BEREAVEMENT BY

SUICIDE AND NATURAL DEATH:

A COMPARISON STUDY

by

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ABSTRACT

Although there is a great deal of research on record about why people suicide, there have been a very limited number of studies which focus on what happens to the family and friends of the suicide deceased. This study examined the grief reactions of 69 close family members who were bereaved within the past two years by either a suicide or a natural form of death. It utilised the Grief Experience Questionnaire (GEQ) developed by Barrett and Scott (1989) which is a 55 item questionnaire developed specifically for examining the suicide survivor's experience of grief and enables comparison groups to be easily examined.

The subjects were divided into groups on a number of factors, namely, mode of death, anticipation of death, time since the death and age of survivor. Whether the relationship to the deceased affects the survivor's grief was also examined.

The key finding in this study was a marked difference in the separate subtests and total grief reaction between the suicide bereaved and the natural death bereaved groups. The GEQ can be divided into 11 subtests. On eight of these subtests (stigmatisation, guilt, responsibility for the death, shame, rejection by the deceased, self destructive behaviour, and reactions unique to suicide) there was a significant difference between the natural death bereaved group and the suicide bereaved group. As expected, the somatic reactions and general grief reactions subtests yielded no difference in the responses from the suicide bereaved compared to the natural death bereaved. Surprisingly, on the search for explanation subtest there was no significant difference between the two groups.

The groups were also divided into short term bereaved and long term bereaved. Although all subjects responded differently according to the mode of death, differences were also found with respect to anticipation of death and age of the survivor. The short term bereaved responded differently with regards to the anticipation of death in the somatic and general grief reactions subtests. The long term bereaved responded differently with regards to the age of survivors in the guilt, responsibility, and unique reactions subtests.

Relationship to the deceased was examined in a qualitative way. The responses led to some interesting findings. Spouses were found to have a slightly higher level of grief than parents or adult children. Siblings responded with the highest level of grief but this may have been influenced by the number of suicide bereaved siblings in this study.

Limitations of this study and suggestions for further research are stated.

CHAPTER ONE

INTRODUCTION

There has been a great deal of research completed about the reasons why people engage in suicidal behaviour. However, there has been much less research in the area of the suicide survivor. This is a person who has been bereaved by a completed suicide (as with the phrase 'is survived by'). It has been estimated that each person who suicides leaves behind five or six family members who are affected by the death (Schneidman, 1969).

Until recently, the majority of research on suicide has focused on the prevention or intervention stages (before or during the crisis period). The time after the suicide (postvention) has been relatively ignored by psychologists. This has happened even though Schneidman claimed that "postvention probably represents the largest problem and thus presents the greatest area for potential aid" (Schneidman, 1972, p x). If the survivors of suicide can be helped to work through their grief in a positive way, to remove the "psychological skeleton (from) the survivor's emotional closet" (Schneidman, 1969, p 22; 1972, p x), then the risk of suicide of the survivor should lessen.

There is now an increasing interest in the suicide bereaved. One possible reason for this may be that some people believe if the suicide bereaved are not helped to work through their grief they will be more susceptible to suicide (e.g, Schneidman, 1972). Whether this is the case is beyond the scope of this thesis. What the writer is concerned with is that many people believe that suicide bereavement is "qualitatively and quantitatively" (p 201, Barrett & Scott,

1989) different from other forms of bereavement. "Clinical reports have strongly suggested that individuals who have been bereaved because of suicide undergo an especially difficult and distressing form of grief" (p 279, Ness & Pfeffer, 1990).

One review of the aftermath of suicide literature concluded that suicide survivors (1) feel a need to understand the death, (2) may experience less social support than in other types of death and often experience social interaction difficulties, and (3) may experience more feelings of guilt than do survivors of other causes of death (Calhoun, Selby, & Selby, 1982a).

Since this review was published Van der Wal, Cleiren, Diekstra and Moritz (1989) found that (1) there was no support for the assumption that suicide has devastating consequences for survivors, (2) traffic fatalities cause more difficulties with detachment from the deceased than suicides (contrary to general belief), (3) suicide survivors more often report feelings of guilt, yet, although guilt was correlated with depression, neither suicide bereaved or accidental death bereaved were more depressed than the other, (4) suicide does not seem to lead to a more complicated process of social adjustment than do traffic fatalities, and (5) kinship to the deceased plays a more important role in understanding reactions to the loss than the cause of death. This study examined the early impact of bereavement (subjects were interviewed approximately 4 months after the death). However, this does not mean that the results are not valid in the long term as short term reaction to a loss has been shown to be a reliable predictor for future adjustment (Parkes & Weiss, 1983).

Perhaps these findings are due to the unnatural nature of both forms of death. There may be

a difference between the grieving process of suicide survivors and survivors of natural causes of death. There may also be a difference between deaths that are expected and those that are unexpected.

This thesis therefore investigated bereavement caused by both suicide and natural causes. It also examined whether anticipating the death leads to a different level of grief and what role time since the death plays in the level of grief. From a purely qualitative viewpoint it also examined what effect the relationship to the bereaved has on the survivor.

CHAPTER TWO

LITERATURE REVIEW

2.1 Early suicide studies

The bulk of the literature about suicide prior to the 1970s focused on suicidal behaviour. An extensive review of the suicide literature was carried out by Farberow (1972) which covered the years 1897-1970 and listed a total of 15 articles about suicide survivors. However, the trend has since changed to include many more suicide survivor studies. McIntosh (1985-86; 1992), in his survivors of suicide bibliography and its addendum, listed more than 250 articles.

A common view about suicide survivors is that the experience of grief and the subsequent resolution differ qualitatively and quantitatively from those resulting from other forms of death (e.g., Schneidman, 1969, 1972). However, this viewpoint was often based on clinical observation, intellectual conjecture and theoretical speculation, e.g., Cain (1972), and Schuyler (1973).

Some of the methodological problems of the suicide studies, both early and more recently, include the retrospective nature of the investigations, the lack of control groups, the use of specialised and non standardised instruments, and the lack of operational definitions for the measured reactions (Calhoun et al., 1982a).

2.2 Attitudes to the suicide bereaved

2.2.1 Illusory case studies

Initial research on attitudes to the suicide bereaved gave their participants imaginary case studies. In a study in which subjects were given hypothetical newspaper stories, Calhoun et al. (1982a) found that suicide bereaved parents were blamed more for the death of their child and liked less than parents bereaved by illness.

This finding implied that the parents of a suicide death may receive less support from the community than the parents who survive a death of a child by illness. However, people may be less likely to blame and dislike someone they know who has experienced a suicide. Calhoun, Selby and Abernathy (1984) found that "cause of death may have a limited impact on the way others describe the survivor and think about the death" (p 260) when it is someone they know.

Goldney, Spence and Moffitt (1987) compared reactions to the suicide bereaved by three groups: a community sample (of married couples participating in a separate study on marital interactions), social workers, and a group who had themselves been bereaved by a suicide. This study used the *Aftermath of Suicide Instrument* developed by Calhoun, Selby, Tedeschi, and Davis (1981; cited in Goldney et al., 1987) to measure social reactions and attitudes toward the suicide bereaved family. The main finding was that, although the suicide bereaved and social workers' responses were similar, there were a number of key differences

in the community sample from the other two groups. For example, the community sample were more likely to perceive shame as an appropriate emotion for the suicide bereaved family.

Again an illusory case study was given to the subjects so that the finding may not apply to a real life setting. However, the study was limited by its small sample size (suicide bereaved, n = 13; community sample, n = 54; social workers, n = 12).

2.2.2 Real life studies

Following the illusory case studies, later researchers attempted to emulate the studies using real life situations. For example, Calhoun et al. (1984) compared reactions to suicide survivors by people who either knew someone who had been bereaved by suicide or knew someone who had been bereaved by an accident or a natural death.

Such studies followed research indicating that suicide survivors experience greater difficulties than survivors of other forms of death (e.g,, Cain & Fast, 1972; Calhoun, Selby & Faulstich, 1980). It is believed that one reason for a more difficult bereavement period may be the reaction of others to the survivor; specifically, there may be less support available to the suicide survivors.

Three common ways of assessing social attitudes are: (1) asking for general attitudes toward suicide and its survivors (e.g., Kalish, Reynolds & Farberow, 1974), (2) asking what reactions would be to specific hypothetical cases of suicide (e.g., Calhoun et al., 1982a) and (3) asking

for reactions to known cases of suicide (e.g., Calhoun et al., 1984).

The use of such procedures in the studies cited above indicated that, in general, suicide survivors are viewed more negatively than survivors bereaved by a natural cause.

Calhoun et al. (1984) found that "in general, suicide was rated as significantly more difficult than either accidental or natural causes" (p 259). However, there was an anomaly in subjects' answers to specific cases - when asked to indicate how difficult the experience would be for *them* to be bereaved by suicide or by accidental death, suicide was rated as less difficult than accidental death. The authors suggested that a cause for this was the perceived relief sensed by some suicide survivors or the assumption that they would be slightly relieved. Unfortunately the questionnaire used in this study did not include a question about "relief". It was essentially an interview style, involving open ended questions and a seven point rating scale.

2.3 Suicide bereaved studies - no comparison group

Some studies examined suicide bereaved subjects only, despite a number of authors (e.g., Van der Wal, 1989-90) suggesting that such studies could not conclude anything about the suicide bereaved person's grief *compared with* bereaved people from other death causes. A study which did not involve a comparison group is Alexander's (1991) non-clinical study. She that noted that "the secrecy, isolation, and disconnection that frame the act of suicide become the survivors' legacy, (which makes) their grief especially difficult and complex." (p

277). She based her articles (1987, 1991) on her own experience of surviving a suicide death and on interviews with others who have been bereaved by suicide as well as work she has done with colleagues in developing bereavement groups.

Alexander (1991) stated that "grief after suicide is both similar to and different from grief after death by other causes. ... the aftermath of suicide ... reflects the unique nature of an intentional, chosen death. It is in some measure incomprehensible to those of us who choose to remain alive ... that anyone, and especially someone close to us, would choose to die. This makes bereavement after suicide especially difficult for the survivors, who must try to come to terms with the questions that are left in the wake of the death." (p 281) When authors such as Alexander make generalisations like this it is not surprising that many people believe that the suicide bereaved suffer more than those bereaved by other forms of death.

Another study that examined the suicide bereaved without using a comparison group was that of Dunn and Morrish-Vidners (1987-88). Their study examined the response of the survivor to the suicide and found a "predictable range of feelings" (p 181). These feelings were shock, disbelief, fear and anger in the early phase. They found that survivors have a need to talk about the suicide and usually have "little opportunity to express their thoughts and feelings openly" (p 181).

Searching for an explanation was another common response and the majority of the subjects were unable to find satisfactory answers despite investing a great deal of energy in trying to explain the suicide. Blaming others and oneself were other common responses. The subjects

also found that other people would not bring suicide into the conversation and would get uncomfortable if the survivor talked about the suicide.

The authors of this study did state how suicide survivors reacted but were unable to conclude whether these were different from how other bereaved individuals reacted. There were some obvious problems with this study, such as a very small sample size (24 subjects) and the use of an interview style format involving questions that could be construed as leading. For example, "Do you think people see you differently as a result of the suicide? How has this made you feel?" (p 179). However, the results are interesting as a base for a comparison study.

Demi and Howell (1991) studied the long term suicide bereaved by examining 17 parents and siblings. The authors concluded that hiding the pain impedes the healing process (p 355). Demi and Howell did not find that agonizing questioning was a key variable in the suicide bereaved despite prior research finding to be the case (e.g., Van Dongen, 1990). This discrepancy may be due to the length of time since the death. Questioning may only be a factor for the suicide bereaved in the time close to the death.

Van Dongen's (1991) study, which studied 35 people who were bereaved by suicide, concluded that "death by suicide results in a profound upheaval in the lives of surviving family members" (p 380, Van Dongen, 1991). Van Dongen did not attempt to make any generalisations about suicide compared with other causes of bereavement. She used an interview style study which enabled an in depth study.

These suicide bereaved only studies are beneficial when used purely as a way to examine how the suicide bereaved react. But, to discover how the suicide bereaved react compared with people bereaved by other forms of death it is necessary to follow them up with studies in which comparison groups are used. "Comparative research is necessary to gain an insight into the relative influence that suicide, as a cause of death has on the grief process." (p 164, van der Wal, 1989-90)

2.4 Suicide bereaved studies - comparison groups

The first comparative study was carried out by Flesch (1977). She compared two causes of death - vehicle accident and suicide. Her conclusion was that one month after the death 52% of the survivors of suicide showed impaired functioning and 69% of the accidental death bereaved showed impaired functioning. This is an interesting result given that many people view suicide as the hardest type of bereavement from which to recover (e.g, Schuyler, 1973).

