INCORPORATING SELF-COMPASSION INTERVENTIONS IN ONLINE BEREAVEMENT SUPPORT GROUP FOR SUICIDE LOSS SURVIVORS IN MALAYSIA

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ABTSRACT

Losing someone to suicide can be one of life's most devastating experiences. In view of the pervasive stigma of suicide in Malaysia, interventions to address suicide grief has been inadequate, if not scarce. In addition to the insurmountable grief and pain, individuals bereaved by suicide are also at risk of detrimental mental health outcomes. **Objectives** This study evaluated the effectiveness of an online bereavement support group with self-compassion interventions on the mindfulness qualities, self-compassion, and grief reactions of suicide loss survivors in Malaysia. **Method** A total of four survivors participated in the eight-session online bereavement support group. Their levels of mindfulness qualities, self-compassion, and grief reactions were measured at pre- and post-intervention. Retrospective case analysis was also conducted to obtain anecdotal evidence of their subjective experience during the support group. **Results** A significant increase in overall mindfulness qualities and nonreactivity to inner experience and lower levels of isolation were observed after the intervention. Anecdotal evidence suggests an increased sense of belonging, increased knowledge on suicide bereavement, and increased intention and acceptance to practice self-compassion. **Discussion** The study contributes to the growing body of research on postvention and self-compassion. Practical implications are also highlighted to specific stakeholders, namely mental health clinicians, government agencies, non-government organizations, and the public. **Conclusion** Although further research is required, this study showcases the potential benefits of a self-compassion-based support group on the subjective well-being of suicide loss survivors.

ABSTRAK

Kehilangan seseorang akibat perbuatan membunuh diri boleh menjadi salah satu pengalaman yang paling dahsyat dalam hidup. Memandangkan stigma bunuh diri yang berleluasa di Malaysia, intervensi untuk menangani kesedihan bunuh diri adalah tidak mencukupi. Selain daripada kesedihan dan kesakitan yang tidak dapat digambarkan, individu yang berkabung akibat kehilangan seseorang daripada perbuatan bunuh diri juga berisiko untuk menghadapi masalah kesihatan mental. **Objektif** Kajian ini menilai keberkesanan kumpulan sokongan dalam talian kepada mereka yang kehilangan orang tersayang Kumpulan sokongan ini menggunakan intervensi belas kasihan kendiri dan menilai kualiti ketarasedar, belas kasihan kendiri dan kesedihan mangsa yang kehilangan orang tersayang akibat perbuatan bunuh diri di Malaysia. **Kaedah** Seramai empat mangsa yang kehilangan orang tersayang akibat perbuatan bunuh diri telah mengambil bahagian dalam kumpulan sokongan dalam talian selama lapan sesi. Tahap kualiti ketarasedar, belas kasihan kendiri, dan kesedihan mereka diukur sebelum dan selepas intervensi. Analisis kes retrospektif juga dijalankan untuk mendapatkan bukti anekdot tentang pengalaman subjektif mereka semasa sesi kumpulan sokongan berjalan. **Keputusan** Peningkatan yang ketara didapati dalam keseluruhan kualiti ketarasedar dan ketidakreaktifan terhadap fikiran dan perasaan. Bukti anekdot menunjukkan bahawa mereka berasa lebih diterima. Selain itu, mereka juga lebih tahu tentang perkabungan akibat perbuatan bunuh diri dan lebih menerima dan berkeinginan untuk mengamalkan rahmah kendiri. **Perbincangan** Kajian ini menyumbang kepada badan penyelidikan mengenai intervensi selepas perbuatan bunuh diri dan belas kasihan kendiri. Implikasi praktikal kepada pelbagai pihak berkepentingan juga dibincangkan. **Kesimpulan** Walaupun penyelidikan lebih lanjut diperlukan, kajian ini menunjukkan manfaat yang mungkin diperolehi kumpulan sokongan berasaskan belas kasihan kendiri terhadap kesejahteraan mangsa kehilangan orang tersayang akibat perbuatan bunuh diri.

