mourning process. In addition to the quantitative findings, it was thought that it would be important to examine the qualitative studies carried out in order to understand the grieving process more deeply.

Results of Qualitative Studies

The findings of the qualitative studies are given in Table 3. When the findings of qualitative studies are examined, it is seen that many themes emerge. It has been reported that especially people who lost their relatives as a result of suicide have deterioration in their functionality in many areas such as work, home, social and private life after the loss. Searching for a meaning to the act of suicide, feeling emotions such as shame and guilt after the loss, and the desire to keep the lost person alive in memories are among the themes experienced by people who have experienced loss. On the other hand, the need for social support and stigmatization, as seen in the quantitative findings, also emerged in qualitative studies. The findings of the quantitative and qualitative studies are discussed in the discussion section.

Discussion

The purpose of this systematic review is to understand whether people who are grieving after suicide experience a different grief process. With the increasing suicide rates in recent years, it is thought that understanding the grief process of those left behind and determining whether these people are in the risk group may be important in the context of psychosocial support. In addition to psychosocial support, it is aimed to include the studies in the literature with a systematic review method in order to guide clinicians when faced with these people in the field, in order to understand what the difficulties that the survivors may encounter during the grieving process and how these difficulties can be resolved. Accordingly, the data obtained from the studies included in the article are discussed below.

As the quantitative and qualitative data included in the systematic review in order to understand how the mourning process takes shape after suicide, it is possible to say that the mourning process experienced by these people is shaped in a different way. When the findings of quantitative studies were examined, it was determined that among the comparative groups included in the systematic review, people whose relatives died as a result of suicide engaged in self-destructive behaviors (such as suicide attempts and substance use) in the later period (Hom et al. 2016, Pitman et al. Osborn 2020). It has been found that exposure to someone else's suicide increases suicidal ideation 1.6 times, plans to commit suicide 2.9 times, and suicide attempts 3.7 times (Crosby and Sacks 2002). Therefore, it can be said that it may be appropriate to

take a precaution against suicide attempts that may occur in these individuals.

Another striking result in quantitative findings is the issue of stigma. Quantitative findings on this subject, which can be highly related to the culture and environment in which the person lives, show that the relatives of people who died as a result of suicide feel more stigmatized compared to the relatives of people who died in the normal way (Feigelman, Gorman, and Jordan, 2009; Pitman, Osborn, Rantell, and King, et al. 2016). In societies where suicide is considered a major sin, it may be more possible to feel this stigma. As an example, from the point of view of religions, suicide is considered a major sin in Islam, and therefore the stigma that may come with it can cause a lack of social support during the performance of rituals. It has been seen that rituals such as performing ceremonies, sharing memories of the deceased with others, visiting the grave site are very beneficial in the mourning process (Castle and Phillips 2003). It was thought that experiencing the lack of social support and rituals in the mourning process, in which they have a very important place, may increase stigma and make the mourning process more difficult. Therefore, it is possible to say that it is important to support people who have lost their relatives as a result of suicide during the grieving process and it is important to establish some support groups or studies for this.

Another striking point in the quantitative findings is the different results found in studies on the depression levels of people who lost a loved one after suicide. In the study of Harwood et al. (2002), the depression levels of the relatives of those who lost their loved ones naturally and those who lost their lives as a result of suicide were found to be similar. On the other hand, in the study of Spiwak et al. (2020), the depression level of those who lost a loved one as a result of suicide was found to be higher compared to the relatives of those who lost their loved ones as a result of injury or sudden death. Harwood et al. suggested that the difference in depression might be hidden because the interview times after bereavement were different for both groups in the study.

Looking at the qualitative findings, it is seen that especially making sense of suicide is very important in terms of the grieving process. People first encounter suicide with denial and try to cope with the shame that accompanies denial (Ohayi 2019). In addition to the feeling of shame, feelings such as guilt and feeling rejected also occur in people (Ross et al. 2021). Holland et al. (2006) found that making sense of the loss and being able to find a benefit in the loss in the mourning process after death were negatively related to complex grief symptoms. Trying to make sense of suicide is more difficult and complex than trying to make sense of deaths that occur normally. It can be expected that the accompanying emotions such as shame, guilt, and rejection will interrupt the process of making sense of the loss. In this case, it can be said that getting support from their social circles and some institutions may be important in making sense of suicide.

