

The Continuum of “Survivorship”: Definitional Issues in the Aftermath of Suicide

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In light of prevailing confusion over the meaning of the term “suicide survivor,” we propose a more exact terminology for designating different levels of impact on those left behind by suicide, ranging on a continuum from those *exposed* to suicide through those who are *affected* by it and finally to those who are *bereaved* by suicide in the short- or long-term, as a function of their loss of a close emotional attachment through this tragic form of loss. We briefly note the possible utility of this terminological specificity in promoting more clearly targeted research and intervention efforts, and call for closer investigation of various categories of “survivorship” in future studies.

Suicide is a complex issue. The complexity of conditions that give rise to suicide are matched by that of the terminology used to describe those who cope with its aftermath. *Postvention*, a term coined by Shneidman (1969) at the very first American Association of Suicidology meeting, refers to services for individuals and communities after a suicide occurs. In an attempt to move the field of postvention forward, issues in language and definition need to be addressed. As participants in the Survivors of Suicide Task Force of the National Action Alliance for Suicide Prevention, as well as research-

ers, academics, and clinicians in the field, we have found it crucial to better define what is meant by “survivor of suicide,” a term often used in a way that obscures the considerable variation in the impact of the event on those so labeled. Thus, in this article we review the origins of existing terminology and propose a more nuanced nomenclature that captures the continuum of suicide bereavement. We believe that definitional clarity will promote greater recognition of the public health importance of suicide exposure, help focus postvention policies targeting vulnerable survivor groups, and refine a research agenda that extends beyond individuals with close kinship to the decedent. At the same time, we believe it is possible to respect the common lay use of the term “survivors” in the context of suicide to denote those who live their lives following the suicide of a family member or other close person. We recognize that this term will continue to convey a common identity as people bereaved by this tragic form of loss, and might continue to have utility in policy discussions of the impact of suicide on others beyond the deceased themselves.

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ORIGIN OF AN OBSCURITY

Concern for those whose loved ones die by suicide greatly predates the founding of contemporary suicidology, being traceable at least to the 1600s (Colt, 1987). While interest in understanding the phenomenon of suicide has gained momentum, particularly in the more formal development of the discipline in the late twentieth century, the predominant focus on suicide prevention has often been paired with what Shneidman (1969, p. 21) termed "postvention." Postvention denotes the help provided to the grieving "*survivor-victims* [sic] of suicidal deaths" (p. 22, emphasis added, with the acknowledgement that the word victim is no longer commonly used in relationship to suicide). Relatively soon after Shneidman's coining of a term to identify those grieving a loss through suicide, Cain (1972) edited a volume with the title *Survivors of Suicide*, a groundbreaking collection of writings focusing theoretical and clinical attention on the impact of suicide on family members, including children. In these early professional discussions of the aftermath of suicide and its effects on living, the terms "suicide survivors" or "survivors of suicide" were established. Before long, this terminology was adopted by the suicide bereaved themselves, finding its clearest expression in programs and in mutual support networks providing advocacy and assistance to those coping with the aftermath of this tragedy (Archibald, 2011; Jordan, 2011; Jordan & McIntosh, 2011a; Marshall & Bolton, 2011).

Since Shneidman's time, public and professional literature on the aftermath of suicide death, both in the United States and internationally, has burgeoned, introducing inevitable ambiguity regarding the terminology used to refer to those affected by such loss. In the United States, "survivors of suicide" has been the most consistent term applied to those who have lost someone to suicide. However, in other parts of the world, terms such as "bereaved by suicide," "survivors of suicide loss," or "suicide bereaved" are more commonly used (Dyregrov, 2011).

With time, however, the limitations of this definition became apparent. The difficulties with the term "suicide survivors" have been described elsewhere (e.g., Andriessen, 2009; Dunne & Dunne-Maxim, 1987, pp. xi–xii), but derive primarily from the general public's confusion with those who have lived after engaging in a nonfatal suicide act (i.e., "suicide attempt survivors"). Moreover, in other fields, people who have contended with a potentially life-threatening illness and lived are often referred to as survivors (e.g., cancer survivors). Despite the potentially misleading nature of the term, "suicide survivors" has continued as the most common term used in the North American literature identifying those bereaved by suicide. Advocates and "survivors" themselves consider the term to be understandable in the context of the wording of obituaries that refer to those who remain alive after a loss (e.g., as introduced by the phrase "survived by..."). In addition, some have expressed a preference for this term because it implies the concept of surviving the loss and continuing to live one's life, in some cases finding meaning in the loss, rather than merely being victimized, or identified, by it (see e.g., Bolton & Mitchell, 1983).