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LIST OF ABBREVIATIONS

AWAS	Awareness Against Suicide Malaysia
BSI	Brief Symptom Inventory
CFA	Confirmatory Factor Analyses
CGT	Complicated Grief Therapy
DPM	Dual Process Model
EFA	Exploratory Factor Analyses
ESEM	Exploratory Structural Equation Modeling
FFMQ-15	Five Facet Mindfulness Questionnaire-15
FFMQ-39	Five Facet Mindfulness Questionnaire-39
HGRC	Hogan Grief Reactions Checklist
IES	Impact of Events Scale
MBI	Mindfulness-Based Interventions
MBSR	Mindfulness-Based Stress Reduction
MSC	Mindful Self-Compassion
POMS	Profile of Mood States
SCS	Self-Compassion Scale
SPSS	Statistical Package for Social Science
TMMS	Trait Meta-Mood Scale
TRIG	Texas Revised Inventory of Grief
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter introduces the current study in seven sections. An overview of the study was discussed, followed by the relevant problem statements, objectives of study, and significance of study. The conceptualization of variables and research hypotheses were also reviewed.

1.2 Overview of Study

Life after suicide of a loved one may never be the same. Individuals who are psychologically, socially or physically affected for a significant amount of time after being exposed to suicide can be identified as suicide loss survivors (Jordan & McIntosh, 2011). The commonly

mentioned number of six suicide loss survivors per suicide (Shneidman & Leenaars, 1999) has been declared an understatement and subsequently rebutted. Instead, the Survivors of Suicide Loss Task Force (2015) asserted that an average of 115 individuals were exposed in each suicide, and at least 25 out of the 115 lives were adversely impacted by such tragedy.

A growing body of empirical evidence corroborates the negative aftermaths of being exposed to suicide, such as the heightened risks of comorbid psychiatric disorders (Jordan & McGann, 2017) and suicidal behaviors (Agerbo, 2005; Kuramoto et al., 2013; Rostila et al., 2013). While a systematic review across 41 studies found no significant difference in the incidences of mental disorders and suicidal risks among individuals bereaved by suicide compared to people bereaved by other forms of death, suicide loss survivors reported higher rates of stigma, shame, blaming, and the need to hide the cause of death (Sveen & Walby, 2008). The additional layer of stigma and trauma of suicide arguably makes suicide bereavement qualitatively different from other forms of bereavement (Feigelman et al., 2009; Jordan, 2001), and these unique challenges may disrupt the survivors' healing process.

Considering the complexity and significance of suicide bereavement (Jordan & McGann, 2017, Jordan, 2001; Jordan & McIntosh, 2011), recent studies have progressively emphasized postvention and documented a number of studies for the benefit of suicide loss survivors. Postvention, a term coined by Shneidman (1972), specifically describes a coordinated response following a suicide (1) to facilitate the healing process of suicide loss survivors, (2) to alleviate relevant negative effects following suicide exposure, and/or (3) to mitigate suicide risk among the bereaved (Survivors of Suicide Loss Task Force, 2015). Peer to peer contact with other suicide loss survivors, including online and face to face bereavement support groups, have suggested clinical effectiveness in facilitating the survivors' recovery

journey (Jordan & McIntosh, 2011). With the commonality among survivors to integrate loss and rebuild one's life after such tragedy, support groups were reported to be moderately to highly beneficial (Jordan & McGann, 2017; McMenamy et al., 2008).

While peer to peer support groups with other suicide loss survivors could provide opportunities to foster solidarity and reduce feelings of isolation, the overwhelming experience may lead to experiential avoidance and interfere with their commitment to postvention (Scocco et al., 2018). Experiential avoidance describes one's unwillingness to experience negative emotions, thoughts, and physical sensations (Hayes et al., 2004), and suicide loss survivors may attempt to suppress their subjective experiences and avoid situations that remind them of the loss. Considering the way mindfulness encourages direct awareness and attention to our experiences, it is in conflict with experiential avoidance (Joshua, 2019). Mindfulness-based interventions (MBI) have been found to facilitate the grieving process of various forms of bereavement, including suicide loss (Neimeyer & Young-Eisendrath, 2015; Newton & Ohrt, 2018; Thompson, 2012; Scocco et al., 2018).

Among the approaches of MBI, the Mindful Self-Compassion (MSC) program specifically aims to enhance self-compassion through experiential exercises and basic mindfulness skills (Neff & Germer, 2012). Self-compassion is characterized by being kind toward oneself, recognizing personal suffering as a shared human experience, and being mindfully aware of one's painful experiences in a balanced manner (Neff, 2003). Considering the significant negative association between self-compassion and experiential avoidance (Marshall & Brockman, 2016), self-compassion interventions could further facilitate the acceptance of one's suicide death and promote the healing process among suicide loss survivors. The present study draws on these empirical evidences to design and implement an online

bereavement support group that includes self-compassion practices to assist the survivors' integration of suicide loss.