Demi and Miles (1988) stated that "comparative studies of the suicide bereaved with individuals bereaved by other modes of death are inconclusive" (p 298). From the studies published prior to 1988, this was no doubt true. However, a number of tentative conclusions about the suicide bereaved can be made. Demi and Miles' (1988) study examined parents who had been bereaved by suicide or other modes of death (in this case, accident and chronic disease). The number of subjects was large (n = 120) of which 59 were suicide survivors and 61 were non suicide survivors. Their results showed that "suicide bereaved parents and non-suicide bereaved parents are at a similar risk for emotional distress" (p 304, Demi & Miles,

1988). This supported the findings of Demi (1984), and Shepherd and Barraclough (1974). However, they did note that "mode of death alone is not a good predictor of outcomes in the bereaved" (p 305, Demi & Miles, 1988). There are a number of influencing factors which also determine reactions in the bereaved, such as relationship to the deceased and time since the death. There are studies which have examined other factors which may influence grief as well as mode of death (e.g., Range & Niss, 1990; Van der Wal et al., 1989). This is covered in a later section of this literature review.

A well controlled, large scale study using older people who were widowed by suicide and natural death is that of Farberow, Gallagher-Thompson, Gilewski and Thompson (1992). The subjects comprised 110 elderly suicides, 199 natural death survivors and 163 non bereaved control individuals. Measurements were taken four times after the death: at less than 2 months, 6 months, 12 months, and between 24 and 30 months.

The results showed that, in general, suicide survivors find social support more difficult than natural death. The two bereaved groups did not have a different *number* of supporting people but experienced a significant difference in the *amount* of emotional help with suicide survivors receiving less help than natural death survivors. Another significant difference between both survivor groups was a stronger anxiety reaction by those who lost their spouse by suicide.

As noted earlier this study was over a two year period. Interestingly, Farberow, Gallagher, Gilewski and Thompson (1991; cited in Farberow et al.,1992) found that "the natural death

survivors showed marked improvement in grief and depression at 6 months, while the suicide death survivors did not improve until after the first year" (p 120, Farberow et al.,1992). This finding is interesting since it demonstrated that when the study is carried out may influence the results.

Demi (1984) examined the social adjustment of widows following a death by suicide, unexpected natural death and accidental death. She found no differences regarding variables associated with social adaptation. Survivors of suicide exhibited more guilt and resentment but functioned better in parental role. A possible explanation (given by the author) is that these spouses were already functioning independently of their partners in the children's upbringing whereas the others had a more companionable type of marriage and child rearing responsibilities were shared. It would have been worthwhile looking at the responses of widows who had experienced death by *expected* natural causes. Extrapolating from the above finding I suggest that these widows might function better in a parental role after the death in a similar fashion to suicide bereaved widows.

Pennebaker and O'Heeron (1984) studied widowed people bereaved by suicide or accidents and found no appreciable differences in outcome. They found that suicide survivors showed ("surprisingly") more of a tendency to confide in others. This has been examined in other studies (such as Barrett & Scott, 1990) with varying results. Trolley (1986) found similar results to Pennebaker and O'Heeron (1984). She studied parents of suicide and vehicle accident victims and found no notable differences.

Kovarsky (1989) examined parents who were suicide bereaved or bereaved by an accident. She stated that the suicide bereaved are at risk of disordered grief because of three main reasons, namely, (1) the mode of death; (2) the availability of socially supported mourning; and (3) the nature of the relationship with the deceased. Kovarsky studied the level of loneliness and disordered grief. Her underlying assumption is that suicide and accidental deaths are both "sudden untimely deaths" p 86. However, some suicides are anticipated which would invalidate this assumption. Nevertheless, no matter how much a suicide is anticipated, the timing of the event can not be predicted. This is contrary to some forms of natural death where medical staff can give an accurate estimate of when a patient is likely to die.

Kovarsky's study found that loneliness and disturbed grief scores for the suicide bereaved group and the accidental death bereaved group were not significantly different. However, disturbed grief differed over time. The accidental group started higher and decreased over time whereas the suicidal death group started lower and either increased or remained constant. She suggests that "losses from suicide places survivors at a higher risk for disturbed grief and loneliness reactions" (p 93) than that of the accidental death survivor.

McNiel, Hatcher and Reubin (1988) examined suicide bereaved and accident bereaved widows. In their study, which included 13 suicide survivors and 13 accidental death survivors, they found that, although *interview* data suggested more blaming and guilt in suicide survivor families, *standardised questionnaires* found no significant difference in family functioning, life stress, and psychiatric symptoms. The authors concluded that their

findings supported prior research indicating increased risk for problematic bereavement after a sudden death. However, "the uniquely pathogenic impact of suicide on a family functioning is not supported" (p 147, McNiel et al., 1988). The study suffered from a small sample size and the authors also noted that the assessment of family functioning was based solely on the widows' self reports.

Smith and Ulmer (1991-92) compared people bereaved by suicide, homicide, accident, anticipated-natural and unanticipated-natural. They investigated (n = 121) whether the degree of belief in an afterlife helped bereavement recovery and found that a high belief in an "afterlife was associated with greater recovery from bereavement, regardless of the cause of death" (p 222). There was also a significant difference in the suicide bereaved subjects' acceptance of the death and finding meaning in the death. The accident bereaved group also found it more difficult to find meaning in the death than the natural death bereaved group.

A comparison study which separated its subjects into the same five groups was that of Range and Niss (1990). Their 68 undergraduate subjects were bereaved more than 2 years beforehand (with a mean of 5.75 years). No significant differences in social support were found. The authors concluded that social support for suicide bereaved *becomes* similar to other forms of death. Thompson and Range (1990-91) found less social support for the suicide bereaved subjects than subjects bereaved by other forms of death.

The amount of time since the death seems to play a significant role in the bereavement process. Range and Niss (1990) concluded that long term bereavement is similar no matter

what the cause of death.

Miles and Demi (1991-92) studied suicide, accident and chronic disease bereaved parents. They found that their subjects (62 bereaved by suicide, 32 bereaved by accident and 38 bereaved by chronic disease) all reported guilt feelings. However, 92% of suicide bereaved parents reported feeling guilty compared with 78% accident bereaved and 71% chronic disease bereaved. The suicide bereaved parents found that guilt was the most distressing aspect of their grief.

As with most studies, Miles and Demi's (1991-92) study has limitations. The sample was primarily white middle class involved in self help groups. Also there was a large range in time since the death (2 months to 7 years) and ages of deceased children (1 - 36 years).

Barrett and Scott (1990) studied spouses of four groups; namely, those bereaved by suicide, accident, sudden natural death and death after a long term illness. Overall, grief reactions did not differ greatly. Those bereaved by suicide showed slightly more intense grief reactions than all the other groups yet they displayed the same level and quality of resolution. Suicide survivors were clearly differentiated from all other survivors in their feelings of being rejected by the deceased. They differed from both natural death groups in their feelings of shame and being stigmatised and also from the long term illness death survivors in their feeling of responsibility and search for meaning. There were no significant differences between all groups with respect to loss of social support, feelings of guilt and self destructive behaviour.

It is obvious that there have been many studies which have used comparison groups. There is a large range of conclusions from these studies but some useful results have arisen. There are some experiences that the suicide bereaved undergo that the natural death bereaved do not. However, no clear cut answer has emerged about whether it is caused by the mode of death or some other correlated factor.

2.5 Complications

A number of factors can influence the results of studies about suicide bereavement. Whether the death was expected or sudden may lead to a different type of bereavement. Range and Niss (1990) and Barrett and Scott (1990) used this as a variable in their studies although they did not discuss what influence on the results it may have had since both studies focused on a comparison between suicide and other forms of death. As it is generally believed that suicide death is unexpected, expectancy has not been taken into account by researchers investigating those bereavement by suicide. Parkes and Weiss (1983) believe that increased bereavement problems are associated with sudden death. However, they assumed suicide and accidents were sudden and unanticipated without asking the suicide bereaved whether this was the case.

A second factor which may complicate the findings of bereavement studies is the relationship between the deceased and the survivor. Perhaps parents experience a different form of grief from that experience by siblings or children. McIntosh and Wrobleski (1988) looked at three types of relationships - child, parent and sibling - and found that there were generally no

differences between them. Van der Wal et al. (1989) found that kinship to the deceased plays a more important role than the cause of death in understanding reactions to the loss.

The gender of the survivor and the deceased may conceivably influence the results, although most studies that have taken gender into consideration have not generally found this (e.g., Barrett & Scott, 1990). Van der Wal et al. (1989) found that gender did play a significant role in adjustment after a suicide or accident death with women having more difficulty with detachment and higher levels of depression. McIntosh and Wrobleski (1988) concluded that, despite prevalent opinions there was no evidence that the younger the deceased, the more difficult the grief is to deal with. However, they did not specifically look at age as a variable. Instead they based their conclusion on kinship to the deceased.

McNiel et al. (1988) suggested that quality of the relationship to the deceased, coping strengths of the survivors for dealing with stress, and availability and use of social supports all may influence the functioning of bereaved people. However, they did not quote any studies in which these factors had been considered and this writer has not identified any.

2.6 Summary

From consideration of the literature, it seems that suicide bereavement involves some unique experiences. These often include feelings of stigmatisation, guilt, shame, and rejection, loss of social support, feeling responsible for the death, self destructive tendencies, and searching for an explanation (Calhoun et al., 1982a).

Nevertheless, type of death does not appear to be the only factor influencing bereavement. Factors such as age, both of the deceased and the survivor, expectation of death, and the relationship of the survivor to the deceased may all, to varying degrees, affect the bereavement in some way.

Many studies showed a difference in the grief between suicide and other forms of death (e.g., McIntosh & Wrobleski, 1988; Rudestam, 1977; Sheskin & Wallace, 1976). However, others did not (e.g., Demi & Miles, 1988). Other reviews of the available literature did not put much faith in the studies that had been completed due to methodological weaknesses (e.g., Calhoun et al., 1982a; Van der Wal, 1989-90). Van der Wal (1989-90) concluded that there were a number of key methodological problems with the many comparison studies he reviewed. For example, the reliability and validity of the measures were not generally considered; most studies used small sample sizes; the interview equipment was unstructured and not standardised.

However, he concluded that bereavement after suicide *is* different from other types of death in a number of ways. Two key elements were survivors' prolonged search for motives and their denial of the fact that the death was suicide. Other characteristics, which were not universally represented, were a feeling of rejection by the deceased, religious questioning about the fate of the deceased, concealment of the cause of the death during contact with others and the fear of being susceptible to the same problems as the deceased through heredity. He concluded that the "overall effects of these characteristics ... do not seem to be very dominating in the general course of the grief process" (p 166). He believed that the grief

process seems to show the same main features as that occurring after other modes of death, especially after sudden unnatural death. There was no empirical evidence for the opinion that survivors of suicide show more pathological reactions and a more complicated and prolonged grief process than other survivor groups. It seems that there are some differences between the suicide bereaved and the non suicide bereaved but many of these differences may not be as robust as some researchers suggest.

2.7 Introduction to this study

I believe that enough research has been done to determine how suicide bereaved people react so I have completed a comparison study between the suicide bereaved and natural death bereaved. Since standardised measurement procedures must be used when examining the bereavement process, I chose to apply the Grief Experience Questionnaire used by Barrett and Scott (1990).

The Grief Experience Questionnaire

"The GEQ measures two general types of grief reaction: those expected in any bereavement and those specific to suicide bereavement" (p 202, Barrett & Scott, 1989). The questionnaire was used to examine the differences in grieving between those who are bereaved by suicide and survivors of "natural" causes of death (such as, heart attack and cancer). I chose not to examine accidents or homicides as these types of death are different again from either suicide or natural death and might further complicate any conclusions. Besides, there are relatively few homicides in New Zealand, so locating subjects would be difficult.

Prior literature has indicated that if the death is anticipated it may affect the grieving process (e.g., Parkes & Weiss, 1983) so I included this as a variable in my study.

Previous research indicates that the time since the death plays a role in grief reactions regardless of mode of death (e.g., Farberow et al., 1991; cited in Farberow et al., 1992). This was also included as a variable in this study.

My expectations were:

(1) that the suicide death bereaved would experience a higher level of grief on each subtest except somatic and general grief reactions than the natural death bereaved;

(2) that the anticipated death bereaved would experience a different level of grief from unanticipated death bereaved;

(3) that long term bereaved would experience a different level of grief from short term bereaved.

CHAPTER THREE

METHOD

3.1 Subjects

The subjects were 69 individuals who had experienced the death of a close family member (spouse, sibling, child or parent). They comprised 53 females and 16 males with ages, at the time of the study, ranging from 13 to 73 years. The ages of the deceased relatives ranged from 4 to 85 years. The amount of time since the death had occurred ranged from 1 month to 24 months.

