

Suicide and Family Dynamics

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Abstract

This paper focuses on the effects of suicide on family dynamics, drawing on theory, data, and evidence from real-life practical applications. The paper defines suicide as a global public health challenge that transcends spatial borders. Its impact on people from various cultural backgrounds is profound. The essay shows how complicated grief affects survivors of suicidal individuals, leading to emotional disorders like guilt, indictment, and spiritual questioning. When families lose a loved one, they may struggle to share their difficulties and get the help they need due to the societal stigma surrounding suicide. According to Sandage (2010), suicide is not a clear-cut way to die. Its causes are complicated, multifaceted, and not fully known. This lack of clarity makes sharing duty in a social network more critical. People who have survived suicide are judged more negatively than people who have survived other types of loss. The issue of suicides is complex and not easy to resolve. Most importantly, emotional issues like hidden family history, blaming others, and feeling alone contribute to mental anguish and hinder the healing process. After the suicide, each family member becomes an independent actor, leading to the fragmentation and loss of cohesive power within the family unit. It is essential to help individuals who have experienced trauma through therapy and counselling. The article highlights the importance of a two-pronged strategy for addressing the issue of suicide among loved ones. These strategies emphasize sympathy, understanding, and community help in the face of misfortune.

Suicide and Family Dynam

This paper will highlight the impact of suicide on family dynamics, including emotional, social, and psychological aspects experienced by those left behind after suicide. The problem is presented as a global matter with the statement: “The global implication of the issue is seen at individual, family, and community levels.” In the second part of the article, the author discusses the results of numerous studies showing that after a suicide loss, you may experience an intensification of some feelings, leading to tranquil or remorseful emotions, common in those who go through such tragedy. A review of studies that compared suicide survivors to other bereaved groups found that suicide survivors report higher levels of rejection, stigma, shame, and blame than any other group of suffering people. Some of the impacts of suicide on family that have been found in research are the shame that comes with suicide loss, intense guilt, or feelings of responsibility for the death, the need to explain or make sense of the death, and anger towards the deceased, trauma symptoms, and shame about the way the death happened. This article examines various issues of stigma and shame in our society that are connected to people's attitudes and perceptions, making deaths difficult for bereaved families. The paper discusses the communication breakdown during a suicidal situation among family members that hinders the usual growth of emotional connections through hiding, blaming, and evasion. It delves into family functions and responsibilities after suicide, addressing how care and interventions can aid survivors in healing and endurance.

According to Belzil (2023), many people commit suicide every year. All types of suicides are terrible acts that have long-lasting effects on the people left behind, touching families, towns,

and even whole countries. Suicide is a widespread problem that lasts a lifetime. Research done in 2019 found that suicide was the fourth most common cause of death for people aged 15 to 29 around the world. Suicide is a worldwide problem that does not just happen in rich countries. It touches everyone. More than 77% of all suicides in the world in 2019 occurred in countries with low or middle wealth. Based on the Belzil (2023) report, suicide can be defined as the act when someone ends their own life on purpose and voluntarily. Even though most people who commit suicide do it alone, their friends and family are usually left to mourn, try to figure out why they died, and get used to life after the fact. This report also aims to understand the meaning of family dynamics as it is the center of discussion.

The way family members interact with each other, their different roles and connections, as well as the many things that affect those interactions are all part of family dynamics (Sandage, 2010). Family members depend on each other for physical, mental, and financial support. This makes them one of the primary sources of stress or safety in relationships. Disagreements, constant criticism, and heavy responsibilities mark anxious family relationships. Stable and supportive family ties offer advice, care, and love. People's psychosocial, behavioral, and physiological growth and well-being are affected by how they interact with their family members over a long time (Sandage, 2010). So, the way a family works and how well they get along with each other can affect health, both good and bad.