1.3 Problem Statement

As the third leading cause of death among youths (World Health Organization [WHO], 2021) and 15th leading cause of death globally (Ritchie et al., 2015), suicide is a critical public health concern. There are an estimated 703,000 suicide deaths around the world annually (WHO, 2021). In Malaysia, the Statista Research Department (2020) highlighted the consistent increase of completed suicide with a crude suicide rate of 5.5 per 100,000 individuals as of 2016. A surge of reported suicide cases was also observed during the recent coronavirus pandemic, with an average of three suicides daily for the first five months in 2021 (Lim, 2021). Nevertheless, studies have repeatedly demonstrated the tendency of underreporting in official suicide rates (Tøllefsen et al., 2012), suggesting that suicidal behaviors may be more common than we imagine.

With a global rate of suicide every 40 seconds, at least 25 individuals are left to make sense of each death (Cerel et al., 2016). A significant body of research documented the psychological turmoil of suicide loss survivors. In addition to the devastating grief, overwhelming guilt, shame, confusion, and anger (Jordan & McGann, 2017; Young et al., 2012), individuals bereaved by suicide showed increased tendencies of subsequent suicide attempts and completions (Survivors of Suicide Loss Task Force, 2015). For instance, Kuramoto et al. (2013) found that losing a parent to suicide increased the suicidal rate in children and adolescents. Agerbo (2005) also reported a threefold chance of suicidal behaviors

among spouses of the deceased. Rostilla et al. (2013) found the risk for suicide attempts was elevated in survivors who lost a sibling to suicide. Men who were exposed to suicide in the workplace were also three times more susceptible to suicide than non-exposed men (Hedström et al., 2008).

In addition to the elevated rates of suicidality, it is instinctively presumed and clinically confirmed that suicide loss survivors are at a higher risk of developing mental disorders. A greater rate of complicated grief in the suicide bereaved was found when compared to other types of loss survivors (Shear et al., 2011; Young et al., 2012). Numerous studies also concluded higher rates of depression in individuals who were bereaved by child suicide (Brent et al., 1996a), peer suicide (Brent et al., 1996b), parental suicide (Brent et al., 2009) and across all kinship losses (Barry et al., 2002; Kessing et al., 2003). Survivors of suicide loss are also susceptible to traumatic distress and symptoms of posttraumatic stress disorder (PTSD) (i.e., intrusive memories and avoidant behaviors related to the suicide) due to exposure of such traumatic event, be it being the witness of suicide or discovering the dead body (Zisook et al., 1998).

Meanwhile, postvention efforts focusing on the lives of suicide loss survivors have been considerably inadequate (Neimeyer et al., 2017). For instance, mental health professionals receive relatively little training in addressing general grief work, let alone traumatic grief such as suicide (Jordan and McGann, 2017). To the author's knowledge, there are limited mental health services to address the unique needs of suicide loss survivors in Malaysia. In addition to the limited postvention, Malaysia's criminalization and prevailing public stigma of suicide rendered it difficult for the bereaved to seek professional help despite believing their need to (Dyregrov, 2002; McIntosh, 1993). There also remains a lack of governmental policies and

societal awareness on the severity and magnitude of suicide bereavement in Malaysia despite the increased awareness and management of suicide incidences (Ministry of Health Malaysia, 2013; WHO, 2019). In view of the psychosocial barriers to intervention, suicide bereavement reflects a silent epidemic.

Nevertheless, recent research has employed a mindfulness-based support group to address grief reactions among bereaved individuals in the United States (Newton & Ohrt, 2018). Scocco et al. (2018) also contributed to Western grief research by investigating suicide loss, self-compassion, and mindfulness qualities through a weekend retreat that involved mindfulness practices from established mindfulness programs, MSC (Germer, 2009) included. Other authors advanced the postvention literature by examining grief and the meaning-making about loss in a two-day mindfulness-based weekend workshop (Neimeyer and Young-Eisendrath, 2015). Yet to our knowledge, MBI on suicide loss have not been substantially examined in a multicultural context such as Malaysia despite its promising findings of mitigating grief reactions and increasing mindfulness among bereaved individuals, including suicide loss survivors (Newton & Ohrt, 2018; Scocco et al., 2018). In particular, there appears to be a literature gap regarding the effectiveness of an online support group that involves self-compassion practices in addressing suicide loss.