The majority of the suicide bereaved subjects were approached through the Canterbury Bereaved By Suicide Society, either through their newsletter or by one of the two counsellors. The majority of the natural death bereaved were contacted through word of mouth and through grief counsellors in the Christchurch area. As the subjects had to contact the writer to enquire about participating in the study, the acceptance rate could not be assessed.

The subjects were all given the same questionnaire and were assigned to two groups, namely a suicide bereaved group (n = 36) and a natural death bereaved group (n = 33). Two people were not included in the study - one who had been bereaved by the death of a 4 month old baby and another who did not fully complete the questionnaire. The subjects were asked whether they had anticipated the death and were assigned to one of two subgroups, namely,

an anticipated or unanticipated death group.

Thus the final numbers in each group were: anticipated suicide 13, unanticipated suicide 23, anticipated natural death 15, and unanticipated natural death 18.

The subjects also varied with respect to their relationship to the decedent. It was therefore possible to analyse for effects of suicide or natural death; anticipated or unanticipated death; and whether the relationship to the deceased was a spouse, sibling, parent or child.

3.2 Materials

The materials used were (a) a consent form for each subject who requested it (see appendix I) and (b) the Grief Experience Questionnaire constructed by Barrett and Scott (1989). The questionnaire was developed to cater for deficiencies in the measurement of bereavement, in particular suicide bereavement. The items were tested by the authors for validity and were found satisfactory. The subgroups were also tested for internal consistency reliabilities and all proved to be moderately high to high (see Barrett & Scott, 1989).

The grief reactions are grouped into 11 sub-groups, with five items in each subtest:
(see Barrett & Scott, 1989 for thorough definitions)

1. **Somatic Reactions (items 1 - 5)**
   This dimension reflects physical reactions common among survivors and measures their perception of their physical condition during the bereavement.

2. **General (or common) Grief Reactions (items 6 - 10)**

   This dimension reflects researchers findings of reactions that are common to most grief experiences, regardless of cause of death.

3. **Search for Explanation (items 11 - 15)**

   This dimension reflects the more intense, more solitary and less easily resolved search for explanation that suicide survivors undergo, compared with those bereaved by other forms of death.

4. **Loss of Social Support (items 16 - 20)**

   This dimension reflects the negative social perception of suicide resulting in more isolation of the suicide survivor.

5. **Stigmatisation (by the death) (items 21 - 25)**

   This dimension is based on the suggestion that suicide reflects negatively on the survivors.

6. **Guilt (items 26 - 30)**

   This dimension reflects the suggestion that guilt is both more frequent and more severe in suicide survivors.

7. **Responsibility (for the death) (items 31 - 35)**

   This dimension reflects the suggestion that complicity in the cause of death is often experienced by the suicide survivors.

8. **Shame (items 36 - 40)**

   This dimension reflects the experience of embarrassment with the suicide survivors regarding the cause of death.

9. **Rejection (by the deceased) (items 41 - 45)**

   This dimension reflects the suggestion that suicide can imply a deliberate abandonment and rejection of life and the survivors.

10. **Self-Destructive Behaviour (by the survivor) (items 46 - 50)**

    This dimension reflects the suggestion that suicide survivors are at a greater risk than other survivors for involvement in life threatening behaviour.

11. **Unique Reactions (items 51 - 55)**

    This dimension reflects the assertion that some grief reactions common among suicide survivors are rationally not within the experience of other survivors.

A copy of the version used in this study is provided in appendix II. The writer used a slightly altered version of the GEQ developed by Barrett and Scott (1989) who studied spouses of the deceased only whereas this study examined four different relationships with the deceased. Thus the word "relative" was used instead of "spouse" throughout the questionnaire. Also question number 19 originally read "Since the death of your spouse, how often did you: Feel that neighbors and in-laws did not offer enough concern?" (p.211 and 212, Barrett and Scott, 1989). This was altered to read "Since the death of your relative, how often did you: Feel that neighbours and/or friends did not offer enough concern?" . As the deceased was not necessarily a spouse, the term "in-laws" was not appropriate.

3.3 Procedure

After the respondent had made the initial contact with the writer an appointment time was set up for an interview. Some subjects requested that the questionnaire be sent to them to be completed in their own time.

Occasionally the subject recorded his/her answers to the questionnaire items but most times the writer read out questions and the subject replied with his or her choice. In all cases the subject was told that he or she could stop at any time for a break (or stop completely). Many subjects continued talking to the researcher about their grief experiences after the questionnaire was completed and some of their additional comments are recorded for interest in appendix III.

All subjects were encouraged to see a grief counsellor (at no charge) if they felt the need for further counselling and most commented that they had not discussed their relative at length for a considerable period of time, and therefore appreciated taking part in the study.

CHAPTER FOUR

RESULTS

4.1 Demographic and background details

The means and standard deviations of suicide and natural death survivors for decedent's age, subject's age at the time of the study, time since the death, are summarised in Table 1, along with results of the t-tests performed on differences between the two groups.

Table 1: Summary of means, standard deviations, and t-test results for the two groups on demographic and background details.

	Suicide bereaved n = 36		Natural death bereaved n = 33		
	Mean	SD	Mean	SD	t
Decedent's age	33.6	12.6	49.4	13.7	-5.0
Survivor's age*	30.6	13.5	49.4	29.4	-3.4
Months since death	7.3	6.8	16.1	7.4	-5.1

* at time of testing

The t-test results show that these groups do not have the same demographic and background details. All differences between the two groups were significant ($p < 0.05$). That is, the natural death bereaved and the suicide bereaved differed in the subject's age, the relative's (deceased) age and the time since the death.

To partially accommodate some of these differences, the subjects were split at the median

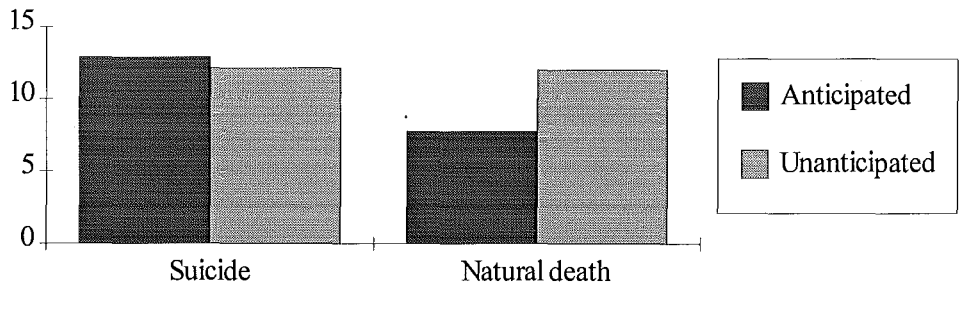
(median = 11) "months since the death" into two subgroups, namely, less than one year ("short term bereaved") and one to two years ("long term bereaved"). They were also further divided into "young" (41 years or younger) and "old" subjects (older than 41 years) via the median split procedure (median = 42).

The GEQ total and all 11 subtotal data were then subjected to independent three way ANOVAs (age of subject X mode of death X anticipation of death) carried out for short and long termed bereaved subjects separately. For clarity of presentation, only graphs of significant results are presented in the text. However, all ANOVA results appear in appendix IV. Each subject's demographic and subtest scores are presented in appendix V.

4.2 Short term bereaved subjects

Somatic reactions

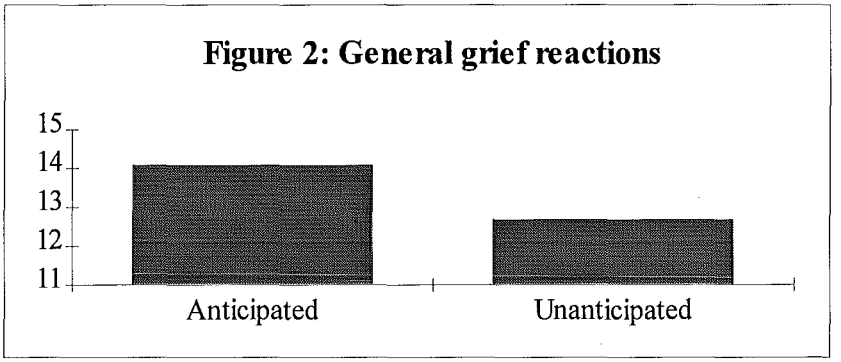
Figure 1: Somatic reactions



There was a significant interaction between type of death and anticipation [F (1,27) = 5.20, p = .0307]. As shown in Figure 1, the suicide bereaved subjects reported a constant level of

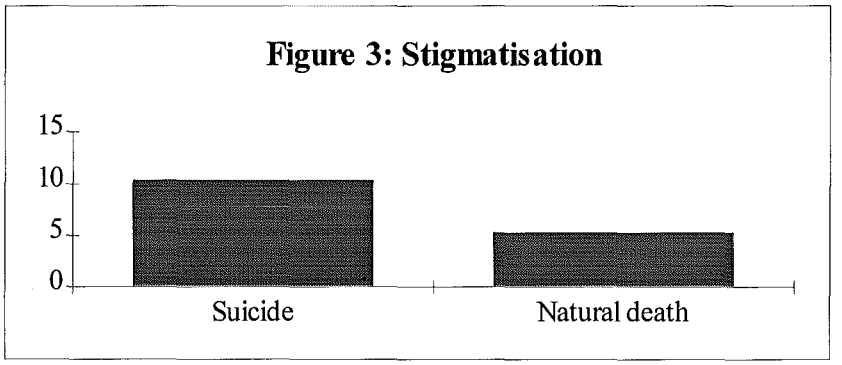
somatic reactions whether the death was anticipated or unanticipated. However, natural death bereaved subjects experienced more somatic reactions when the death was unanticipated than when anticipated.

General grief reactions



As shown in Figure 2, when the death was anticipated the level of general grief reactions was slightly higher than when the death was unanticipated [F (1,27) = 5.15, p = .0314].

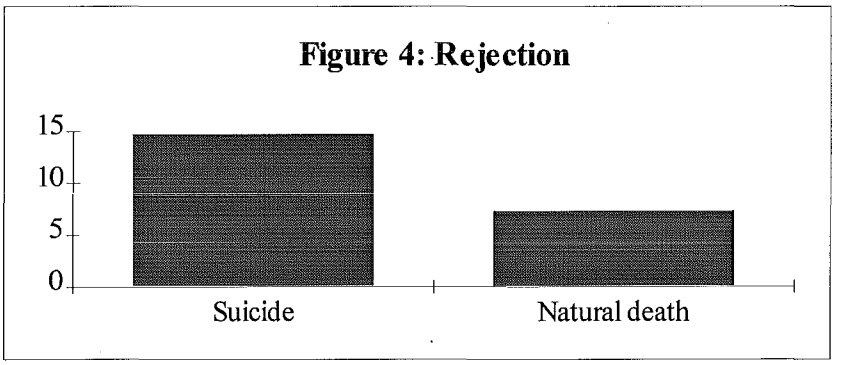
Stigmatisation



As shown in Figure 3, the suicide bereaved subjects felt a higher level of stigmatisation than

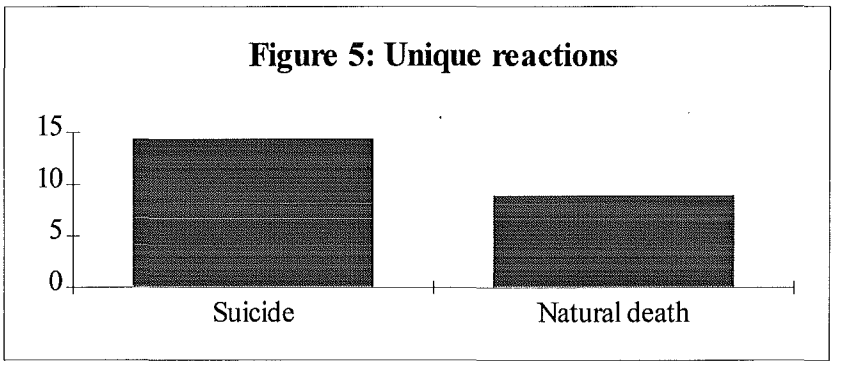
the natural death subjects [F (1,27) = 12.52, p = .0015].

Rejection



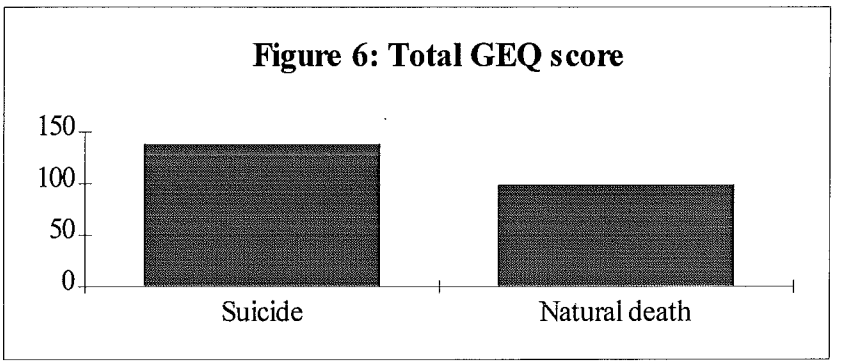
As shown in Figure 4, the suicide bereaved subjects felt a higher level of rejection than the natural death subjects [F (1,27) = 13.22, p = .0012].