The second major professional book devoted to the topic was Dunne, McIntosh, and Dunne-Maxim's (1987) edited work, *Suicide and Its Aftermath*. Here, the term "survivor" was defined as "the family and friends who remain after a person" dies by suicide (McIntosh, 1987, p. xvii). This book brought together the knowledge base on surviving suicide that had accumulated since Cain's book in particular, with a clear recognition of how little was known about this form of bereavement at the time.

In *The Impact of Suicide*, edited by Mishara (1995b), contributors discussed not only suicide survivorship but also the impact of nonfatal suicidal behaviors (attempts and suicide ideation) on family and others as well as society as a whole. Although a formal definition was not presented per se, Mishara (1995a) argued that, "for each person who dies by suicide there

are several family members and a number of friends and acquaintances who are profoundly affected by the loss” (p. 2). This expansion of the definition was further adopted by Andriessen (2009), who stated that a survivor is simply “a person who has lost a significant other (or a loved one) by suicide, and whose life is changed because of the loss” (p. 43).

Most recently, *Grief After Suicide*, a comprehensive volume edited by Jordan and McIntosh (2011a), is a compilation on the topic of the considerably larger body of research that now exists. Jordan and McIntosh provide a summary of definitions used in the research over time, and offer a nuanced definition of a suicide survivor as “someone who experiences a high level of self-perceived psychological, physical, and/or social distress for a considerable length of time after exposure to the suicide of another person” (2011b, p. 7). Carrying implications beyond the earlier, widely adopted but broader conceptualization of “survivorship,” this definition first implies that a suicide survivor can be someone with any relationship to the deceased, including but not necessarily based on kinship (e.g., family, friends, clinicians, etc.). It further implies an experience of considerable distress that exists for a substantial period of time as defining characteristics of the category, excluding, for example, those whose distress is more transient or experienced at lower levels. These distinctions are potentially important in helping to distinguish the larger number of individuals who may have “exposure” to suicide or are “affected” by such a death from those who can be considered “survivors” in the sense of the depth and temporal nature of their bereavement and their potential need for some form of intervention (postvention).

Despite this advantage, a definition based on the depth and length of impact encounters significant challenges. One difficulty involves the emphasis on temporality. Although it is important to recognize that distress following a suicide death can be a long-term experience, a strict requirement of

“a considerable length of time after exposure to the suicide or another person” would preclude identifying as a suicide survivor those who have immediately or recently lost someone to such a death. No obvious solution to this dilemma presents itself, but one possibility might be to suggest that the distress “has or is likely to be experienced for a considerable length of time after the death,” particularly without intervention. However, current empirical evidence is insufficient to predict who among those exposed to a suicide death will “become” survivors (i.e., experience distress in the longer term). Indeed, an important goal of clinical research would be to determine empirically what factors are most likely to be associated with long-lasting severe distress such that postvention efforts can be targeted particularly to those at greatest risk. For instance, one factor that seems a highly probable candidate for such risk would involve kinship or particularly close emotional relationships. While kinship alone as a factor does not seem sufficient to predict certain high risk for severe, lasting distress, it might be noted that in the published literature on survivors who have sought support groups or other forms of therapy following a suicide loss, clearly those with traditional family kinship relations represent the largest proportion of those who seek assistance. For example, Campbell (1997) found that of individuals with 28 different relationships to the deceased, those who had sought treatment from a support group overwhelmingly represented some kind of family kinship.

Another aspect of survivorship that the Jordan and McIntosh (2011b) definition does not capture involves the effect of suicide loss on individuals who do not have a direct personal connection with the decedent but who experience significant traumatic exposure as a result of the death. Andriessen and Krysinska (2012) state “[t]here is a distinction between ‘suicide survivorship’ and ‘exposure to suicide.’ The former applies to the bereaved who had a personal and close relationship with the deceased (e.g., a friend

or a family member); the latter reflects a situation of a person who did not know the deceased personally but who knows about the death through reports of others or media reports (e.g., suicide of a celebrity) or who has personally witnessed the death of a stranger (e.g., train drivers or police)" (p. 25). As Joiner's Interpersonal Theory of Suicide posits, previous experiences with their own or someone else's suicidal behavior might make some people more susceptible to adverse consequences following from exposure, even when they have a limited personal relationship with the decedent (Van Orden et al., 2010).