1.4 Objectives of Study

The present study aims to evaluate the potential benefits of an online bereavement support group that incorporates self-compassion interventions toward suicide loss survivors in Malaysia. The specific study objectives are outlined as follows.

O1: To evaluate the effects of an online bereavement support group that incorporates self-compassion interventions on the *grief reactions* of suicide loss survivors in Malaysia.

O2: To evaluate the effects of an online bereavement support group that incorporates self-compassion interventions on the *self-compassion* of suicide loss survivors in Malaysia.

O3: To evaluate the effects of an online bereavement support group that incorporates self-compassion interventions on the *mindfulness qualities* of suicide loss survivors in Malaysia.

1.5 Hypotheses

Corresponding to the aforementioned study objectives, three alternative hypotheses are outlined as follows.

H1: An online bereavement support group incorporating self-compassion interventions will lead to an increase in mindfulness qualities among suicide loss survivors in Malaysia.

H2: An online bereavement support group incorporating self-compassion interventions will lead to an increase in self-compassion levels among suicide loss survivors in Malaysia.

H3: An online bereavement support group incorporating self-compassion interventions will lead to a decrease in grief reactions among suicide loss survivors in Malaysia.

1.6 Significance of Study

Considering the high prevalence of suicide and its damage radius extending to numerous individuals as discussed in the Problem Statement, this study serves as a postvention initiative to address the socioemotional needs of this often-neglected population in Malaysia. In view of their elevated suicide risk as previously highlighted, any efforts to assist the suicide bereaved, such as an online bereavement support group catering specifically to the suicide loss experience, can also be considered a form of suicide prevention (U.S. Department of Health & Human Services et al., 2012).

It is well documented that self-compassion is linked with psychological benefits such as reduced psychopathology (Neff, 2012) and rumination (Smeets et al., 2014), as well as increased optimism (Neff et al., 2007), emotional intelligence (Heffernan et al., 2010), forgiveness, and perspective taking (Neff & Pommier, 2012). To this extent, incorporating self-compassion interventions in an online bereavement support group would address the aforementioned problem statement about the psychosocial distress faced by suicide loss survivors, namely social isolation and their heightened risks for developing psychiatric disorders (Jordan & McGann, 2017; Jordan & McIntosh, 2011). In addition to providing emotional support, a self-compassion-based online support group could also cultivate practical coping resources that encourage kindness and understanding in the midst of their suffering.

Corresponding to the lack of clinical and governmental support for this population as previously outlined, the present study could serve as an inception and sow the seeds for subsequent postvention opportunities in Malaysia. With the lack of postvention programs in current suicide prevention policies, this initiative confronts the gap in governmental and

societal efforts to address suicide loss. It is about time to end the silence and neglect of those bereaved by suicide and support them in adapting to a changed world without their loved ones.

1.7 Operational Definition of Variables

1.7.1 Suicide Loss Survivor

A suicide loss survivor is characterized by his or her reactions to the death, and a survivor can either be exposed to suicide, affected by suicide, bereaved by suicide in the short term, or bereaved by suicide in the long term (Cerel et al., 2014). The operational definition of a suicide loss survivor involves someone with high levels of self-perceived psychological, social, or physical distress by the suicide of another individual (Jordan & McIntosh, 2011), and the survivor could be immediate kin, extended family member, or a social network member of the deceased (Berman, 2011).

1.7.2 Online Bereavement Support Group

An online bereavement support group is a combined sharing-education-based group meeting that provides a safe environment for bereaved individuals to better understand their grief experience, to process their loss in a compassionate manner, to experience a sense of togetherness, and to give and receive emotional and spiritual support (Wolfelt, 2004). The agenda throughout the support group includes discussions about shock and denial, misconceptions of suicide bereavement, suicidal behaviors, factors influencing one's suicide grief, and self-care methods (Wolfelt, 2004).

1.7.3 Self-Compassion Interventions

Self-compassion-based interventions are guided meditations and informal practices derived from the MSC program aimed to enhance self-compassion levels of suicide loss survivors. Among the guided meditations utilized are Affectionate Breathing, Loving Kindness for a Loved One, Loving Kindness for Ourselves, and Giving and Receiving Compassion (Germer & Neff, 2019). Informal practices of Self-Compassion Break, Soothing Touch, Finding Loving Kindness Phrases, and Soften-Soothe-Allow were utilized (Neff & Germer, 2018).