Unique reactions



As shown in Figure 5, the suicide bereaved subjects felt a higher level of unique reactions than the natural death subjects [F (1,27) = 20.63, p = .0001].

Total GEQ score



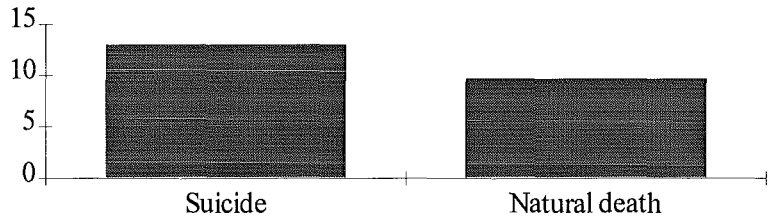
As shown in Figure 6, the suicide bereaved subjects experienced a higher overall grief score than the natural death subjects [F (1,27) = 7.39, p = .0113].

There were no significant results found for (1) search for explanation, (2) loss of social support, (3) guilt (although, there was a non significant tendency for suicide bereaved subjects to feel more guilt than natural death subjects. F (1, 27) = 3.32, p = .0795), (4) responsibility, (5) shame (but a non significant tendency for suicide bereaved subjects to feel more shame than natural death subjects. F (1,27) = 4.21, p = .0501), and (6) self destructive behaviour (see appendix III).

4.3 Long term bereaved subjects

Loss of social support

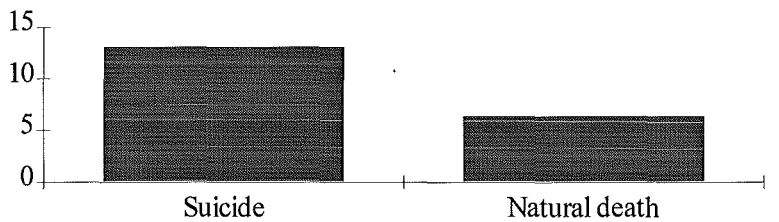
Figure 7: Loss of social support



As shown in Figure 7, the suicide bereaved subjects experienced a higher loss of social support than the natural death subjects [F (1,26) = 5.00, p = .0341].

Stigmatisation

Figure 8: Stigmatisation

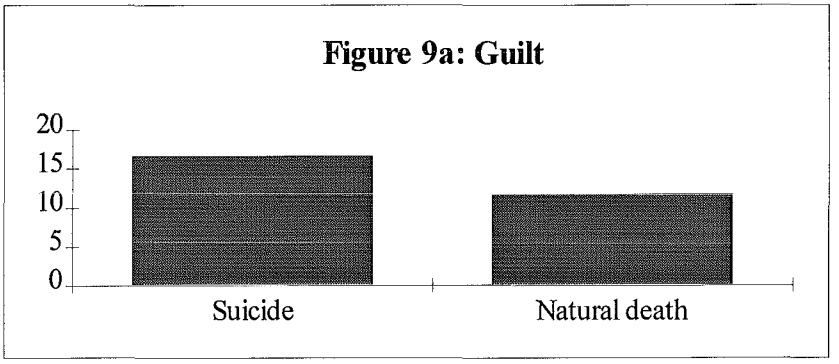


As shown in Figure 8, the suicide bereaved subjects experienced a higher level of stigmatisation than the natural death subjects [F (1,26) = 64.75, p = .0001].

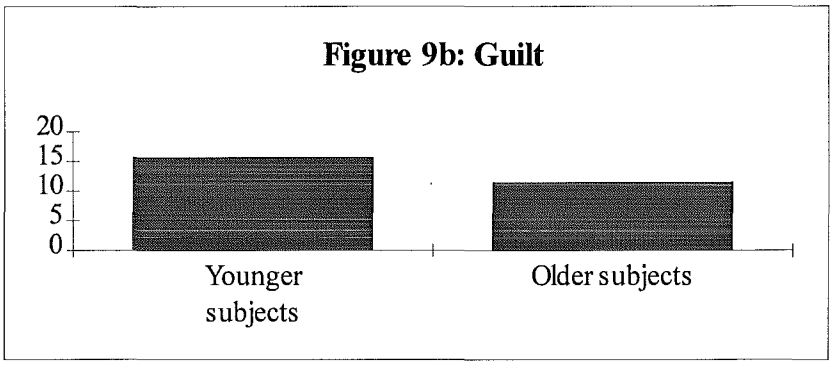
There was also a non significant tendency for young subjects to experience a higher

frequency of stigmatisation than older subjects [F (1,26) 4.07, p = .054].

Guilt

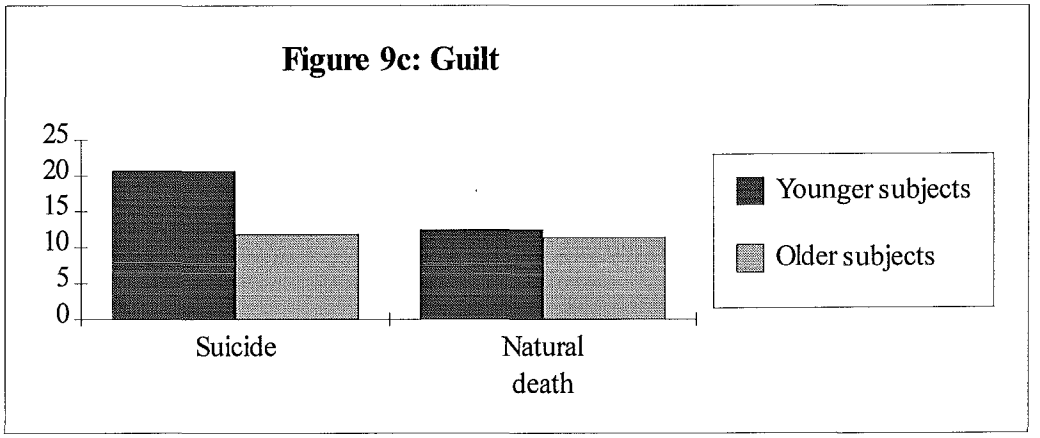


As shown in Figure 9a, the suicide bereaved subjects experienced more guilt than the natural death subjects [F (1,26) = 6.07, p = .0206].



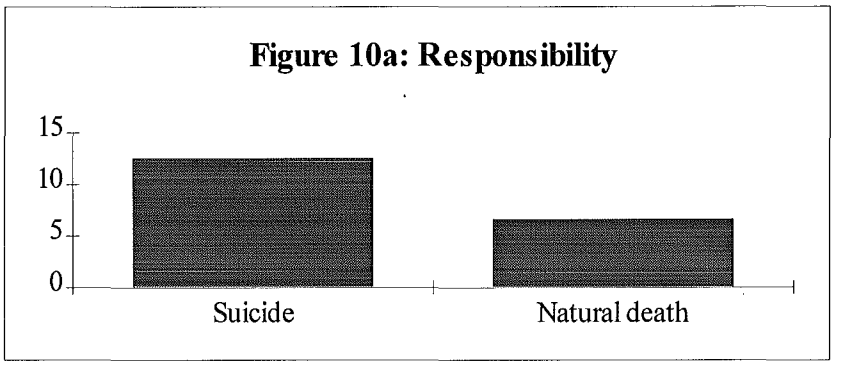
As shown in Figure 9b, the younger subjects experienced more guilt than the older subjects [F (1,26) = 10.01, p = .0039].

However, the results reported in Figures 9 a and b are more appropriately interpreted in terms of a significant interaction between age of subjects and type of death (Figure 9c) [F (1,27) = 4.53, p = .043].



As shown in Figure 9c, younger subjects experienced more guilt when the death was a suicide than when the death was by natural causes. Older subjects responded similarly whether the death was suicide or otherwise.

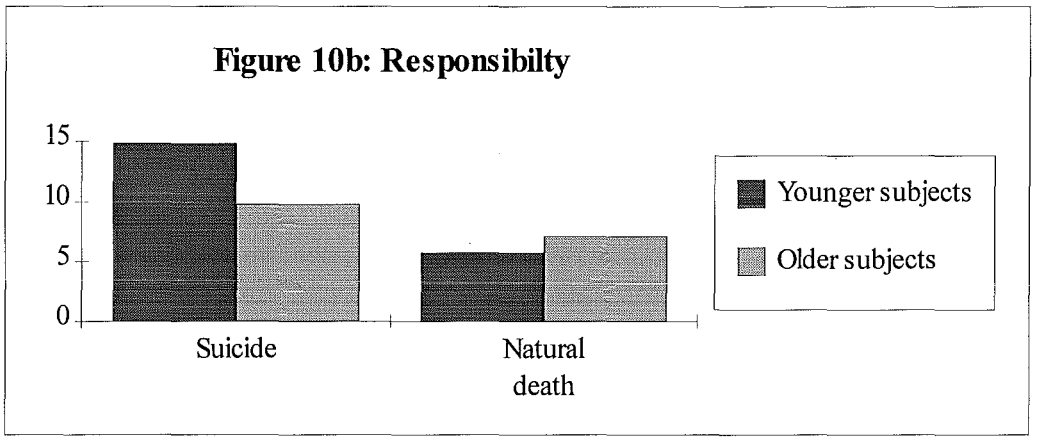
Responsibility



As shown in Figure 10a, the suicide bereaved subjects felt more responsibility than the natural death subjects [F (1,26) = 28.54, p = .0001].

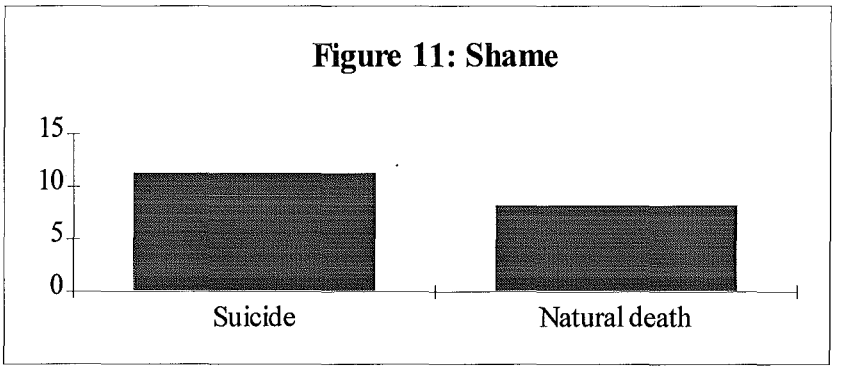
However, the result reported in Figure 10a is more appropriately interpreted in terms of a significant interaction between age of subjects and type of death (Figure 10b) [F (1,27) =

8.37, p = .0076].



As shown in Figure 10b, younger subjects felt more responsibility when the death was a suicide than when it was by natural causes. (Older subjects responded similarly although the amount of variation was smaller and presumably non significant.)

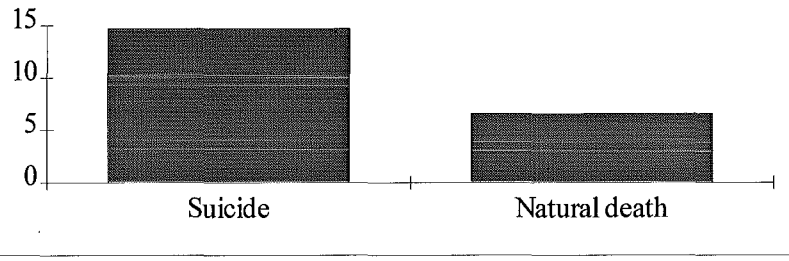
Shame



As shown in Figure 11, the suicide bereaved subjects felt more shame than the natural death subjects [F (1,26) = 15.31, p = .0006].

Rejection

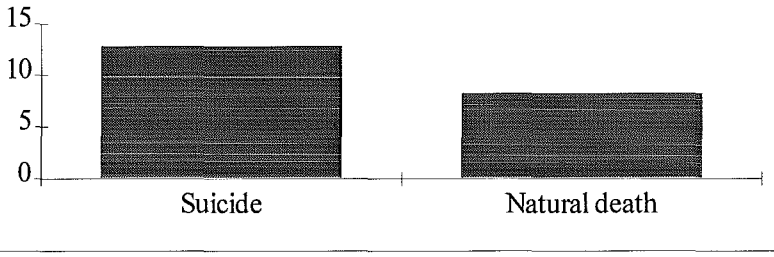
Figure 12: Rejection



As shown in Figure 12, the suicide bereaved subjects felt more rejection than the natural death subjects [F (1,26) = 54.35, p = .0001].