A further terminological complexity is that some "survivors" have expressed a dislike of the term in favor of others (e.g., bereaved), or no categorization at all. This may be in part due to the way this term has been used historically for other groups (e.g., cancer survivor, rape survivor, domestic violence survivor) denoting that the survivor was the person who had been the target of the illness or devastating life event, or who continues to be defined by it in perpetuity.¹ Some suicide survivors, then, may prefer other terms. While this is clearly not a universal concern (and may not even be the views of most who are bereaved by suicide), it is important to note that in an area where we often need people to self-identify (for research, services, etc.), those who do not affiliate with that term will be harder to identify. Therefore, it is important that a definition also include those who are affected by a suicide death who may not traditionally be identified through existing definitions.

¹Resistance to such labeling by some family of those who die by suicide is understandable when we consider that we do not customarily label people affected by the sudden or traumatic death of loved ones as "heart attack survivors" or "vehicular death survivors." At issue here is the possible stigmatization associated uniquely with the potentially enduring description of "suicide survivor."

A MODEST PROPOSAL: THE CONTINUUM OF SURVIVORSHIP

For the purposes of research categorization as well as public health and clinical intervention, an alternative to the classificatory approach to the current definition of suicide survivorship is proposed. Such a definition could adopt a more dimensional perspective, viewing the aftermath of suicide as a continuum on which people would be considered "exposed" to suicide, "affected" by the suicide death, and then "suicide-bereaved short-term" and "suicide-bereaved long-term." We propose this nomenclature as a way of clarifying future research and postvention efforts, both by promoting use of a common language and by inviting attention to the qualitative and quantitative differences in the impact of suicide on others across the continuum. Note that the model suggested here is a nested one, in the sense that subsequent categories represent a subset of prior ones whose membership is restricted based on greater indications of severity or response over time. Thus, all those who would be described as "affected" by suicide would by definition have been "exposed," whereas the reverse would not be the case. Those who are "bereaved by suicide" in the short or long term likewise would represent subsets of those "affected." We believe that this nomenclature could clarify the relation of various groups to one another, while permitting recognition of all of them as forms of survivorship whose placement on the continuum suggests their specific features. Figure 1 provides a pictorial representation of the model provided. Each category is described below.

Exposed to Suicide

In our proposed nomenclature, we would define anyone who knows or identifies with someone who dies by suicide as "exposed." This would obviously include those defined as suicide survivors by Jordan and McIntosh (2011b), but would also include those who "know of" someone who died by suicide but did not experience the severity of and/or longer-term effects associated with the loss of

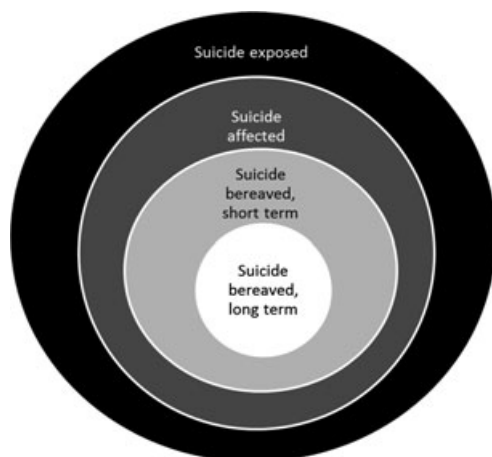


Figure 1. A nested model of suicide “survivorship.”

someone with a closer or more intimate relationship. This could encompass, for example, those who are fans of celebrities who die by suicide, as well as those who lose an acquaintance in their school, workplace, or other social circle, but whose reactions are more fleeting. In a community-based survey, it appears that over 40% of the population reports knowing at least one person over the course of their lifetime who died by suicide (Cerel, Maple, Aldrich, & Van de Venne, 2013). As data-based criteria are not yet available to predict with confidence who among people exposed are likely to have longer-term reactions, we propose that community-level postvention (e.g., educational programming, public health initiatives) target anyone exposed, reserving more intensive clinical interventions for those further along on the continuum of survivorship. It will be important to delineate in the exposed category which individuals experience direct exposure to the graphic nature of the suicide and which are exposed merely by the knowledge of the suicide or deceased, as the former are more likely to qualify as “affected.”

Affected by Suicide

Moving along the continuum, we would distinguish those people who are “affected” by suicide in the sense of experiencing significant psychological distress.