1.7.4 Mindfulness Qualities

Mindfulness qualities are operationalized as a five-factor construct which consists of observing, describing, acting with awareness, nonjudging of inner experience, and nonreactivity to inner experience (Baer et al., 2006). Specifically, *observing* refers to noticing one's internal and external experiences such as cognition, bodily sensations, emotion, and sensory perceptions.

Describing is identifying the internal experiences with words. *Acting with awareness* involves attending to one's present activities instead of engaging in automatic pilot. *Nonjudging of inner experience* describes the non-evaluative attitude of one's feelings and thoughts, while *nonreactivity of inner experience* refers to the extent of allowing the rise and fall of thoughts and feelings without being carried away or controlled by them (Baer et al., 2008).

1.7.5 Self-Compassion

Self-compassion is conceptualized as the kind, non-judgmental, and mindful understanding of one's personal suffering while recognizing it as part of the shared human experience (Neff, 2003). Self-compassion can be operationalized into three key components: (1) self-kindness vs. self-judgment; (2) common humanity vs. isolation; and (3) mindfulness vs. over-identification. *Self-kindness* describes the warm and gentle understanding of one's suffering, failure and pain, rather than responding it with anger and criticisms. The sense of *common humanity* in self-compassion includes recognizing one's difficulties as part of being human, and that all people experience life challenges, and that sufferings do not happen in isolation. *Mindfulness* in the context of self-compassion refers to the awareness of one's negative thoughts and feelings in a balanced manner rather than ruminating, exaggerating, or suppressing the painful experiences (Neff, 2003).

1.7.6 Grief Reactions

Grief reactions include despair, panic behavior, blame and anger, detachment, disorganization, and personal growth (Hogan et al., 2001). In particular, *despair* includes hopelessness, sadness, and loneliness. *Panic behavior* describes fear, panic, and somatic symptoms, while *detachment* refers to the avoidance of intimacy, and being detached from a change in identity. *Disorganization* describes one's difficulties in concentration, recalling old information, and retaining new information, while *personal growth* includes a sense of becoming more compassionate, forgiving, and tolerant, and hopeful.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The literature review examines the phenomenon of suicide bereavement by discussing the definition of suicide loss survivors, the notable grief reactions, the stigmatization toward suicide bereavement, and possible aftermaths of those bereaved by suicide. Relevant research on the emerging types of suicide postvention, including online bereavement support groups, MBI, as well as MSC interventions are also reviewed. The Dual Process Model on bereavement and relevant conceptual framework are further discussed.

2.2 Suicide Bereavement

2.2.1 Definition of Suicide Loss Survivor

A loss survivor in existing scientific and clinical literature has been commonly defined as the immediate family members who are either in a biological or marital relationship with the deceased (Bolton et al., 2013; Pitman et al., 2014). It is noteworthy, however, that survivorship needs to address a considerably larger circle than the immediate kin and include all individuals exposed and affected by suicide as a means to provide more effective and integrated postventions (Survivors of Suicide Loss Task Force, 2015). In this regard, Jordan and McIntosh (2011) moved beyond familial relationships and conceptualized suicide loss survivors as individuals with social, psychological, or physical suffering for a substantial period of time after witnessing another person's suicide. This definition is more inclusive and not solely based on kinship status, but of the degree and duration of grief reactions after the loss.

The phenomenon of suicide loss survivors could be further understood through the conceptual framework proposed by Cerel and colleagues. The Continuum Model (Cerel et al., 2014) classifies individuals into four nested categories depending on their grief reaction to suicide – exposed, affected, suicide bereaved short-term, and suicide bereaved long-term. Individuals who have any association to the deceased or the death itself are part of the *suicide exposed* group, e.g., witnesses. The *suicide affected* category is a subgroup of those exposed and involves individuals with varying degrees of reactions to suicide (e.g., mild, moderate, severe, or ongoing). The *suicide bereaved short-term* category is a subgroup of those affected and includes people who have an emotional connection with the deceased, experience grief reactions, and are able to integrate the loss over time. On the other hand, the *suicide bereaved long-term* category is a subgroup of those bereaved short-term and includes bereaved

individuals whose intense grieving process persists for at least a year with marked impairment in social, occupational, or personal functioning (Cerel et al., 2014).