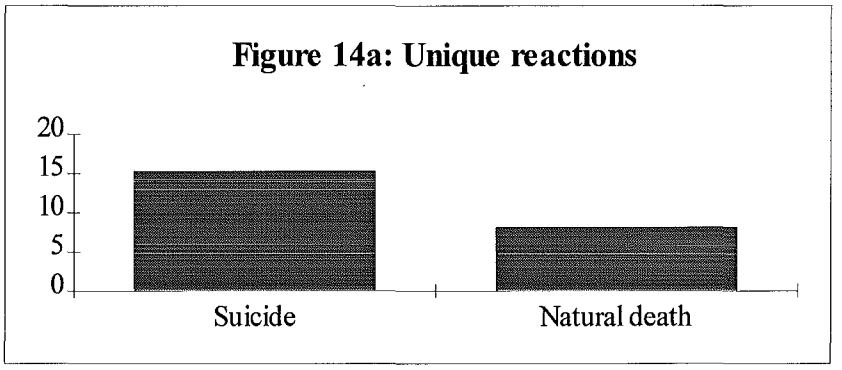
Self destructive behaviour

Figure 13: Self destructive behaviour

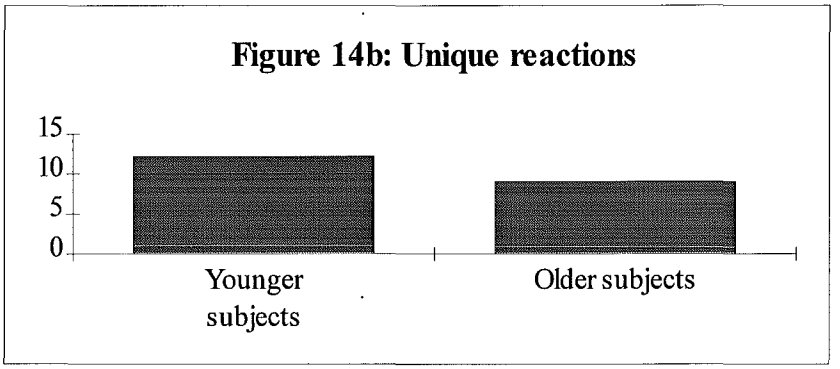


As shown in Figure 13, the suicide bereaved subjects experienced a higher level of self destructive behaviour than the natural death subjects [F (1,26) = 14.31, p = .0008].

Unique reactions



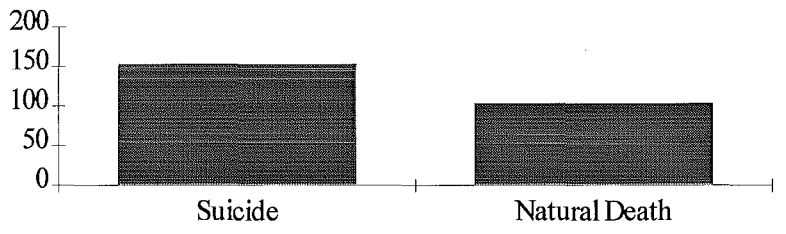
As shown in Figure 14a, the suicide bereaved subjects experienced a higher level of unique reactions than the natural death subjects [F (1,26) = 47.95, p = .0001].



As shown in Figure 14b, the younger subjects experienced a higher level of unique reactions than the older subjects [F (1,26) = 7.87, p = .0094].

Total GEQ score

Figure 15: Total GEQ score



As shown in Figure 15, the suicide bereaved subjects experienced a higher overall grief score than the natural death subjects [F (1,27) = 24.37, p = .0001].

There were no significant results found for (1) somatic reactions, (2) general grief reactions, and (3) search for explanation (see appendix III).

4.4 Correlations

Again, due to the considerable amount of data, only the significant correlations are represented in the text. A full table of correlations appears in appendix VI.

Suicide bereaved subjects

Correlations between age of subjects and subtest scores.

- Unique reactions: r = -.324, p = < .05, df = 34

  The younger the subjects, the higher were their unique scores.

Correlations between age of deceased and subtest scores.

- No significant correlations.

Correlations between time since death and subtest scores.

- Loss of social support: $r = .321$, $p = < .05$, $df = 34$

  The longer the time since the death, the higher were the loss of social support scores.

- Unique reactions: $r = .42$, $p = < .01$, $df = 34$

  The longer the time since the death, the higher were the stigmatisation scores.

Natural death bereaved subjects

Correlations between age of subjects and subtest scores.

- No significant correlations.

Correlations between age of deceased and subtest scores.

- Shame: $r = -.407$, $p = < .05$, $df = 31$

  The younger the deceased, the higher the subject's shame scores.

- Unique reactions: $r = -.403$, $p = < .05$, $df = 31$

  The younger the deceased, the higher the subject's unique reactions score.

Correlations between time since death and subtest scores.

- No significant correlations.

4.5 Summary

Table 2: Summary of ANOVA results

	Short term bereaved	*Long term bereaved*
Somatic reactions	· Higher scores from natural death subjects who experienced an unanticipated death than those who experienced an anticipated death.	· No significant differences.
General grief reactions	· Higher scores from subjects who experienced an anticipated death than those who experienced an unanticipated death.	· No significant differences.
Search for explanation	· No significant differences.	· No significant differences.
Loss of social support	· No significant differences.	· Higher scores from subjects who were bereaved by a suicide death than those bereaved by natural causes.
Stigmatisation	· Higher scores from subjects who were bereaved by a suicide death than those bereaved by natural causes.	· Higher scores from subjects who were bereaved by a suicide death than those bereaved by natural causes.
Guilt	· No significant differences. (There was a tendency for suicide bereaved subjects to score higher than natural death bereaved.)	· Higher scores from subjects who were bereaved by a suicide death than those bereaved by natural causes. · Higher scores from younger subjects than older subjects. · Higher scores from younger subjects who experienced a suicide than those who experienced an death by natural causes.

Responsibility	· No significant differences.	· Higher scores from subjects who were bereaved by a suicide death than those bereaved by natural causes. · Higher scores from younger subjects who experienced a suicide than those who experienced an death by natural causes.
Shame	· No significant differences. (There was a tendency for suicide bereaved subjects to score higher than natural death bereaved.)	· Higher scores from subjects who were bereaved by a suicide death than those bereaved by natural causes.
Rejection	· Higher scores from subjects who were bereaved by a suicide death than those bereaved by natural causes.	· Higher scores from subjects who were bereaved by a suicide death than those bereaved by natural causes.
Self destructive behaviour	· No significant differences.	· Higher scores from subjects who were bereaved by a suicide death than those bereaved by natural causes.
Unique reactions	· Higher scores from subjects who were bereaved by a suicide death than those bereaved by natural causes.	· Higher scores from subjects who were bereaved by a suicide death than those bereaved by natural causes. · Higher scores from younger subjects than older subjects.
Total GEQ score	· Higher scores from subjects who were bereaved by a suicide death than those bereaved by natural causes.	· Higher scores from subjects who were bereaved by a suicide death than those bereaved by natural causes.

Table 3: Summary of correlation results

	Suicide bereaved subjects	*Natural death bereaved subjects*
Age of subject	· The younger the subjects, the higher their unique scores.	· No significant correlations.
Age of deceased	· No significant correlations.	· The younger the deceased, the higher the subject's shame scores. · The younger the deceased, the higher the subject's unique reactions score.
Time since death	· The longer the time since the death, the higher the loss of social support scores. · The longer the time since the death, the higher the stigmatisation scores.	· No significant correlations.

CHAPTER FIVE

DISCUSSION

5.1 Demographic data

As shown in Table 1, the demographic and background details of the suicide bereaved group and natural death bereaved group are statistically different from each other. The deceased relative was younger if he/she died by suicide than the relatives who died by natural causes (33.6 years and 49.4 years respectively). Similarly the suicide bereaved subjects were younger than the natural death bereaved subjects (30.6 years and 49.4 years respectively). The length of time since the death is less for the suicide bereaved subjects than the natural death bereaved subjects (7.3 months and 16.1 months respectively).

These differences must be considered when interpreting the grief results as age of the deceased, age of the subject, and length of time since the death may influence the level of grief.

The age of the deceased reflects the way people die. Suicide is more common in young New Zealanders than the aged and natural causes of death are responsible for the death of more older people than young people.

The subjects' ages reflect the age of the deceased when he/she died. Spouses are usually of a similar age as are siblings. These two relationships accounted for 32 of the 69 subjects

which would tend to influence the average age of both suicide bereaved and natural death bereaved groups.

Time since the death is an important variable. The GEQ focuses on how often grief has been experienced. It is very common for grief to be particularly intense in the early stages of bereavement and to become less intense as time passes. The suicide bereaved subjects were, on average, nine months "younger" in their bereavement than the natural death bereaved subjects. Nine months is a short period of time if the death occurred many years ago but if the death was as recent as less than two years ago (as with all the subjects) this is a large difference.

As time since the death has been shown to play a role in the level of grieving (e.g., Farberow, et al.,1991; cited in Farberow et al.,1992) the subjects were divided into groups using this variable. Short term bereaved subjects were bereaved less than one year ago; long term bereaved subjects were bereaved one to two years ago. Previously, the age of the subjects and the deceased's age, and how they may influence grief, have not been specifically examined. Thus the differences between the suicide bereaved and the natural death bereaved in their demographic and background details must be taken into account when interpreting the results.

5.2 Short term bereaved

The short term bereaved subjects responded in a similar fashion to death by suicide or by

natural causes, and to whether it was anticipated or unanticipated (i.e., on 6 out of the 11 subtests there were no significant differences). When a difference did occur, it was usually in the direction of suicide bereaved subjects experiencing more grief reactions than the natural death bereaved subjects, namely, in the areas of stigmatisation, guilt (non significant finding), shame (non significant finding), rejection, unique reactions and, finally, overall grief reaction.

Two interesting anomalies to this trend occurred with respect to the somatic reactions and general grief reactions subtests.

The natural death bereaved subjects' somatic reactions score increased when the death was anticipated. Perhaps when there is time to prepare for a death, people's somatic reactions are already disturbed before the death occurs. Thus there is no apparent change in their somatic reactions after the death.

The *general grief reactions* should not be differentially affected by cause of death (Barrett & Scott, 1989). These are reactions one would expect whatever the type of death - such as numbness, denial, preoccupation with the deceased. The findings of this study are primarily consistent with Barrett and Scott (1990). That is, suicide and natural death subjects respond similarly on somatic reactions and general grief reactions and differently on the other subtests. However, a difference was noted in the anticipated/unanticipated death grouping. When the death was anticipated the level of general grief reactions increased. It seems that people believe they are prepared for the death when they know their loved one has a fatal

illness (or has attempted suicide). However, with the actual death, shock, denial, and numbness are common reactions. People may think they will cope with the death because they have been grieving before the death. They may find it difficult to understand that they could react like others who experience the unanticipated death of a loved one.

Barrett and Scott (1990) concluded that suicide survivors experience more grief reactions than non suicide survivors. In general, the results for the short term bereaved supported this conclusion. There was a significant difference in overall grief score - the suicide bereaved subjects had a higher reaction than the natural death bereaved subjects. No doubt the reason for this was the consistently higher score in each subtest (although the difference was statistically significant in only 3 of the 11 subtests).

5.3 Long term bereaved

The long term bereaved subjects behaved similarly to the subjects in Barrett and Scott's (1990) study. This is not surprising as their subjects were similar in "time since the death" to long term bereaved subjects in the present study (Barrett & Scott's subjects were 2 - 4 years past the death; the long term bereaved subjects were 1 - 2 years after the death).

The long term bereaved had no significant differences in the first 3 subtests (somatic reactions, general grief reactions and search for explanation). On all other subtests suicide bereaved subjects scored significantly higher than natural death bereaved subjects.

Interestingly, younger subjects (41 years old or younger) scored higher in their experience of guilt and unique reactions. This was a surprising result as many studies focus on the guilt in parents of children who suicided (e.g., Demi & Miles, 1988). Researchers seem to believe that parents generally feel guilty when their child suicides but have not examined how younger subjects respond to a family suicide in comparison with older subjects. The younger subjects in the long term bereaved group (n = 14) comprised 3 spouses, 3 siblings, 6 parents and 2 children. None of the deceased children died by suicide. Previous studies have focused on parental subjects (with no comparison groups) so it is difficult to know whether parents feel more or less guilt than other family members. Perhaps the key difference is that parents whose children die by natural causes experience more guilt than parents whose children die by suicide. Natural causes include disease and heredity disorders that the parents may feel they could have done something about. Suicide has an element of choice that natural death does not have. Van der Wal et al. (1989) examined kinship and included guilt as one of their variables. They found that, along with suicide bereaved subjects experiencing more guilt than accidental death bereaved subjects, parents and partners felt a higher level of guilt than adult children and siblings.