Impacts of Suicide on Family

McLaughlin et al. (2014) reported that about 2% to 3% of people around the world experience complicated grief, which is long-lasting acute sorrow that is made more difficult by self-blame, second-guessing, and intense rejection of memories of the loss. Even though

complicated grief can happen for any reason after the death of a close friend or family member, it may be more common after a suicide (McLaughlin et al., 2014). A review of studies that compared suicide survivors to other bereaved groups found that suicide survivors report higher levels of rejection, stigma, shame, and blame than any other group of suffering people. Some of the impacts of suicide on family that have been found in research are the shame that comes with suicide loss, intense guilt or feelings of responsibility for the death, the need to explain or make sense of the death, and anger towards the deceased, trauma symptoms, and shame about the way the death happened (Belzil, 2023).

Work done by Regehr et al. (2021) found that suicide hurts families the most because it makes it hard for them to talk about what happened after the death, especially who was responsible. Suicide is not a clear-cut way to die. Its causes are complicated, multifaceted, and not fully known. This lack of clarity makes sharing duty in a social network more critical. People who have survived suicide are judged more negatively than people who have survived other types of loss (Sandage, 2010). People who have lost a child to suicide are seen as more upset and suitable to blame the person who committed suicide. As those left behind blamed each other for the death of the one who committed suicide, overt or covert charges are sent through unconscious cues and social isolation, which can weaken or even break up a family or more extensive social network (Belzil, 2023).

Another comprehensive research on suicide elucidates that when the reason for death is hidden, there is a second type of communication distortion. In general, people who have survived are more likely to conceal the cause of death from some family members, especially children, and from people who are not in their close family (Regehr et al., 2021). There is little systematic research on the long-term effects of secrets in family and other social systems. However, clinical

observation suggests that these effects are the main reason family systems do not work well and can seriously hurt the mental development of everyone in the family, especially children (McLaughlin et al., 2014).

A third impact of suicide on family is communication distortion; survivors feel left out and alone, which is made worse by worries about blame and keeping deaths a secret. According to work done by Sandage (2010), suicide has a long history of being looked down upon in Western societies. During the Middle Ages, families of suicide victims were often shamed and punished. People in the community and family may find it hard to talk about suicide because they feel ashamed. Most communities do not have clear rules about how to appropriately respond to the loss of a loved one to suicide, which can make people feel awkward and make them avoid interacting with survivors (Tal Young et al., 2012).

Another significant impact of suicide on family is that people in the community and extended family may feel obligated to protect people who have been deeply affected by the death. So, they might not talk about the suicide because they are afraid that doing so will make the closest survivors of the loss feel even worse. Additionally, even if others do not openly shun survivors, they may wrongly believe others will judge them harshly and withdraw from their social networks (Tal Young et al., 2012). This is known as self-stigmatization. The loss process may be made worse by these broken social network interactions that lead to misunderstandings, avoidance, and withdrawal from others among survivors and their extended families (Regehr et al., 2021). Many times, people who have lost a loved one feel responsible for what they said or did that they thought was wrong in their role as parent, spouse, child, etc. While most survivors agree that they were not personally responsible for the death, they are still upset that they were

not able to see the suicide coming or stop it in time. This intense sense of duty is especially strong among parents whose children have killed themselves, which makes sense.

Coping with the death of a loved one is complex, and losing someone via suicide can amplify your grief. The immense emotional turmoil and loss that follow a suicide may feel overwhelming. In addition to grieving your loved one's death, you are most likely experiencing a range of mixed emotions and struggling to comprehend the circumstances surrounding their death. You may feel ashamed for not doing enough to prevent their suicide, unhappy for missing any clues to their plans, or even angry at your loved one for abandoning you (Cerel et al., 2013). Individuals mourning a suicide frequently begin to question their relationship with the departed person, wondering why it failed to prevent their demise. Some people also experience suicidal thoughts. Adding to this is the constant inquiry "Why?," the mental replay of your loved one's final action, and the continual self-doubt about what you could have done differently (Cerel et al., 2013). During a challenging time, you may also face police inquiries, media infringement, and the stigma connected with suicide. Suicide may violate cultural or religious values, making some relatives and close friends reluctant to offer support, while others may exhibit less compassion for a "self-inflicted" death. Deprived of your usual sources of peace, you may feel alone and alone in your grief.