This would include those bereaved by the suicide of a significant other and those whose relationship to the deceased would have previously excluded them from being considered bereaved in the usual sense, as in witnesses to suicide who suffer posttraumatic symptomatology, or a student in a residence hall who finds it impossible to concentrate on his or her studies after a fellow resident takes his life. This classification acknowledges that there are varying effects associated with the impact of suicide death on individuals beyond those associated through close personal relationships, but that may merit assessment, support, or clinical intervention in their own right. For example, pre-existing psychopathology or exposure to a previous suicide could be factors that predispose an exposed individual to be affected. This might include a depressed teenager who hears details about a suicide at a neighboring school, which intensifies his own suicidal ideation and/or behaviors, even though he did not know the other teen.

Suicide Bereaved, Short-Term

Beyond those who are exposed to and affected by suicide are two additional categories that share the feature of requiring an attachment relationship to the deceased, in Bowlby’s (1980) sense of a close connection that has relevance for the survivor’s sense of felt security. This may of course include family members and partners, but also close friends and associates for whom the loss carries personal and usually profound implications. In distinguishing between short- and long-term bereavement responses, we acknowledge the special vulnerability of the closest intimate survivors of suicide even in the earliest aftermath of the loss, while recognizing that only a subset of the suicide bereaved will go on to develop more protracted and debilitating responses to the tragedy. Thus, in addition to ongoing assessment of longer-term needs, this group could benefit from immediate crisis intervention and support services, such as making available grief and bereavement counselors

or other mental health professionals as is often done currently in school settings following a suicide or identifying community grief and counseling services.

Suicide Bereaved, Long-Term

Finally, we suggest the utility of a category of longer-term suicide bereavement to identify those with close personal relationships to someone deceased by suicide who struggle across a protracted period with clinically significant responses to the loss (Table 1). This group is roughly coextensive with Jordan and McIntosh's (2011b) definition of "suicide survivors," with the additional implication that some form of attachment bond is presumed by our use of the term "bereavement." For both short- and longer-term suicide bereaved, we further presume that problematic grief merits assessment and possible treatment, whether in terms of the guilt and struggle to find meaning in the loss encountered by many close or intimate survivors even in the early aftermath of suicide (Neimeyer & Sands, 2011), or in terms of the protracted struggles with complicated grief that may characterize approximately 30% of the suicide bereaved (Bonanno, 2004). Advances over the last 10 years in diagnosis (Prigerson et al., 2009; Shear, Simon, Wall, et al., 2011) and treatment (Shear, Boelen, & Neimeyer, 2011) of prolonged and complicated grief are of high relevance to addressing the needs of this most severely affected subset of survivors, as is the growing database that improves prospective prediction of who among the bereaved are at greatest risk for long-term complication. For example, for those who have found a loved one's body following violent death, low social support and, in the case of widowhood, high pre-loss marital dependency have been identified as "confirmed" predictors of complicated grief in more general studies of bereavement (Burke & Neimeyer, 2012). Evaluating similar predictors of long-term impact in the specific case of suicide therefore ranks as a high priority.

Beyond these issues of the prospective assessment of risk or poor outcome following suicide bereavement, evolving evidence-based criteria for identifying how prolonged intense grief needs to be to be considered "complicated," such as the minimum criterion of 1 year being considered for this diagnosis in ICD-11 (Maercker et al., 2013), could prove useful in suggesting an approximate distinction between the "short-term" and "long-term" groups proposed here. An added caveat is that such distinctions merit further research, and are more conceptual and dimensional than classificatory and diagnostic (Holland, Neimeyer, Boelen, & Prigerson, 2009). However, we do not assume that the extended impact of suicide bereavement is reducible to complicated grief, as a range of other clinical disturbances (e.g., posttraumatic stress, depression, generalized anxiety) and social difficulties (e.g., family conflict, social stigma) also merit attention. It is to this issue of clinical and research implications of the continuum of survivorship model that we now turn.

RECOMMENDATIONS FOR RESEARCH AND PRACTICE

These newly defined categories of "exposed" to suicide, "affected" by the suicide death, "suicide-bereaved short term" and "suicide-bereaved long term" clearly call for more research on their utility and implications. Initially, it will be necessary to determine what percentage of people in the population fit into each of these categories. In addition, it will be important to know how these categories correspond to people's self-categorization and if these new definitions make sense based on the way people view themselves. It will then be imperative to determine data-based criteria that can explain and predict who among people exposed are likely to have longer term reactions, and at what point the transition from short- to long-term bereaved becomes a meaningful clinical distinction. Ultimately, it will be vital for randomized clinical trials

TABLE 1

Potential Types of Individuals in Categories of Suicide Exposed, Affected, Bereaved Short-Term, and Bereaved Long-Term