Demi and Miles (1988) found that the risk of emotional distress was similar for suicide bereaved parents and non-suicide bereaved parents. As they stated, caution must be used when generalising to the general population. Demi and Miles used a sample who were primarily Caucasian, middle class and the majority were contacted via self help groups.

Two interaction effects (where one subgroup behaves differently from the other subgroup)

took place with the long term bereaved. These involved the guilt and responsibility subtests. The younger subjects had an increased response rate when the death was a suicide. Natural death bereaved subjects responded consistently regardless of whether they were older or younger.

A reason for the age-related difference in grief in the suicide bereaved subjects may be that older people have had more grief experiences. The counsellors at the Canterbury Bereaved By Suicide Society spend a great deal of time working through guilt and feelings of responsibility with their clients. One of the key messages they seek to get across is that no one person is responsible for another's self-inflicted death. Suicide is clearly the direct responsibility of the deceased. One of the contributing factors may be something a friend or family member said or did but the responsibility lies with the person who took his or her own life. Older people are more likely to have encountered suicide before and have had time to learn that the responsibility rarely rests with the living. There have been few, if any, studies that found a difference in the level of grief that related to the subjects age. This may be an area that deserves further research.

5.4 Comparison between short and long term bereaved

Both short and long term bereaved subjects had many subtests where the suicide bereaved scored higher than the natural death bereaved. This was the expected result for all subtests other than somatic and general grief reactions. These two reactions had no significant differences between the suicide bereaved subjects and the natural death bereaved subjects.

This was the expected result.

The long term bereaved subjects behaved more like the subjects in Barrett and Scott's (1990) study than did the short term bereaved subjects. Although both the short and long term bereaved subjects usually differed according to the mode of death, they also differed on other variables. The short term bereaved subjects differed on the anticipated/unanticipated death variable whereas the long term bereaved subjects, however, differed on the younger/older subjects variable.

A reason for this may be that the fact that the death was anticipated (or unanticipated) was still a key feature for the short term bereaved. After all, they may have been leading up to the death for months, if not years. Therefore it is more likely to alter their grieving in the short term with it becoming irrelevant as the time goes on.

The difference in the younger and older long term bereaved subjects may indicate the different level of experience about death and grieving. Initially all people, regardless of age, mode of death, relationship to the deceased and any other influencing variables, are grieving - usually quite intensely. After the initial period has passed other factors may influence a person's grief, such as the age of the deceased. Other factors may be less of an influence as time passes, such as whether one anticipated the death. Authors such as Kovarsky (1989) and Range and Niss (1990) believe that time influences the depth of grief.

5.5 Correlations

Interestingly, for suicide bereaved subjects, significant correlations between subtests were in the opposite direction to those for the natural death bereaved subjects. The subtests which yielded significant correlations for the suicide bereaved were both areas that related to suicide bereavement according to Barrett and Scott (1989), namely, loss of social support and unique reactions. However, since the two areas where the natural death bereaved subjects resulted in significant correlations were also supposed to relate to the suicide bereaved only, namely, shame and unique reactions, the appropriate items may not be unique to suicide bereavement.

Suicide bereaved subjects

The younger the subject the higher as was the unique reactions score. A reason for this may be that young people are more conscious of what other people might think. This could have led to a higher response on item 54 ("Since the death of your relative, how often did you tell someone that the cause of death was something different than it really was?"). This effect was also shown in the ANOVAs - the unique reactions subtest resulted in higher scores from younger subjects.

The longer the time since the death, the higher the subject's loss of social support scores. The only surprising factor is that the natural death subjects did not respond in a similar way to the suicide bereaved. People are affected by death in varying degrees. Those who were not close to the deceased may not be able to understand why the person is still grieving after a year has passed. Also others may feel they have offered as much support as they can. Social support

obviously lessens as the time since the death lengthens.

The suicide bereaved's stigmatisation scores were higher as the time since the death increased. Perhaps a reason for this is that, in early bereavement, the grief the survivors were experiencing was too intense for other thoughts, such as what others may think. After time passes, and the grief subsides, stigmatisation may become more important.

Natural death bereaved subjects

The age of the subjects and the time since the death were not correlated with the natural death bereaved subjects' scores. However, the age of the deceased correlated with their scores. The younger the deceased, the higher the subject's shame score. This may have been caused by a perceived ability to prevent the death - younger people are often seen as vulnerable and reliant on older people to protect them. If the cause was inherited, parents may blame themselves. For example, one subject said "I don't know what I could have done, but I *should* have done something".

A second significant correlation indicated that the younger the deceased, the higher the subject's unique reactions score. This could easily represent a high response to the final item on the questionnaire, "Since the death of your relative, how often did you feel that the death was a senseless and wasteful loss of life?". Older people are sometimes seen as having lived a full life whereas young people have not had the chance. The item about preventing the death may also have influenced this result, as mentioned in the above paragraph.

5.6 Relationship to the deceased

Due to the large number of variables influencing the GEQ scores the relationship to the deceased will be discussed in a qualitative rather than quantitative way. The subjects were 21 parents, 16 adult children, 13 siblings and 19 spouses.

The siblings seemed to experience a more intense level of grief than the other relationships. Their subtest averages were generally higher than the other relationships responses (see appendix VII). This is a surprising finding as sibling grief is not an area that has received much attentions. The usual relationship which is used is the spouse of the deceased. However, this may be influenced by the mode of death as 12 of the 13 siblings were bereaved by suicide.

The spouses in this study generally responded with lower scores on the subtests than siblings although they responded higher than the adult children and parents did. The adult children appeared to grieve the least intensely. This may be due to the overall expectation that parents will die prior to their children. No matter how unanticipated the death, the overall expectation is that older people die first.

Parents grieving less intensely than siblings is an unusual finding. Parental grief is often seen as the most severe (e.g, Van der Wal et al., 1989). One might believe that the deceased is "part of" the parent and, as noted above, children are "supposed to" die after the parent has died. Therefore, a higher level of grief is expected from the parents of the deceased than from

other relationships.

These findings are all very tentative. There are too many other complicating variables (for example, the differences in ages, the mode of death, and the length of time since the death) to fully interpret the relationship of the subjects to the deceased. It is possible that relationship to the deceased is the variable that accounts for the least amount of the variance in the GEQ scores. As this study has only examined relationship to the deceased in a qualitative manner, this cannot be ascertained.

However, despite the obvious limitations, it is interesting to note these findings. Van der Wal et al. (1989) concluded that kinship was the most important factor in understanding reactions to the death by the surviving relative. They found that parents, closely followed by partners, have the most difficulty adjusting psychologically to the death. Siblings were next followed by the adult children, who had the least difficulty adjusting. Their study examined subjects where the relative died four months previously (on average). There have been a variety of studies who concluded that short term bereaved is a dependable predictor for long bereavement experiences (e.g., Parkes & Weiss, 1983) and others which have not found this (e.g., Farberow, et al.,1991; cited in Farberow et al.,1992).

5.7 Limitations

The majority of the subjects in this study came either from bereavement support groups or were referred by grief counsellors. As such their experiences may differ from that of the

general public. This could be due to a number of reasons. People who are going to see a counsellor and/or attend a support group may be able to talk more freely about their emotions than the general public. Therefore this group of people may have responded differently from others in a similar situation. Also this was not an anonymous questionnaire. The researcher, in most cases, asked the subjects the questions.

Also, this group may have been experiencing more intense grief than they had expected they would. This could have been the reason they decided to go to a counsellor. It is still unusual to go to a counsellor or a support group. It would be interesting to compare the grief of a group who have chosen to see a counsellor with those who have not.

This group were self-selecting. They were not encouraged by the researcher to answer the questionnaire in any way. This means that we should be careful in applying these results to the rest of the population. Also some of the subjects answered the questionnaire in their own time, whereas others chose to answer it with the researcher. This may have led to different responses.

The original study by Barrett and Scott (1990) used subjects who were bereaved by more than two years and questioned them on the frequency of their grief reactions in the first two years. However, the subjects in this study were within two years of the death. This means that, as well as being a retrospective study, some of these subjects were bereaved only one month earlier. Their grief reactions would still be in the *almost always* category in comparison with someone who has been bereaved for two years. It would be interesting to carry out a follow

up study designed to discover whether or not the subjects' grieving had changed over time and whether or not changes were similar in the two groups.

To completely examine the large range of influencing factors in bereavement, such as length of time since the death, age of the survivor and the deceased, relationship to the decease, a great many subjects are needed. However, due to the nature of the topic, subjects are not easy to recruit. Perhaps examining fewer factors would have enabled clearer results. There would have been a larger number of subjects in each group for the ANOVAs. For example, examining only mode of death and length of time since the death, leaving out relationship to the deceased and ages of the subject and deceased.

5.8 Suggestions for future research

An area worthy of further study is that of anticipated and unanticipated death. Suicide is generally thought of as unanticipated. A Christchurch suicide bereavement counsellor was surprised to see that on the questionnaire used in this study the author had "anticipated suicide" as one of the categories. She believed that no one would identify themselves as belonging to that group. However, as can be seen in this study, a number of people anticipated the suicide of their relative. It was interesting to note that members of the same family fell into both the anticipated suicide group and unanticipated suicide group.

Researchers need to be very gentle around grieving people - and indeed they must respect their need for privacy. However, the majority of the subjects in this study felt the

questionnaire and discussion that followed it beneficial. Therefore, researchers should not limit their numbers because of the delicate nature of the topic. People are often appreciative about being able to discuss their relative, the death and their grieving at length; something which many find they can only do shortly after the death with friends and family.

5.10 Conclusion

Suicide survivors have a higher level of grief that natural death bereaved in a number of areas, namely, level of stigmatisation, level of rejection, amount of self destructive behaviour and level of reactions unique to suicide. These subtests resulted in significant differences between suicide bereaved subjects and natural death bereaved subjects when the death occurred up to 2 years ago. However, in general, suicide survivors and those bereaved by natural death experience similar patterns in their grieving.

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APPENDIX I

CONSENT FORM

UNIVERSITY OF CANTERBURY DEPARTMENT OF PSYCHOLOGY

Reason for this project: As partial fulfilment of my Masters degree I wish to examine the grief process of the bereaved, comparing those bereaved by suicide to those bereaved by natural causes.

Your tasks in this projects: To complete a 55 item Grief Experience Questionnaire which asks you about experiences you may have felt since the death of your family member.

Risks associated with this project: Emotions may come up that you have not felt for a while. If so, I encourage you to talk to me and/or Heather Hapeta (a grief counsellor).

Confidentiality: Total confidentiality - your name will not be recorded. If you wish to be notified about the results, I shall require your name and phone number/address but this will not be in connection with your questionnaire.

Voluntary participation: Completely voluntary - if you wish to stop at any time, you are most welcome to do so.

Time required: Approximately 20 - 25 minutes to answer the 55 item questionnaire.

Name of researcher: Renée Booth **Name of supervisor:** Dr Rob Hughes

I agree to participate in the project described above, on the understanding that if at any time I wish to withdraw from the experiment I may, without prejudice, do so. All information will be confidential as will the identity of the participants.

Name: .....

Signature: ..... Date: .....

APPENDIX II

GRIEF EXPERIENCE QUESTIONNAIRE

Please do not put your name on this questionnaire.

Please circle your sex. Female Male

Please indicate your age. ..... years

Note: "Relative" refers to your deceased family member.

What was the cause of your relative's death? (Tick one)

Anticipated Suicide ..... Anticipated Natural Death .....

Unanticipated Suicide ..... Unanticipated Natural Death .....

If a natural death, please specify the cause: .....

Please circle the sex of your relative. Female Male

Please indicate the age of your relative when he or she died. ..... years

Please indicate how many **months** ago your relative died. ..... months

The relative was my: (Tick one)

Spouse/Partner ..... Sibling ..... Parent ..... Child .....

In completing the items of this questionnaire, please think back upon your experiences since the death of your relative. You may find that some of the questions asked do not apply to you. For these you should write 1 ("never"). For those experiences that you do remember, please try to determine how long they lasted. You may find that some were brief, while others lasted a long time before they finally stopped. Other items you may find that you are still experiencing. After considering if an item applies to you, try to judge, as best you can, how frequently you have experienced it since the death of your relative.

1 = Never
2 = Rarely
3 = Sometimes
4 = Often
5 = Almost always

Never [1] Rarely [2] Sometimes [3] Often [4] Almost Always [5]

Since the death of your relative, how often did you:

(1) Think that you should go see a doctor? .....

(2) Experience feeling sick? .....

(3) Experience trembling, shaking, or twitching? .....

(4) Experience light-headedness, dizziness, or fainting? .....

(5) Experience nervousness? .....

(6) Think that people were uncomfortable offering their condolences to you? .....

(7) Avoid talking about the negative or unpleasant parts of your relationship with your relative? .....

(8) Feel like you just could not make it through another day? .....

(9) Feel like you would never be able to get over the death? .....

(10) Feel anger or resentment towards your relative after the death? .....