The sudden death of a loved one by suicide can result in complicated grief, a condition marked by continuous sorrow and suffering that impedes the process of healing and moving on in life and relationships (Sandage, 2010). You may find it difficult to concentrate on other things, feel emotionally detached and empty, or struggle to accept the death of a loved one, searching for them in ordinary places or picturing them as still alive. You may even believe that life has no worth. Complicated grief can lead to severe anxiety, mental torture, or post-traumatic stress

disorder (PTSD), which causes intrusive thoughts, uncomfortable feelings, and chronic worry that impairs daily functioning (Sandage, 2010). If you are suffering from depression or trauma, you must get help and make transformative adjustments to restore serenity and acceptance.

A constant lack of presence of mind to the bond that has been lost suggests the beginning stages of detaching oneself from the departed. Suicide is related to unexpected losses, such as the death of an innocent and the irreversible separation from a sibling. Furthermore, it may result in unanticipated future losses and a lost link to the deceased. Prolonged periods of emotional instability, marked by alternating sentiments of connection and attempts to cut ties with the departed, resulted in persistent sadness and sorrow (Sandage, 2010). This occurred owing to the awareness that the previous relationship and attachment bond could not be recreated.

Furthermore, many parents are unprepared to appraise the consequences and distance themselves from their murdered children, and they cannot handle the suicide episode in public. Furthermore, their battle was characterized by isolation owing to a lack of social relationships, fear of prejudice, and a limited understanding of mental health issues (Sandage, 2010).

Most parents finally accepted that their departed children would no longer be a part of their lives throughout the transition. In reaction to this new reality, each surviving parent and sibling developed a distinct coping method. Recent studies in the United States indicate that individuals sought specialists' advice to understand their parent's issue better. A parent found peace in temporarily disrupting their familiar surroundings and immersion in a different way of life (Sandage, 2010). Others expressed their difficulty in properly grieving the loss of their firstborn kid and desired to communicate their emotions with an impartial third party openly.

Impacts of Suicide on Siblings and Parents

Regehr et al. (2021) found that In the United States, about 9,000 children lose a loved one to suicide every year. Without question, the numbers are much higher in countries with lots of people and high suicide rates, like China or Japan. In addition, every year in the US, 1,900 kids younger than 20 kill themselves, leaving their parents and relatives to deal with their loss (McLaughlin et al., 2014). When figuring out how suicide might affect a child, the following outcomes should be considered: Depression, Anxiety, suicidal thoughts, and traumatic grief; emotions like sadness, anger, and guilt; and physical health problems that show up as new or worsening illnesses or changes in the body.

An extensive study that looked at teens across the whole of the United States found that 1.2% of them knew someone in their family had died by suicide in the past year (Belzil, 2023). After taking into account sociodemographic factors, regression analyses showed that teens in this cross-sectional dataset who had seen a family member commit suicide were more likely to report abusing drugs and alcohol, having suicidal thoughts and attempts, hurting themselves badly, and being emotionally distressed than teens whose families did not show any suicidal behavior (Belzil, 2023).

The children who are suicide survivors are unfortunate when a parent kills themselves. In the United States in 2016, more than half of all deaths were by people ages 25 to 54 (Regehr et al., 2021). Many people live with their kids these days. When a parent kills themselves, the effects on the child are similar to those felt by children whose parents die of natural causes. On the other hand, these feelings are powerful for kids whose parents killed themselves. Furthermore, these kids are likelier to experience bad outcomes and face specific difficulties (Tal Young et al., 2012).

Parents who are survivors might not know what their childhood experiences meant for their children. The fact that living parents do not seem to support adaptive mourning patterns could be because they are having a challenging time dealing with their loss. According to McLaughlin et al. (2014), most parents who are still alive do not want to talk about the reason for death, and many never say that their children killed themselves. It is possible that these parents do not realize that making this seem like a safety barrier only makes it harder to talk to each other and gives their kids new problems. Families create an atmosphere of secrecy, doubt, and fear when they do not share information about their child's suicide and do not talk about how to deal with it.