Exposed	Affected	Suicide-Bereaved, Short-Term	Suicide-Bereaved, Long-Term
<ul style="list-style-type: none"> • First responders • Anyone who discovers the decedent • Family members • Therapists • Close friends • Health-care workers • Community members • School communities • Workplace acquaintances • Fans of celebrities • Community groups (e.g., sporting clubs) • Rural or close knit communities 	<ul style="list-style-type: none"> • First responders • Anyone who discovers the decedent • Family members • Therapists • Close friends • Classmates • Co workers • Team members • Neighbors 	<ul style="list-style-type: none"> • Family members • Therapists • Friends • Close work colleagues 	<ul style="list-style-type: none"> • Family members • Therapists • Close friends

(RCT) to be conducted to determine if types of early postvention such as LOSS teams (Campbell, 2011) or StandBy Response Service (Bycroft, Fisher, & Beaton, 2011) can reduce the proportion of people who go on to suffer short- or long-term effects, with all of the psychosocial and economic consequences this may imply.

We propose that research be conducted across the continuum of survivorship using a range of measures that have not previously been utilized in suicide bereavement research, as they have proven useful in identifying bereaved persons at greater risk for complication in the broader literature (cf., Burke & Neimeyer, 2012). First, it is important to include a measure of precise relationship to the decedent, not simply whether or not the participant was a family member.

Next, it is vital that research include a measure of perceived closeness to the decedent, such as the straightforward 5-point Likert-style ratings (ranging from *not close* to *very close*) used by Cerel et al. (2013). Measures of attachment to the decedent are also important, inasmuch as recent research suggests that anxious and avoidant styles of attachment are associated with more prolonged and complicated grief symptoms, especially in cases of violent death loss (Meier, Carr, Currier, & Neimeyer, 2013). Questions related to exposure to the death and to the body of the deceased will help determine the relation between traumatic exposure and development of posttraumatic stress disorder and other symptoms of trauma. It should also be a priority to determine the relationship between self-perception of the immediate

impact of the suicide and its duration. For example, in an ongoing study of exposure to suicide being conducted by two of the co-authors (JC and MM), the duration and impact of the continuum is measured in the following way: "Thinking about the effect of the person's suicide on your life, what response is closest to your experience: (1) the death had little effect on my life, (2) the death had somewhat of an effect on me but did not disrupt my life, (3) the death disrupted my life for a short time, (4) the death disrupted my life in a significant or devastating way, but I no longer feel that way, (5) the death had a significant or devastating effect on me that I still feel." If these categories reflect the experience of people exposed, affected, and bereaved, they might ultimately serve as shorthand to identify people in each of the proposed categories. Future studies should consider capturing impact and duration in similar ways so that the perception of exposure to suicide can be compared across studies and to determine whether this perception matches the actual symptoms experienced by people following suicide exposure.

In addition to these subsets of suicide's aftermath, current evidence suggests that certain risk factors or mediators exist that increase the likelihood of the bereaved individual experiencing the loss at different levels. Among these factors may well be kinship relationship/proximity (although it is neither a sufficient nor necessary factor; see McIntosh, 1999) and perceived emotional closeness, bond, or attachment to the deceased. Other variables that are important to determine include the following: previous experience with their own psychopathology or their own

suicidal behavior or the suicide of someone else close to them (one type of "acquired capacity" in the conceptualization of the Interpersonal Theory of Suicide); exposure to the trauma of the death such as through discovery of the body, witnessing the suicide, or involvement in any action about the death that increases traumatic exposure (such as receipt of a note, final voicemail, or text message); demographic variables such as age, sex, and culture; perceived responsibility for the death; and lack of social support or a hostile social environment.

In addition to risk factors, the determination of protective factors in those bereaved by suicide, such as resources, support systems, and coping skills, is also important. These various groups and those with these or other risk or protective factors may represent individuals of differing needs and reactions in their suicide bereavement (as well as conceptualizing suicide deaths within the larger context of other sudden, traumatic, and violent deaths, see Jordan and McIntosh, 2011a,b,c).

These categories of exposed to suicide, affected by the suicide death, suicide-bereaved short-term, and suicide-bereaved long-term are based on the understanding that most people who are exposed to suicide will not become "suicide survivors" in the sense of displaying short-term or long-term dysfunction. Such distinctions may well help to lessen the inconsistencies of research findings, sharpen clinical assessment, and lead to clearer identification of those who would benefit from interventions and the kind of services most likely to assist them in the wake of exposure to suicide.

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