

Original Article

Classification of main reasons for suicide identified by suicide survivors and their psychological impact and response patterns in Taiwan

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The purposes of this study were twofold: (1) to classify the main suicide causes of suicides as identified by survivors; (2) to explore the psychological impact of the victims' reasons for suicide on the survivors and their ensuing response patterns. We collected 20 transcripts of interviews with suicide survivors. During the post-suicide shock period, most survivors displayed various responses to the main causes they identified as the primary reason for the suicide. However, the response patterns were influenced by other factors, including as survivors' personal traits and experiences, the relationship and degree of emotional connection between the survivor and the suicide victim, and social and environmental factors. In conclusion, the care strategy for survivors and suicide prevention policies should be designed to address the main reasons that resulted in the suicide as identified by survivors. Moreover, these strategies might need to address possible negative effects of cultural, media, and religious interpretations of suicide on the recovery process of survivors.

Key Words: suicide survivor, psychological impact, response pattern, Taiwan

Introduction

Since 1994, the suicide rate among Taiwan's population has surged. In Taiwan, suicide was the ninth leading cause of death throughout 1999-2009^[1]. Since 2002, the death rate by suicide in Taiwan has surpassed 13 out of every 100,000 population, a standard that the World Health Organization^[2] defines as a high suicide rate.

The number of people who committed suicide in Taiwan peaked at 4,406 suicide deaths in 2006, making a standardized mortality rate of 17 of every 100,000 people^[3]. There was a slight decline in 2007, when the suicide death rate was 3,933 of every 100,000 people. However, the most recently published statistical data in 2008^[4] showed that the suicide death rate increased again in Taiwan. That year, there were 4,128 suicides with a standardized mortality rate of 15 of every 100,000 people.

The American Association of Suicidology^[5] warned in 2007 that, on average, six relatives and friends are affected by every suicide death event. Based on this estimation, if approximately 4,000 people commit suicide every year in Taiwan, there are an additional 24,000 suicide survivors. Suicide survivors are three times more likely to

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use suicide to end their own lives than the rest of the population^[6]. Other studies have shown that in one-third of families affected by suicide, at least one person will commit suicide in the next few generations^[7]. Suicide survivors belong to a high-risk group, and there is an urgent need to prevent these suicides.

Between 1999 and 2007, the average age of suicide was between 47 and 50^[8]. People in this age group are often a significant part of the labor force in society and the main source of financial support for their families. They also play an important role in the emotional well-being of their families. Consequently, a suicide often leads to a loss of emotional and financial support for suicide survivors. When a suicide is reported by newspapers, magazines, or TV, suicide survivors may suffer further pain and emotional disturbance. They may even become the target of blame for the event. Continuous media coverage may cause a copycat suicide effect, prompting people with similar troubles to consider suicide as their only solution^[9].

Currently, suicide prevention work in Taiwan pays little attention to suicide survivors. In the United States, there are over 100 suicide survivor groups^[7]. Japan also has related groups (such as the Ashinaga Scholarship Society) to assist suicide survivors^[10]. Unlike these countries, Taiwan has no specific support unit established for suicide survivors. Instead, support for suicide survivors has often been provided by other grief-support organizations^[11]. The increasing number of suicides each year leaves increasingly greater numbers of suicide survivors. The urgency in understanding this issue in Taiwan can be seen in articles written by suicide survivors and their families.

Although counseling agencies have started to speak for and assist suicide survivors, there is still very little literature published about suicide survivors in Taiwan. This may be because the issue of suicide survivors has long been neglected, or it may be because suicide survivors have not wanted to reveal their deep pain. Even with the intervention of assistance groups or with the invitations of researchers, it is still difficult, in many cases, to offer survivors psychological treatment or carry

out in-depth interviews. There have been few systematic studies of suicide survivors in Taiwan^[11]. Even fewer studies have been undertaken from the suicide survivors' perspectives, exploring whether the victim's main reason for suicide (as identified by the survivor) affects survivors' psychological processes and response patterns, or whether a different strategy is required to help suicide survivors through their pain. In this study, in which we comprehensively analyze transcripts of previous Taiwanese suicide survivor interviews, we aimed to: (1) classify the main causes of suicide causes that resulted in actual suicide as identified by survivors and (2) explore the psychological impact of the victims' reasons for suicide upon the survivors and their ensuing response patterns.

Materials and Methods

Research subjects

Research subjects in the current study are suicide survivors in Taiwan, including family members (such as parents, offspring, and siblings) and other close relatives and friends. In the current study, we explored whether male and female suicide survivors had different reactions to the suicide event and how they responded to the suicide.