On the other hand, when we look at the qualitative findings, the importance that the participants attribute to social support emerges. The participants, who stated that social interactions generally have a painful side, used social withdrawal as a coping method to avoid stigma, but they also expressed that interacting with people who had a similar process was a good thing (Azorina et al. 2019, Wainwright et al. 2020). A study found that the presence of perceived social support reduces the difficulties of grief and depressive symptoms and reduces the risk of suicide in people who have lost their relatives as a result of suicide (Oexle and Sheehan 2019). It can be said that after a difficult and traumatic loss such as suicide, ignoring people's needs for social support or having a negative attitude towards suicide can further complicate the grieving process, which is already a difficult process. In this regard, conducting a study involving professionals to provide the necessary social support may help reduce the difficulties of the grieving process.

As Andriessen and Krysinska (2012) stated, among the aims of the postvention program for people who lost their relatives as a result of suicide; facilitating recovery in the mourning process after suicide and preventing the emergence of some negative consequences, such as suicide. It has been stated that there are two complementary perspectives in post-event intervention programs, clinical and public health. In the clinical perspective, there are psychotherapy studies and support groups for people who have lost their relatives as a result of suicide. In the public health perspective, which is the secondary perspective, there is the production of comprehensive suicide prevention policies. In this direction; It has been stated that activities such as support groups, creating a national day, brochures, online resources and fundraising are held in countries such as the United States, United Kingdom, Norway, Sweden and Belgium (Andriessen and Krysinska 2012). There are some basic principles in postvention programs. These; the onset of post-event intervention within 24 hours of the loss, the subsequent handling of the negative emotions that arise, the reassuring intervention providers easily said, "Everything will be fine." It includes principles such as avoidance of sentences such as, and that the providers of interventions should be alert to changes in the physical and mental health of people who have lost loved ones (Aguirre and Slater 2010). In particular, the finding that people who started therapy within 3 months of suicide loss showed greater improvement compared to those who started therapy 3 months after the loss, at this point, is important in terms of rapid initiation of postvention (Sanford et al. 2016).

Jordan (2020) reported that there are some tasks that can be applied to people who have lost their relatives as a result of suicide in therapy. It was stated that the clients' sense of psychological security and control in therapy should be restructured, especially as the belief of those who were exposed

to the traumatic death of their relatives that the world is a safe place was shaken. Another task includes the restoration of the client's hypothetical world of thought in connection with feelings of guilt and meaning-seeking thoughts. In this task, clients ask "Why?" The search for an answer to the question is helped to develop a "tolerable" narrative. That is, clients should accept that the only person who can answer the question of why is dead, and they should be able to provide a realistic and fair explanation for suicidal behavior. Another task involves the creation of a psychological shelter while providing relief from the client's pain. This task is compatible with the "Dual Process Model for Coping with the Grief Process" mentioned above. In order to create a psychological shelter, it is necessary for the client to oscillate between loss and regeneration stressors. Other tasks include developing social skills, repairing the relationship with the lost person, creating a permanent biography in the mind of the client about who the lost person is, what he has accomplished and what he has left behind, with the support of the social environment, and finally reinvesting in life (Jordan 2020).

Conclusion

Since it is thought that the dimension of suicide, which is a frequently studied subject, for those who are left behind is ignored, it is thought that conducting a systematic review study on this subject will contribute to the literature. In this direction, the findings obtained from the studies on this subject in the literature were evaluated separately as quantitative and qualitative studies. It can be said that it is necessary to conduct a meta-analysis study that will strengthen the systematic review on this subject. In addition, conducting an in-depth qualitative study that will take into account the cultural situation specific to Turkey will also help us to understand how people experience a mourning process after suicide, both individually and socially.

As a result, it seems important to raise the awareness of clinicians and professionals on this issue in order to prepare the necessary support and preventive intervention programs for this group, which is thought to be in the risk group. When resorting to therapy, a specific intervention must be made to the grieving task of the person. There are studies showing that the Cognitive Behavioral Therapy school, which is also used in cases of complex grief and has been shown to be effective, can also be used in suicidal losses (De Groot et al. 2007, De Groot, Neeleman, van der Meer, and Burger 2010). While performing this intervention; lack of social support, stigma, rituals that could not be performed, being aware of the feelings that may arise after suicide, and being able to help the client in the grieving process are the points that the therapist should pay attention to.

Considering the limitations of the study, the absence of any quantitative and qualitative study on this subject, especially in Turkey, does not make a culture-specific analysis possible. Therefore, there is a need for studies on this subject in Turkey. Another limitation of the study is that only studies with adult population were included in the systematic review. It is thought that it will be important to examine the studies on adolescents in particular. In addition, the inclusion of studies without a comparison group in quantitative studies is another limitation. The reason for not including studies without comparison groups is to understand how the post-suicide grieving process differs between groups. However, studies without comparison groups can also provide information about the grieving process and it will be important to examine it. On the other hand, the fact that the scanned articles are in the range of certain years and that there are studies that cannot be reached are among the other limitations.

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