(11) Question why your relative had to die? .....

(12) Find you couldn't stop thinking about how the death occurred? .....

(13) Think that your relative's time to die had come? .....

(14) Finding yourself not accepting the fact that the death had happened? .....

(15) Try to find a good reason for the death? .....

(16) Feel avoided by friends? .....

(17) Think that others didn't want you to talk about the death? .....

(18) Feel like no one cared to listen to you? .....

Never [1] Rarely [2] Sometimes [3] Often [4] Almost Always [5]

Since the death of your relative, how often did you:

(19) Feel that neighbours and/or friends did not offer enough concern? .....

(20) Feel like a social outcast? .....

(21) Think people were gossiping about you or your relative? .....

(22) Feel like people were probably wondering about what kind of personal problems you and your relative had experienced? .....

(23) Feel like others may have blamed you for the death? .....

(24) Feel like the death somehow reflected negatively on you or your family? .....

(25) Feel somehow stigmatised by the death? .....

(26) Think of times before the death when you could have made your relative's life more pleasant ? .....

(27) Wish that you hadn't said or done certain things while your relative was alive? .....

(28) Feel like there was something important that you wanted to make up to your relative? .....

(29) Feel like maybe you didn't care enough about your relative? .....

(30) Feel somehow guilty after the death of your relative? .....

(31) Feel like your relative had some kind of complaint against you at the time of the death? .....

(32) Feel that, had you somehow been a different person, your relative would not have died? .....

(33) Feel like you had made your relative unhappy long before the death? .....

Never [1] Rarely [2] Sometimes [3] Often [4] Almost Always [5]

Since the death of your relative, how often did you:

(34) Feel like you missed an early sign which may have indicated to you that your relative was not going to be alive much longer? .....

(35) Feel like problems you and your relative had together contributed to an untimely death? .....

(36) Avoid talking about the death of your relative? .....

(37) Feel uncomfortable revealing the cause of the death? .....

(38) Feel embarrassed about the death? .....

(39) Feel uncomfortable about meeting someone who knew you and your relative? .....

(40) Mention the death to people you met casually? .....

(41) Feel like your relative chose to leave you? .....

(42) Feel deserted by your relative? .....

(43) Feel that the death was somehow a deliberate abandonment of you? .....

(44) Feel that your relative never considered what the death might do to you? .....

(45) Sense some feeling that your relative had rejected you by dying? .....

(46) Feel like you just didn't care enough to take better care of yourself? .....

(47) Find yourself totally preoccupied while you were driving? .....

(48) Worry that you might harm yourself? .....

(49) Think of ending your own life? .....

(50) Intentionally try to hurt yourself? .....

(51) Wonder about your relative's motivation for not living longer? .....

Never [1] Rarely [2] Sometimes [3] Often [4] Almost Always [5]

Since the death of your relative, how often did you:

(52) Feel like your relative was getting even with you by dying? .....

(53) Feel that you should have somehow prevented the death? .....

(54) Tell someone that the cause of death was something different than what it really was? .....

(55) Feel that the death was a senseless and wasteful loss of life? .....

Please use this space for anything you wish to add. For example, issues not mentioned in this questionnaire that you have experienced. Did you have any problems with the questionnaire?

APPENDIX III

ADDITIONAL COMMENTS

Suicide bereaved subjects

" A suicide takes a long time to get over. I wish we could prevent anyone from doing this as no one sees how many people get really hurt by someone they love suiciding, their life changes completely and I feel no one should have to go through this pain."

19 year old female who's partner suicided 13 months ago

"It matters how much you love the person - for example, I wasn't upset when Dad died but very upset when Mum did. Perhaps it is to do with love rather than cause of death."

59 year old female who's brother suicided 19 months ago

"I really enjoyed doing this questionnaire as it made me really think about some of my feelings rather than knowing those feelings are there but trying not to think about them too often."

24 year old female who's brother suicided 13.5 months ago

"I talk often about the good times spent together or the ones that appear humorous in retrospect. I am very angered by persons who believe suicide is the action of a weak person and will argue the point."

26 year old male who's brother suicided 20 months ago

"If only she had seen the many people at the funeral who cared and felt for her I don't think she would have done it. Most were terribly upset. I think she thought no one loved her and we all did, which is why it is so sad to accept."

51 year old female who's daughter suicided 1.5 months ago

Natural death bereaved subjects

"I wish to add, that since my Father's death, I actually coped very well in the immediate weeks following his death. I do not talk with my friends about the death but still feel rejected."

46 year old female who's father died of congestive heart failure 15 months ago

"I found that my children found it hard to cope with me as they were busy coping with their grief and I felt deserted. Relatives and friends say you are coping well and you begin to lead two lives - one where you appear to cope and the one of your own when you can be yourself."

58 year old female who's spouse died of cancer 20 months ago

"I have experienced a longing to be left totally alone just to grieve freely without having to consider anyone else. I have a total lack of concentration. Parents have always been part of our lives - we haven't experienced life without them which makes it hard to suddenly be without them now."

42 year old female who's father died of ischaemic heart disease 3.5 months ago

"The hurt is there all the time."

59 year old female who's spouse died of heart failure 9 months ago

"These questions seem mostly to apply to those who have lost someone by suicide. Most questions seem inappropriate in relation to natural death."

30 year old male who's father died of heart disease 11 months ago

APPENDIX IV

COMPLETE ANOVA RESULTS

Time since death less than one year (short term bereaved subjects)

3 factor analysis of variance on time less than 12 months: Somatic Reactions

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	0.0019	0.9736
Suicide/Natural death (B)	1.6555	0.2091
AB	0.8119	0.3755
Anticipated/Unanticipated (C)	0.2656	0.6105
AC	2.1889	0.1506
BC	5.2002	0.0307
ABC	0.9949	0.3274

3 factor analysis of variance on time less than 12 months: General Reactions

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	1.9674	0.1721
Suicide/Natural death (B)	0.1573	0.6948
AB	0.8304	0.3702
Anticipated/Unanticipated (C)	5.1502	0.0314
AB	0.4201	0.5224
BC	0.7214	0.4032
ABC	2.4135	0.1319

3 factor analysis of variance on time less than 12 months: Search for Explanation

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	0.4336	0.5158
Suicide/Natural death (B)	0.0023	0.9624
AB	0.2685	0.6085
Anticipated/Unanticipated (C)	2.3054	0.1405
AC	2.3747	0.135
BC	0.1327	0.7185
ABC	1.7047	0.2027

3 factor analysis of variance on time less than 12 months: Loss of Social Support

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	1.2525	0.2729
Suicide/Natural death (B)	1.0548	0.3135
AB	0.0843	0.7737
Anticipated/Unanticipated (C)	1.467	0.2363
AC	0.4339	0.5156
BC	0.822	0.3726
ABC	0.0289	0.8663

3 factor analysis of variance on time less than 12 months: Stigmatisation

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	1.0514	0.3143
Suicide/Natural death (B)	12.5163	0.0015
AB	0.0023	0.9618
Anticipated/Unanticipated (C)	0.0353	0.8524
AC	0.0533	0.8192
BC	0.7846	0.3835
ABC	0.2181	0.6442

3 factor analysis of variance on time less than 12 months: Guilt

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	0.3739	0.546
Suicide/Natural death (B)	3.3199	0.0795
AB	0.0382	0.8464
Anticipated/Unanticipated (C)	0.4621	0.5024
AC	0.0433	0.8368
BC	0.0012	0.973
ABC	2.2477	0.1454

3 factor analysis of variance on time less than 12 months: Responsibility

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	1.153	0.2924
Suicide/Natural death (B)	2.4422	0.1298
AB	0.0099	0.9213
Anticipated/Unanticipated (C)	2.3031	0.1407
AC	0.021	0.8859
BC	0.0221	0.883
ABC	2.9221	0.0988

3 factor analysis of variance on time less than 12 months: Shame

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	0.0249	0.8758
Suicide/Natural death (B)	4.2067	0.0501
AB	1.0843	0.307
Anticipated/Unanticipated (C)	0.1683	0.6849
AC	1.2197	0.2792
BC	1.6737	0.2067
ABC	0.0488	0.8268

3 factor analysis of variance on time less than 12 months: Rejection

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	0.5426	0.4677
Suicide/Natural death (B)	13.2184	0.0012
AB	0.0029	0.9573
Anticipated/Unanticipated (C)	0.3378	0.5659
AC	0.0148	0.9041
BC	1.4307	0.242
ABC	2.0719	0.1615

3 factor analysis of variance on time less than 12 months: Self Destructive Behaviour

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	1.0042	0.3252
Suicide/Natural death (B)	2.7205	0.1107
AB	1.7576	0.196
Anticipated/Unanticipated (C)	0.9876	0.3292
AC	1.1152	0.3003
BC	1.2137	0.2803
ABC	0.12	0.7317

3 factor analysis of variance on time less than 12 months: Unique Reactions

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	1.2734	0.2691
Suicide/Natural death (B)	20.6287	0.0001
AB	0.435	0.5151
Anticipated/Unanticipated (C)	0.5214	0.4765
AC	0.0641	0.802
BC	0.055	0.8164
ABC	3.4592	0.0738

3 factor analysis of variance on time less than 12 months: Total GEQ Score

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	1.3968	0.2476
Suicide/Natural death (B)	7.3927	0.0113
AB	0.0277	0.869
Anticipated/Unanticipated (C)	0.584	0.4514
AC	0.7845	0.3836
BC	0.501	0.4851
ABC	2.0209	0.1666

Time since death one to two years (long term bereaved)

3 factor analysis of variance on time 12 months to 24 months: Somatic Reactions

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	0.9204	0.3462
Suicide/Natural death (B)	2.2174	0.1485
AB	0.01	0.9211
Anticipated/Unanticipated (C)	1.2375	0.2761
AC	1.4844	0.234
BC	0.0377	0.8475
ABC	1.3173	0.2615

3 factor analysis of variance on time 12 months to 24 months: General Reactions

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	0.8985	0.3516
Suicide/Natural death (B)	1.1921	0.2849
AB	2.3219	0.1396
Anticipated/Unanticipated (C)	3.1109	0.0895
AC	0.242	0.6269
BC	0.2662	0.6103
ABC	3.7316	0.0644

3 factor analysis of variance on time 12 months to 24 months: Search for Explanation

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	0.908	0.3494
Suicide/Natural death (B)	0.9585	0.3366
AB	1.2311	0.2774
Anticipated/Unanticipated (C)	0.9585	0.336
AC	0.0043	0.9485
BC	0.5536	0.4635
ABC	0.0492	0.8261

3 factor analysis of variance on time 12 months to 24 months: Loss of Social Support

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	0.031	0.8615
Suicide/Natural death (B)	5.0004	0.0341
AB	0.2514	0.6203
Anticipated/Unanticipated (C)	0.1765	0.6778
AC	0.0531	0.8196
BC	1.4548	0.2386
ABC	1.3902	0.2491

3 factor analysis of variance on time 12 months to 24 months: Stigmatisation

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	4.0726	0.054
Suicide/Natural death (B)	64.7504	0.0001
AB	2.1202	0.1573
Anticipated/Unanticipated (C)	0.2356	0.6315
AC	2.1202	0.1573
BC	0.1103	0.7425
ABC	0.1886	0.6677

3 factor analysis of variance on time 12 months to 24 months: Guilt

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	10.0069	0.0039
Suicide/Natural death (B)	6.074	0.0206
AB	4.5268	0.043
Anticipated/Unanticipated (C)	0.2813	0.6004
AC	0.0172	0.8968
BC	1.5108	0.23
ABC	0.0533	0.8192

3 factor analysis of variance on time 12 months to 24 months: Responsibility

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	2.7246	0.1108
Suicide/Natural death (B)	28.5406	0.0001
AB	8.3696	0.0076
Anticipated/Unanticipated (C)	0.6959	0.4118
AC	0.0709	0.7922
BC	0.5295	0.4377
ABC	0.6959	0.4118

3 factor analysis of variance on time 12 months to 24 months: Shame

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	0.3395	0.5651
Suicide/Natural death (B)	15.3055	0.0006
AB	1.171	0.2891
Anticipated/Unanticipated (C)	0.9431	0.3404
AC	1.8484	0.1856
BC	0.0377	0.8475
ABC	2.1625	0.1534

3 factor analysis of variance on time 12 months to 24 months: Rejection

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	0.3417	0.5639
Suicide/Natural death (B)	54.3532	0.0001
AB	0.7199	0.4039
Anticipated/Unanticipated (C)	1.0755	0.3093
AC	0.0601	0.8083
BC	0.4867	0.4916
ABC	2.3326	0.1388

3 factor analysis of variance on time 12 months to 24 months: Self Destructive Behaviour

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	0.1442	0.7072
Suicide/Natural death (B)	14.3087	0.0008
AB	0.1941	0.6632
Anticipated/Unanticipated (C)	0.0519	0.8215
AC	0.039	0.845
BC	0.6003	0.4455
ABC	3.7223	0.0647