It is apparent that recent clinical literature has differing opinions of what constitutes a suicide loss survivor (Bolton et al., 2013; Cerel et al., 2014; Pitman et al., 2014). This study adopts the definition by Cerel and colleagues (2014) to reflect a more inclusive approach and extend this postvention not only to the deceased's next of kin, but also to any individuals exposed and affected by suicide. Employing this definition thus facilitates access to a wider audience and focuses on the extent of impact suicide has on any individual, rather than limiting it to the relationship with the deceased.

2.2.2 Grief Reactions in Suicide Loss

Bereavement, in any form, can be a heartbreaking process. Nevertheless, suicide bereavement has been argued to differ qualitatively compared to other modes of grieving (Knieper, 1999). In particular, bereavement following suicide was claimed to differ the most from grief following a natural death, differed slightly from grief following an accidental and sudden death, and was most similar to grief following a traumatic or brutal death, i.e., murder (Jordan & McIntosh, 2011). Although suicide loss and homicide loss may have similar grieving processes, Jordan and McIntosh (2011) have identified several cognitive and emotional reactions that were more common and noticeable after suicide than other forms of death. These reactions were conceptualized as the notable themes of suicide bereavement and are discussed as follows.

A common theme of suicide bereavement is the initial shock and disbelief experienced – what comes unexpectedly, hurts deeply. Although suicide following a severe psychiatric history or previous suicide attempts may not be unexpected, most suicide loss survivors deemed the suicide as sudden and unforeseen (Jordan & McIntosh, 2011). Some suicide loss survivors have difficulty comprehending their closed one was contemplating suicide unbeknownst to them, as it goes against one's existing beliefs about their closed one, themselves, and the world (Survivors of Suicide Loss Task Force, 2015). It is also common for the bereaved to engage in temporary innocent denial, whereby one refuses to believe the means of death was by suicide (Survivors of Suicide Loss Task Force, 2015; Wolfelt, 2014). Disturbances in sleep, concentration, and appetite were noted as clinical implications as a result of such shock and disbelief (Jordan & McGann, 2017).

Another core characteristic of suicide bereavement is the central need to make sense of suicide and addressing the "why". The existential complexity of life, death and absence of direct answers may render the sense making process more psychologically challenging compared to other types of death (Neimeyer & Sands, 2017). Suicide loss survivors were also keen to conduct their own "psychological autopsy" and to scrutinize details surrounding the death, be it the time, location, trigger, reason, method, or the deceased's state of mind (Survivors of Suicide Loss Task Force, 2015).

Next, when suicide loss survivors are conflicted about their deceased loved one's or their own moral status, feelings of shame may occur (Survivors of Suicide Loss Task Force, 2015). The internalization of public stigma towards suicide could also account for the shame experienced by survivors (Jordan & McGann, 2017). With shame, comes the tendency to

selectively omit the cause of death to others, hence aggravating the humiliation and social isolation accompanying suicide.

Guilt and blame too, are another theme of suicide loss. With hindsight bias and the perceived preventability of suicide, survivors are bound to bear the responsibility and blame themselves for the death (Jordan & McGann, 2017; McMenamy et al., 2008). It is a common cognitive reaction for bereaved individuals to ruminate about their action or inaction in certain events and to believe their power in making things different. Alternatively, while struggling to make sense of the tragedy, blame-shifting the responsibility of death toward the deceased or to others may also occur (Jordan & McGann, 2017).

There may be no other forms of death that convey feelings of abandonment and rejection as great as suicide (Survivors of Suicide Loss Task Force, 2015). From the bereaved survivor's perspective, the deceased have chosen death over the opportunities to reach out to them for help; they have chosen death over their relationship. Not only do these interpretations intensify one's emotional pain, it could also make it more challenging to rebuild one's self-esteem following suicide (Jordan & McGann, 2017). The sense of abandonment, guilt, and blame may also be translated into anger. Infuriation towards the perpetrator is common among homicide and suicide loss survivors, yet when the deceased is both the perpetrator and victim of death, the confusing emotional experience of anger and sympathy further complicates one's bereavement process (Survivors of Suicide Loss Task Force, 2015).

The fear of loneliness or financial instability is also a common reaction following numerous types of deaths. Suicide bereavement however, adds another layer of fear into the picture – the fear of another loved one to die by suicide (Survivors of Suicide Loss Task Force,

2015). Increased fear would likely lead to hypervigilance – an increased alertness and sensitivity in anticipation of imminent danger or trauma (Jordan & McGann, 2017).