Impacts of Suicide on Family Dynamics

Sandage (2019) defines family dynamics as a group's reported activities and behaviors impacted by a preset normativity. The material conditions that form a family's living environment impose constraints on this dynamic, which is differentiated by the interactions and relationships between its members. A family structure can be defined as a hierarchical arrangement of interpersonal connections within a particular family. From this point of consideration, it is clear that each family member contributes to shared or opposing norms, functions, beliefs, and duties. Primary relationships are unique because their associations are reflected in broader social interactions and the many manifestations of emotions and attachments.

Many studies fail to address the interaction of family members' reactions and the impact of communication tone; instead, they often focus on a single type of survivor, such as a parent, child, or spouse. Furthermore, it is impossible to predict how suicide may affect familial connections and communication due to the scarcity of knowledge about the nature of interactions

that happened before the death. According to a longitudinal study by Sandage (2010) of parents who have lost a child to an unexpected violent death, such as homicide, accident, or suicide, family functioning is severely hindered in the aftermath. Reduced levels of cohesion and adaptation, defined as the capacity of the family system to modify its power structure, role acquaintances, and rules governing relationships in response to contextual and developmental stress, were among these barriers (Sandage, 2010). Those who remain may be negatively impacted by a parent's dysfunctional behavior, particularly children who live at home, and may suffer emotional alienation from their parents.

Whether communicated publicly or covertly—via emotionally charged testimony, quiet compunction, tears, or the transfer of one's sense of guilt onto another—self-reproach is one of the most common forms and symptoms of familial bonding. Despite the apparent conflict between the two sets of ideals, Figueiredo et al. (2012) revealed that each geriatric senior whose suicide stories we were able to gather relied on the unwavering and caring support of their close friends. Frequently, women were responsible for providing such care.

Furthermore, it is less dramatic among family members with strong emotional ties to the departed, as they frequently believe they might have done more in their memory (Figueiredo et al., 2012). It is often brought up that they were present when they should have been more cautious, conscientious, and attentive. Instead of inciting rage or fury, shame is a lens through which alternative interpretations are presented in certain families. For example, it is possible that the children were not present during the suicidal episode and that they failed to pay close attention to specific discussions or occurrences that indicated the older adult intended to commit suicide.

Similarly, differences were found in the communication, support, and intimacy experienced by families following the deaths of thirteen widows whose spouses had committed suicide versus thirteen widows whose husbands had died in accidents, according to a study comparing the two groups (Figueiredo, et al. (2012). Although both groups of widows showed clinically significant symptoms, those whose spouses had committed suicide were regarded as more responsible for their families' sentiments of guilt and blame than those whose husbands had died in accidents.

This study (Figueiredo, et al. (2012) supports the idea that families dealing with stigmatized bereavements, such as suicide, may face severe boundary management challenges, uncertain social support, and disenfranchised sorrow. Unexpected findings included the role of extra-systemic variables on survivors' coping techniques, such as the negative impact of media exploitation on these outcomes and the stress-reduction effect of government personnel and law enforcement officers (Figueiredo et al., 2012). A Rio de Janeiro-based study on the subject included an interview with a woman whose father committed suicide thirty years before. She recounted the events, noting with remarkable clarity how her family had been affected ever since. She also mentioned that her mother attempted suicide several times following the death of her husband. When creating family care programs, health and social assistance organizations have not yet recognized the crucial need to understand the magnitude and severity of these consequences.

Impacts of Suicide on Family Roles and Responsibilities

According to Belzil et al. (2023), Family functioning refers to the ability of members of a family unit to rely on, support, and accept one another. Furthermore, normal family functioning includes emotional expression and communication. Dialogue and emotional expression within families who have lost a loved one to suicide may suffer. Families going through mourning must examine their responsibilities and interactions within the system and their positions. As one adjusts to the unexpected absence of family members, the availability of trust, support, and inclusion may decline (Belzil et al., 2023). Typically, the suicide of a family member alters the dynamics of close connections, increasing the family's fear of future suicides. The unexpected transition and additional issues that arise in the aftermath of a family member's death may exacerbate the previously described feelings of social isolation, guilt, and remorse. Families who have lost a family member to suicide may experience a range of complex emotions, but receiving support can help alleviate some of these bereavement-related challenges (Belzil et al., 2023).