3 factor analysis of variance on time 12 months to 24 months: Unique Reactions

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	7.8717	0.0094
Suicide/Natural death (B)	47.9528	0.0001
AB	2.0725	0.1619
Anticipated/Unanticipated (C)	0.2042	0.6551
AC	0.1061	0.7472
BC	0.3588	0.5544
ABC	2.1952	0.1505

3 factor analysis of variance on time 12 months to 24 months: Total GEQ Score

Source	*F-test*	*P value*
Age of Subject (y or o) (A)	1.4134	0.2452
Suicide/Natural death (B)	24.3718	0.0001
AB	2.3183	0.1399
Anticipated/Unanticipated (C)	0.2506	0.6208
AC	0.2205	0.6426
BC	0.2697	0.608
ABC	1.9319	0.1763

APPENDIX V

RAW DATA: DEMOGRAPHIC AND SUBTEST SCORES

Subject's number	Subject's gender	Subject's age	Suicide or natural death	Anticipated or unanticipated	Deceased's gender	Deceased's age	Months since the death	The deceased was my ...
1	F	25	S	U	M	28	10	Spouse
2	F	19	S	U	M	21	13	Spouse
3	F	40	ND	U	M	8	14	Child
4	F	24	S	U	M	20	19	Sibling
5	F	54	ND	A	F	19	24	Child
6	F	30	ND	A	F	80	18	Parent
7	F	73	ND	A	F	44	2	Child
8	F	46	ND	A	M	82	15	Parent
9	F	58	ND	A	M	58	20	Spouse
10	F	42	ND	U	M	67	3.5	Parent
11	F	59	ND	U	M	68	9	Spouse
12	F	64	ND	A	M	68	22	Spouse
13	F	66	ND	U	M	68	25	Spouse
14	F	67	ND	A	M	65	19	Spouse
15	M	64	ND	A	F	59	9	Spouse
16	F	59	S	A	M	48	19	Sibling
17	F	26	S	A	F	63	9	Parent
18	F	47	S	U	M	20	18	Child
19	F	28	ND	U	M	29	16	Spouse
20	F	24	S	U	M	21	13.5	Sibling
21	M	63	ND	A	F	61	3	Spouse
22	F	65	ND	A	M	39	21	Child
23	F	55	ND	U	M	55	11	Spouse
24	M	30	ND	U	M	55	11	Parent
25	F	68	ND	U	F	73	18	Sibling
26	F	52	ND	U	F	85	23	Parent
27	F	39	S	U	M	18	3	Child
28	F	56	ND	A	F	84	24	Parent
29	M	48	ND	U	F	5.5	17	Child
30	F	40	ND	U	F	5.5	17	Child
31	M	32	ND	U	M	4	21	Child
32	F	28	ND	U	M	4	21	Child
33	F	41	ND	A	F	5	25	Child
34	M	42	ND	A	F	5	25	Child
35	F	66	ND	U	M	66	4	Spouse
36	F	43	S	U	M	21	14	Child
37	F	56	ND	A	F	84	22	Parent
38	F	26	S	U	M	27	2.5	Sibling
39	M	26	S	A	M	20	20	Sibling
40	F	51	S	A	F	23	1.5	Child
41	M	33	S	A	F	25	5	Spouse
42	F	25	S	U	F	23	1	Spouse
43	M	52	S	A	M	20	20	Child
44	M	49	S	U	M	18	3	Child
45	F	45	S	U	M	18	2.5	Child
46	F	21	S	U	M	18	2.5	Sibling
47	M	32	ND	U	M	8	14.5	Child
48	F	42	ND	U	M	45	5	Spouse
49	F	46	ND	U	F	81	24	Parent

Subject's number	Subject's gender	Subject's age	Suicide or natural death	Anticipated or unanticipated	Deceased's gender	Deceased's age	Months since the death	The deceased was my ...
50	F	45	ND	U	F	81	22	Parent
51	M	41	S	U	M	40	1.25	Sibling
52	F	31	S	U	M	45	4	Spouse
53	F	49	S	A	M	24	3	Child
54	M	16.75	S	A	M	24	3	Sibling
55	F	23	S	A	M	56	3	Parent
56	F	24	S	U	M	19	7	Sibling
57	F	52	S	U	M	39	12	Spouse
58	F	42	S	U	M	38	2	Sibling
59	F	13	S	U	M	40	1.5	Parent
60	F	38	S	U	M	40	1.5	Spouse
61	F	15	S	U	M	40	1.5	Parent
62	F	30	S	U	M	29	18	Spouse
63	F	32	ND	A	F	70	5	Parent
64	M	25	S	A	F	48	3.5	Parent
65	F	35	S	A	M	69	17	Parent
66	F	23	S	U	F	25	2	Sibling
67	M	48	S	U	F	25	2	Child
68	M	21	S	A	F	25	2	Sibling
69	F	48	S	A	F	25	2	Child

Subject's number	Somatic reactions	General reactions	Search for explanation	Loss of social support	Stigmatisation	Guilt	Responsibility	Shame	Rejection	Self destructive behaviour	Unique reactions	Total GEQ score
1	8	13	16	9	10	8	7	6	15	7	14	113
2	16	18	19	11	17	24	20	10	17	12	17	181
3	16	22	17	15	12	18	10	9	8	15	13	155
4	7	19	16	11	11	20	9	12	20	11	16	152
5	16	22	24	17	5	21	13	9	8	17	11	163
6	5	7	9	5	5	9	5	7	5	6	5	68
7	11	9	19	5	5	9	9	9	5	9	5	95
8	8	12	14	16	8	13	10	11	8	9	7	116
9	13	16	15	13	7	10	11	10	11	12	11	129
10	13	13	18	11	6	13	8	8	9	10	10	119
11	19	14	17	14	5	12	7	9	8	10	8	123
12	19	14	18	12	5	7	5	7	7	13	8	115
13	21	16	20	5	5	12	7	9	5	5	9	114
14	13	16	16	17	9	15	5	6	5	5	9	116
15	9	18	14	8	5	10	5	6	5	10	7	97
16	13	6	11	13	10	7	6	13	11	11	6	107
17	17	16	19	17	10	16	16	12	17	16	16	172
18	13	16	19	17	14	21	12	9	12	15	16	164
19	18	19	17	10	11	12	7	10	16	15	11	146
20	16	17	20	19	16	23	10	14	14	14	17	180
21	5	11	17	5	5	7	5	7	5	7	9	83
22	9	15	16	11	9	16	7	8	7	5	9	112
23	13	8	16	6	5	5	8	7	5	5	12	90
24	7	7	12	11	5	6	5	8	5	6	8	80
25	13	12	18	7	5	5	8	5	8	13	8	102
26	5	15	20	10	5	9	5	5	5	5	5	89
27	17	19	20	14	13	21	17	11	10	15	17	174
28	5	5	12	5	5	9	5	5	5	5	5	66

Subject's number	Somatic reactions	General reactions	Search for explanation	Loss of social support	Stigmatisation	Guilt	Responsibility	Shame	Rejection	Self destructive behaviour	Unique reactions	Total GEQ score
29	5	7	10	5	5	9	5	9	5	5	7	72
30	6	5	5	5	5	5	5	5	5	5	5	56
31	8	11	10	9	5	11	5	10	5	6	9	89
32	10	12	12	8	5	11	5	10	5	6	9	93
33	7	10	15	13	6	15	5	9	5	5	11	101
34	5	13	12	10	6	18	5	12	5	7	9	102
35	5	5	8	5	5	13	5	6	13	5	9	79
36	15	17	16	17	10	9	7	12	20	14	14	151
37	8	8	11	5	6	12	6	8	7	6	5	82
38	19	15	17	16	14	19	11	14	9	14	16	164
39	12	17	11	12	13	21	18	10	14	15	17	160
40	18	19	21	7	6	10	9	8	20	7	15	140
41	12	14	12	13	13	10	10	10	12	14	12	132
42	8	13	18	5	7	12	7	6	13	7	18	114
43	12	11	17	9	13	15	15	13	13	13	17	148
44	6	11	12	6	10	11	5	7	8	5	13	94
45	11	14	18	14	13	14	5	8	14	8	15	134
46	15	15	18	18	9	17	14	6	17	12	18	159
47	15	19	16	7	6	13	5	8	5	11	9	114
48	15	14	17	12	5	8	5	6	9	9	10	110
49	5	11	9	6	5	8	6	10	5	7	5	77
50	8	18	17	11	7	13	7	7	6	6	7	107
51	11	8	10	10	8	10	6	5	6	7	9	90
52	15	17	21	20	16	20	19	16	22	18	18	202
53	12	13	20	9	10	13	10	8	21	8	12	136
54	11	17	18	9	12	18	9	11	17	17	12	151
55	16	11	15	11	7	8	5	10	14	11	8	116
56	12	17	15	17	15	15	7	16	19	7	14	154
57	14	17	16	7	10	7	9	9	14	10	13	126
58	14	14	19	8	13	16	12	12	11	11	16	146
59	8	14	20	8	12	15	9	7	17	10	17	137
60	18	20	19	9	11	12	11	9	24	15	14	162
61	15	12	15	13	13	16	14	11	18	9	15	151
62	10	15	13	12	16	17	17	11	11	10	17	149
63	6	18	18	6	7	13	11	5	9	6	11	110
64	10	16	14	7	11	23	19	13	21	14	17	165
65	9	17	18	15	14	19	15	11	16	16	18	168
66	12	11	16	6	5	19	11	11	13	7	15	126
67	5	5	9	5	6	8	9	5	10	5	12	79
68	6	5	11	5	5	5	6	7	11	5	12	78
69	14	16	15	10	10	25	18	16	10	16	15	165

COMPLETE CORRELATIONS

Suicide bereaved subjects

	Tot 1	Tot 2	Tot 3	Tot 4	Tot 5	Tot 6	Tot 7	Tot 8	Tot 9	Tot 10	Tot 11	Total GEQ
Age of subjects	0.046	-0.16	-0.12	-0.13	-0.15	-0.31	-0.17	-0.04	-0.26	-0.09	*-0.32*	-0.23
Age of deceased	0.12	-0.07	0.018	0.083	-0.03	-0.1	0.137	0.145	0.16	0.27	-0.16	0.076
Time since death	-0.06	0.153	-0.1	*0.321*	***0.42***	0.176	0.216	0.277	0.014	0.3	0.131	0.244

Tot 1: Somatic reactions
Tot 2: General reactions
Tot 3: Search for Explanation
Tot 4: Loss of Social Support
Tot 5: Stigmatisation
Tot 6: Guilt
Tot 7: Responsibility
Tot 8: Shame
Tot 9: Rejection
Tot 10: Self Destructive Behaviour
Tot 11: Unique Reactions
Total GEQ: Total GEQ Score

Figures in italics are significant at the .05 level
Figure in bold and italics is significant at the .01 level.

Natural death bereaved subjects

	Tot 1	Tot 2	Tot 3	Tot 4	Tot 5	Tot 6	Tot 7	Tot 8	Tot 9	Tot 10	Tot 11	Total GEQ
Age of subjects	-0.08	0.103	-0.25	-0.04	0.011	0.18	-0.05	0.3	-0.03	-0.17	-0.17	0.017
Age of deceased	-0.07	-0.12	0.141	-0.11	-0.15	-0.31	0.07	*-0.41*	0.089	-0.15	*-0.4*	-0.17
Time since death	-0.02	0.087	-0.09	0.158	0.048	0.232	-0.11	0.26	-0.28	-0.08	-0.17	0.016

Tot 1: Somatic reactions
Tot 2: General reactions
Tot 3: Search for Explanation
Tot 4: Loss of Social Support
Tot 5: Stigmatisation
Tot 6: Guilt
Tot 7: Responsibility
Tot 8: Shame
Tot 9: Rejection
Tot 10: Self Destructive Behaviour
Tot 11: Unique Reactions
Total GEQ: Total GEQ Score

Figures in italics are significant at the .05 level.

APPENDIX VII

AVERAGE SCORES BY RELATIONSHIP TO THE DECEASED

Relationship to the deceased	Somatic reactions	General reactions	Search for explanation	Loss of social support	Stigmatisation	Guilt	Responsibility	Shame	Rejection	Self destructive behaviour	Unique reactions	Total GEQ score
Parent	11	13.62	15.38	10.14	8.28	13.95	8.62	9.29	9.57	9.38	11.75	120.81
Adult child	9.06	12.5	15.06	9.81	7.88	12.63	9.13	8.63	10.43	8.88	9.49	113.94
Spouse	13.21	14.63	16.26	10.16	8.79	11.63	8.95	8.42	11.42	9.95	11.89	125.32
Sibling	12.38	13.31	15.38	11.61	10.46	15	9.77	10.46	13.08	11.08	13.54	136.08