On the other hand, when suicide precedes an extended period of exhausting and debilitating life struggles, feelings of relief may be present. The bereaved may find a certain degree of comfort in knowing that their worrying and caring days for the deceased has come to an end. Feeling relief could also precipitate a sense of guilt or shame, and the reluctance to disclose such paradoxical and complex experience further reinforces social isolation (Cvinar, 2005; Jordan & McIntosh, 2011).

In essence, the common reactions after a suicide reflect different emotion valences, ranging from unpleasant feelings such as anger and shame to positive feelings of comfort and relief. It is noteworthy that many, but not all suicide loss survivors, will experience some, but not all of the aforementioned reactions (Jordan & McIntosh, 2011). The present study takes into consideration the uniqueness of each person's suicide bereavement while normalizing such grief reactions, if present. In addition to normalizing one's grief experience, the study would address psychological resistance and facilitate experiential acceptance through self-compassion interventions. Experiential acceptance is characterized by the mindful and non-reactive awareness of one's thoughts and feelings (Hayes et al., 2011).

2.2.3 Stigmatization Toward Suicide Bereavement

What also makes bereavement unique to suicide loss survivors is the stigmatizing, traumatizing, and sometimes criminalizing nature of suicide (Jordan & McGann, 2017). The psychological

burden of processing vivid memories of the deceased's last moments can be emotionally traumatic. While individuals with short-term suicide bereavement could eventually reconstruct one's life meaning and adapt to the loss (Cerel et al., 2014), survivors who discovered or identified the body of the deceased were more likely found to develop traumatic adverse outcomes and complicated grief (Burke & Neimeyer, 2013).

The stigma on suicide can be traced back throughout human history across generations and cultures. Despite the progression of humanity and ongoing efforts to debunk stigmatization of mental disorders and suicide, the societal fear, stereotyping, or avoidance towards suicide loss survivors remains a fundamental experience in suicide bereavement (Cvinar, 2005; Ness & Pfeffer, 1990). Nevertheless, there have also been arguments whether survivors experienced self-perceived stigma or were indeed stigmatized, as majority of the literature involved self-reported psychological insights instead of actual public perception (Dunne et al., 1987). Regardless of the perceived or actual stigma, suicide loss survivors seem to be susceptible to voluntary withdrawal from the community (Jordan & McGann, 2017) and/or involuntary isolation by their social circle (Ness & Pfeffer, 1990).

Expanding to a national standpoint, Malaysia remains one of the few countries that criminalize suicide and enforce "imprisonment for a term which may extend to one year or with fine or with both" onto individuals with failed suicide attempts (Penal Code (Act 574), 1997, p. 171). While Malaysia's legislation on criminalizing suicide stems from religious beliefs and good intentions to deter suicidal behavior and protect human lives (Nabihah, 2019), it produces more harm than good. Criminalization perpetuates societal stigma and deters help-seeking behavior instead of actual suicidal behavior. In the fortunate event of governmental and non-governmental efforts, the process of decriminalizing suicide has recently commenced

in Malaysia (Wong, 2021). Although the duration of decriminalization process remains uncertain, this initiative acts as a catalyst in advancing the nation's mental health in a more holistic manner.

Suicide bereavement is evidently unique and complex due to its traumatizing and stigmatizing nature. The societal perceptions that suicide reflects the failure and incompetency of the deceased's family and friends could be perpetuating the survivors' social withdrawal and isolation (Cvinar, 2005). The present study represents a postvention initiative to break such stigma and address the socioemotional distress faced by those bereaved by suicide. Conducting a support group incorporating self-compassion practices could highlight the common shared experience of survivors and provide consolation in knowing they are not alone in their bereavement journey.

2.2.4 Mental Health Impacts of Suicide Bereavement

Being exposed to suicide and consumed by the intense pain, perceived responsibility, and shame among other grief reactions, survivors are susceptible to suicidal behaviors compared to those bereaved by other types of death (Jordan & McGann, 2017; Krysinska, 2003). A meta-analysis conducted by Pitman et al. (2014) reviewed 57 studies and revealed increased suicide risk within two years after the suicide of a partner in comparison to non-suicidal deaths of the partner. There was also higher probability of maternal suicide after the suicide of an adult offspring compared to the death of an adult child from non-suicide causes.