The loss of a family member over suicide has an impact on family responsibilities, communication, and relationships. After the death of a family member, the family must adjust to how they operate and deal with their grief in an unfamiliar environment (Dowie, 2023). If a kid dies, parents may change their jobs and parenting styles. This shift could have been prompted by sentiments of regret, humiliation, or the fear of losing another child. Parents may also become indifferent throughout the grieving process, making siblings feel their needs have been abandoned or overlooked (Samuel & Abraham, 2021). Many of the brothers in this research had their lives completely flipped upside down when a loved one died. Most of their activities ended after their sister died. People initially rejected what was happening but became shocked by what was happening (Dowie, 2023).

This mistrust gradually permeated every aspect of their daily existence. Many stated that they returned to their parent's homes or lived there for an extended period for health reasons. They then explained that their melancholy had been postponed for a while because they needed to help their parents. Some people kept their feelings to themselves so that their parents would not have to deal with any more stress. Everyone who took part felt their lives had changed dramatically since their sibling died (Castro et al., 2022). The extent of change was determined by how their parents handled the loss. Getting help from outside sources would be beneficial for these children. Having someone unaffected by their loss to talk to can help them communicate their emotions about it. People who consult a therapist or join a support group can freely express their feelings without fear of negative consequences. Some persons who underwent the treatment reported that it made it easier to discuss difficult things that would have previously troubled their parents, leading them to believe they were depressed (Castro et al., 2022). Parents may be concerned when their child says things like "I want to be with my brother," but these remarks do not harm a therapist in any way. This could help them cope with their grief over their brother's loss overall.

Teen Suicide According to Samuel and Abraham (2021), family instability is associated with increased suicide ideation in teenagers. A study done by on over 3,000 10th-grade Hispanic youths discovered that those who grew up in a terrible home setting and had little love from their parents were 3.8 times more likely to consider suicide. Previous research has found that suicidal thoughts are associated with family problems such as arguments, a hostile home atmosphere, family rigidity, family conflicts, and a lack of adaptability. Suicidal thoughts, however, are associated with poor organization, emotional speech, and intimate familial relationships. Teenagers were more likely to experience depression and suicidal ideation when there was

friction between parents and teens, as well as when family support and cohesion were reduced. Teens who had higher levels of familial connection, adaptation, unity, and help were less likely to have suicidal thoughts (Dowie, 2023). This study added to the evidence supporting the findings of previous investigations. According to Bronfenbrenner's Ecological Systems Theory (Guy-Evans, 2024), the family is the first "protective barrier" to teenagers' physical and emotional well-being. It is the primary microenvironment system. Teenagers are going through a period of rapid physical and mental development and encounter several developmental challenges. Because of this, their families play a crucial role in ensuring their health and happiness. Suicide ideas and family difficulties are more strongly associated in collectivistic cultures, such as China, where people place a higher priority on relationships with others, than in individualistic cultures, such as Western (Castro et al., 2022). Families with a healthy atmosphere, effective communication, and shared concern are better able to provide teens with mental support, guidance, and assistance, all of which are critical in preventing suicide ideation.

People who encounter suicide before the age of eighteen are more likely to experience negative consequences. This may occur following the death of a parent, child, or other close relative. They may experience physical alterations, mental disorders, post-traumatic stress disorder (PTSD), or social issues (Castro et al., 2022). Younger children are more prone to engage in dangerous behaviors before the age of 15, such as smoking cigarettes, using marijuana, and having sexual relationships. When teenagers know what caused a family member's death, they are more likely to engage in harmful behavior.

Suicide has extensive and frequently lethal repercussions for the entire family unit. Family conflict and mental anguish can impact an individual's choice to engage in suicidal behavior. In a study conducted by Cerel et al. (2013), it was found that before the passing of a

family member, issues such as dysfunction, abuse, alcoholism, and mental health disorders are prevalent in families with a suicide history. After the passing of a family member, individuals may experience heightened emotions of grief and accountability, mainly if there were substantial disagreements before the death. Following a suicide, attributing blame can significantly damage familial unity and relationships (Andriessen et al., 2020). In situations where a family member's mental condition is not involved, most families impacted by suicide do not experience significant conflict. Suicide is sometimes mistakenly associated with family dysfunction due to a lack of understanding about the topic within society. Even in situations where there is no apparent hostility or shared responsibility among family members, a suicide can lead to conflict within the group. When family members employ different coping strategies after a tragic loss, it can lead to disputes within family dynamics (Andriessen et al., 2020). When dealing with the sad loss of their child to suicide, parents may use various coping mechanisms. Parents who have gone through a significant loss may also show a prolonged period of emotional abandonment from their surviving children.