Jordan and McGann (2017) also highlighted the difference between passive and active suicidal ideation among the suicide bereaved. Passive suicidal involves a reduced desire and psychological investment to stay alive, such as the indifference if they were to develop a terminal disease or be involved in a terrible car accident. Active suicidal ideation is the lost desire to live and active contemplation and impulses to end one's life, and it ranges from having suicidal ideation, suicidal planning, to suicidal behaviors. Identifying and differentiating the types of ideations are vital in deciding appropriate suicide risk assessments and suitable intervention approaches for the benefit of suicide loss survivors.

Individuals bereaved by suicide were also found to be at risk of developing PTSD symptoms due to the often-traumatizing nature of suicide (Zisook et al., 1998). Intrusive memories and flashbacks of the suicide may occur, accompanied by marked distress upon the reminders of death, hypervigilance about whether another suicide will occur, and disturbed sleeping patterns (Jordan & McGann, 2017). Severe depressive symptoms were also found in children after parental suicide compared to parental deaths caused by cancer, and suicide loss survivors further demonstrated higher risks for hospital admission due to depression and other psychopathology (Pitman et al., 2014).

Cross-sectional research involving 1723 bereaved adult participants by Currier and colleagues (2007) also found higher risk of complicated grief among suicide loss survivors than those bereaved by other modes of death. In particular, those bereaved by violent deaths such as suicide and homicide reported significantly higher complicated grief symptoms relative to survivors of natural death (e.g., illness). Complicated grief is characterized by the continuous yearning of the deceased, maladaptive thoughts and behaviors related about the death, social isolation, persistent emotional distress, and suicide ideation (Shear et al. 2011). While

American Psychiatric Association (2013) proposed that the bereavement period needs to last for at least 12 months after the death in order to be identified as having complicated grief, Feigelman et al. (2009) argued that three to five years were required to begin integrating the suicide loss. Clearly, the appropriate timeframe used for distinguishing normal, integrated, and complicated grief should take into consideration the unique characteristics of suicide bereavement and prompt further theoretical and empirical work. Mitchell et al. (2004)'s exploratory pilot study examined 60 adult suicide loss survivors and also found those who were closely related to the deceased had significantly higher complicated grief symptoms than those who were distantly related. This implies that interpersonal closeness to the deceased may also influence survivors' risk of developing complicated grief.

As outlined, the experience of losing a closed one to suicide can be accompanied with adverse consequences to one's mental health and subjective well-being. This study addresses such risks for comorbid psychiatric disorders and suicidality among survivors and implements a postvention to address these negative effects of being bereaved by suicide. The intensity of psychological distress will also be closely monitored, and further clinical suggestions would be provided in the event the distress causes impairment in functioning.

2.3 Suicide Postvention

The established link between suicide loss survivors and suicide risk further highlights the gravity of the phenomenon, and there has been growing empirical literature on the targeted interventions for this population. A relevant clinical breakthrough on grief was the development of Complicated Grief Therapy (CGT). Shear and colleagues (2005)'s randomized

controlled trial examined the efficacy of CGT versus "complicated grief-informed management" with an antidepressant and a placebo among participants with complicated grief, whereby some were suicide loss survivors (Shear et al., 2016). Findings indicated CGT as the most effective treatment for complicated grief, and suicidal ideation was successfully reduced among suicide loss survivors who received CGT (Shear et al., 2016). Although an antidepressant helped alleviate depressive symptoms, it is noteworthy that it had little impact on complicated grief as compared to a placebo (Shear et al., 2016).

Peer to peer contact with other suicide loss survivors also showed beneficial support in one's healing process (Feigelmen et al., 2012; Jordan & McIntosh, 2011). Three forms of peer-to-peer interaction were outlined by Jordan and McGann (2017): (1) survivor to survivor outreach teams; (2) online support groups; and (3) face to face bereavement support groups. The survivor-to-survivor outreach teams would usually involve a trained survivor volunteer who reaches out to new suicide loss survivors shortly following the death and provides relevant information, advice, and socioemotional support (Campbell, 2011). These teams are sometimes accompanied by a mental health professional to ensure accurate sharing of psychoeducation, a safe psychological space for expression, and the containment of session structure in such an event that traumatic responses are triggered. In view of the lack of societal awareness and resources for conducting outreach teams (Ministry of Health Malaysia, 2013), this study instead implements an online bereavement support group while including relevant psychoeducation and a nonjudgmental space for emotional expression.