Effective Methods for Working Through Grief Related to Suicide

Research on the effectiveness of individual therapy in preventing suicide is limited, with few studies examining the effects of family interventions. Many studies have looked at individual interventions and group interventions. It is important to note that substantial amounts of group interventions are run by community-based groups such as churches, which substantial amounts of the focus being on bereavement. Yet, these studies and groups are not aimed at the damage that can be done to a family's systems and dynamics. Group and individual interventions tend to be aimed at the individual's experience with grief and loss, group settings aim for this to

be incorporated with the experience and support of others. While group and individual interventions have validity and success, it leaves out the familial component.

Family Intervention

A study conducted by De Groot revealed that a short family intervention successfully decreased participants with indifferent grieving feelings and empathy following a difficult loss. Support did not reduce the frequency of complicated feelings of sorrow or sadness (Andriessen et al., 2020). They were establishing a safe space for open conversations about bereavement, providing in-depth information on mental health conditions such as post-traumatic stress disorder (PTSD), grief, and suicide, helping people confront the social stigma associated with these issues, and watching for signs of developing mental health problems like substance abuse and depression (Trembl et al., 2021). Various bereavement therapies have been created (Cerel, J., Jordan, J. R., & Duberstein, P. R., 2013) focusing on families, incorporating techniques supported by scientific research. While these therapies were not explicitly intended for individuals who have experienced a loss due to suicide, they could be beneficial in the aftermath of such an event.

Individual Interventions

People who have lost a loved one to suicide often turn to bereavement counselling. Several survivors also opt for mental health consultations as a form of recovery. (Jordan, 2015).

Individuals who have survived suicide attempts often display symptoms of post-traumatic stress disorder, including heightened physiological responses, flashbacks, disruptions in sleep patterns, irritability, and emotional numbness (Trembl et al., 2021). These symptoms can be pretty distressing and disruptive. Due to the uncomfortable nature of the death and the symptoms of trauma, engaging in bereavement therapy can be challenging. Therefore, tackling these issues

early on in the process is crucial. In his study, Jordan (2015) discusses exposure therapy and EMDR as therapeutic approaches that could potentially assist in regulating the body's response to traumatic events.

It is important to develop the capacity to cope with grief, establish a secure environment, and utilize psychological pain relievers. Dealing with the emotional distress that accompanies a devastating loss can be challenging as individuals strive to manage their sorrow in pursuit of solace (Jordan, 2015). Understanding these procedures will help grieving individuals feel more empowered over their mourning process. Qualities such as mastering self-relaxation techniques like massage or meditation and learning to shift attention away from upsetting thoughts or feelings by avoiding stimuli related to the loss or focusing on positive emotional experiences for solace are important (Jordan, 2015). Skills related to exposure, such as visiting the grave or viewing photographs or recordings, may be beneficial when dealing with loss. The repetitive pattern of concentrating on the loss and trying to repress it aligns with Stroebe's dual-process model of grieving (Trembl et al., 2021).

Researchers are developing a comprehensive, authentic, and empathetic analysis of suicide by conducting a reflective psychological assessment. Jordan (2015) suggests that suicide can be likened to a "perfect storm," where a combination of factors increases the likelihood of its occurrence. The elements above encompass inheritance, neurobiology, psychiatric issues, life stressors, limited treatment options, ready access to suicide methods, and the individual's capacity to decide on suicide. Most survivors lack knowledge about the several factors that can contribute to suicidal ideation. Most survivors attribute responsibility to themselves for the suicide, suggesting that an external intervention could have potentially averted the tragedy (Jordan, 2015). It may be beneficial for survivors to undergo a mental health assessment after a

specific period to gain insight into the mental state of the deceased and reconstruct the events preceding the suicide, as well as identify their own and others' roles. Mastering efficiently handling complexity is a prevalent method for addressing this crucial inquiry regarding the rationale (Trembl et al., 2021). To survive, one must comprehend the ideal storm situation, impartially evaluate what the survivor had influence over, recognize the boundaries of their control, and show self-compassion for previous actions that could have been handled more effectively.

Suicide often disrupts people's social relationships, impacting both family and broader societal interactions (Cerel et al. 2013). It is crucial to comprehend how to manage these alterations. Survivors face addressing the social challenges exhibited by members of their social circles (Jordan, 2015). Survivors may face opposition, criticism, or exclusion from specific individuals in their family or community based on the situation (Cerel et al., 2013). Colleagues may offer critical and probing remarks, such as "Have you considered their emotional state?" or "Their behavior may have been self-focused." People often refrain from engaging with survivors due to fear or uncertainty about how to approach them; this is known as "social ambiguity." This phenomenon occurs when individuals are uncertain about how to engage with suicide survivors rather than openly criticizing the act of suicide or the survivors (Cerel et al., 2013). Social isolation, sometimes mistaken for rejection, can exacerbate feelings of loneliness, often linked to thoughts of suicide. While coping with loss, individuals who have lost someone to suicide need to acquire additional skills to navigate their changed social relationships, which adds complexity to handling their social interactions (Jordan, 2015).

Repairing and restoring the relationship with the deceased is characterized by the survivor's disconnection from those who are still alive (Jordan, 2015). Ending one's life could be

seen as the outcome of a prolonged deterioration in mental well-being, with a critical turning point already passed. Nevertheless, suicide could be perceived as a sudden and unforeseen choice, leaving loved ones feeling abandoned and betrayed. Considerable advancements have been achieved in the field of thanatology in the past twenty years due to the acknowledgment that grieving individuals often sustain a psychological connection with the deceased (Jordan, 2015). When faced with betrayal or other challenging situations, it may be essential to mend strained relationships following the passing of a loved one to support the emotional healing of the survivor. Similarly, a similar psychological recovery process is often necessary after a suicide. Access to a proficient grief therapist who employs an appropriate clinical approach on time can significantly contribute to the recovery of grieving individuals (Jordan, 2015).

Conclusion

Research over an extended period has demonstrated that suicide impacts not just the immediate family or partner of the deceased individual but the entire family. This pain extends beyond the temporary sorrow following a suicide. The assault to emotions and subsequent cognitive deterioration usually overwhelm the individual. Due to a close relationship, individuals familiar with the family commonly struggle to navigate the situation as they lack prior experience dealing with such circumstances. Emotions such as guilt, grief, and sorrow overwhelm individuals, making it challenging for them to behave responsibly. Survivors impacted by the loss of their brothers and siblings face emotional distress and trauma to an extreme level. Adapting to a different reality, one in which the deceased no longer is a part of,, commonly disrupts family customs and work duties that do not align with societal expectations. This might pose a challenge in adapting to different communication styles.

The research encourages survivors to engage in personal and family activities, which provides an alternative option for coping with the situation. The intervention aims to enhance communication, engage individuals in their communities, and provide grief counselling for those who have experienced a loss. Individuals who have survived may need to cope with intense emotions such as guilt and pain independently. Counselors and Psychologists provide therapy to help individuals deal with the grief that led to these emotions. Individuals considering suicide can utilize their coping mechanisms to return to work, reconcile with their family and friends, and understand the reasons behind their actions. Assisting individuals in developing their personalities is a novel approach to psychotherapy. Creating a safe environment and utilizing psychological strategies are crucial for maintaining stability. Some individuals struggle to cope with trauma, the realities of life, and their desire for tranquility. Indeed, this essay has shown a clear picture of the survivors' dwelling conditions. These literary works aim to assist individuals experiencing suicidal ideation or those with loved ones in similar situations. Support from others can provide comfort to individuals who have experienced the loss of a loved one to suicide. This assistance can help them navigate their emotions, build resilience, and move on by accepting what happened and finding their answers.

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