Data collection

The material in the current study used information obtained from the suicide survivors' interview transcripts recorded by Taiwan Master's thesis researchers from 1992 to 2011, which was sorted and analyzed. Only interviews containing the following three areas of information were selected for use: risk factors that led to the suicide (identified by suicide survivors), descriptions of the psychological impact upon survivors, and descriptions of the survivors' response processes. Interviews missing any of these parts or with insufficient information were excluded. In total, 20 transcripts were used for analysis. In each of the interviews, informed consent was obtained from each interviewee prior to the interview. Moreover, pseudonyms have been used in each transcript to avoid the identification of the interviewees. The origin of the material and the coding is shown in Table 1.

Table 1. The origins of suicide survivors' interview transcripts and the codes in our study

Author (year of publication)	Lee ^[25] (2002)	Kuan ^[26] (2003)	Cheng ^[15] (2005)	Lu ^[11] (2005)	Tsai ^[16] (2005)	Tsai ^[27] (2007)	Hung ^[28] (2008)
Codes in our study	S1_1	S2_1	S3_1	S4_1	S5_1	S6_1	S7_1
			S3_2	S4_2	S5_2	S6_2	S7_2
			S3_3	S4_3		S6_3	
			S3_4	S4_4		S6_4	
				S4_5			
				S4_6			

Method for data analysis

The current study used a meta-ethnographic approach^[12] to design the initial questions, to collect and inspect data from various sources, and to generate, analyze and interpret the data. Noblit and Hare^[12] state that meta-ethnography is the synthesis of interpretive research and a holistic interpretation. Like the quantitative counterparts of meta-analysis, a meta-ethnography can be considered a complete study in itself. It compares and analyzes texts, creating new interpretations in the process. It means that there is an alternative to the simple accumulative logic so common in social sciences. When we synthesize, we give meaning to the set of studies under consideration. Furthermore, this method includes seven phases that overlap and repeat as the synthesis proceeds: (1) getting started or deciding what the aim (or the specific research question) is in this current study; (2) deciding what is relevant to the initial interest or defining the focus of the synthesis and the criteria for inclusion; (3) reading the studies so as to become as familiar as possible with the content and detail of the included studies and to extract 'metaphors' or emerging themes; (4) determining how the studies are related by listing the themes or finding out a "line of argument" across all studies; (5) translating studies into one another; (6) synthesizing translations; and (7) expressing the synthesis.

In addition, this study used grounded theory to sort and analyze the qualitative data, because grounded theory focuses on the induction process. The study did not start with a clear theory or hypothesis; rather, it began with the data, using the induction process to obtain theoretical classifications and relationships^[13]. The data were then interpreted through multiple methods to better

understand the psychological, social, and cultural backgrounds of the suicide survivors and to show the context of the research results. The study flow chart can be seen in Figure 1.

Results

Classification of different main causes that led to the victim's suicide, and their psychological impact on the survivors

After analyzing the data, the main risk factors that led to the victim's suicide were classified into five categories: emotional factors, work or financial factors, life events or interpersonal factors, personality factors, and health factors. The psychological reactions of suicide survivors at the time of the suicide related to the category of suicide causes they identified.

1. Emotional factors

When a survivor identified emotional factors as the main reason for the victim's suicide, they usually showed reactions of shock, heartbreak and disbelief. "That's not her!...It's absolutely not possible for her to be gone this soon." (S4_1) "I won't accept it.

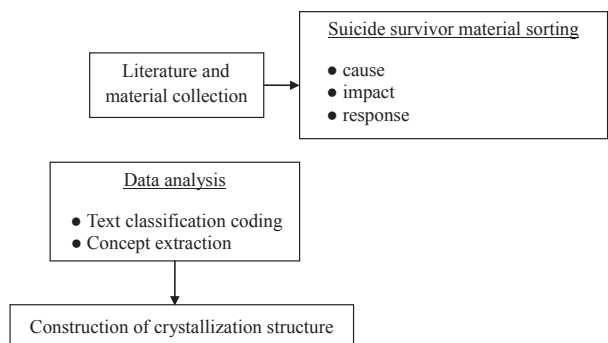


Figure 1. Study flow chart

It is not true. He is not like that.” (S4_5) In particular, they accuse the person who had a relationship with the deceased: “I think he was with that girl. Who would think she would drag him down...” (S4_4) “That girlfriend of his, I came down hard on him. I cannot forgive that girlfriend of his. She killed my son.” (S4_5)

2. Work and financial factors

When a survivor identified work or financial factors that made the deceased choose to end his or her life, their reactions related to the personal traits of the suicide victim during his or her lifetime. They expressed feelings of reluctance to part and had difficulty accepting or letting go. For instance, the husband of a suicide survivor (S3_2) was a responsible person, and therefore this survivor thought things would improve and he would not choose to kill himself: “It is exasperating to think about that, but I said you don’t have to go, right? No matter what, life will go on. How come he can’t go on anymore?” (S3_2) However, the father of S4_6 appeared to be down and out and was domestically violent. Therefore, the survivor thought the father’s death would end the sadness: “I didn’t shed a tear when my father hung himself. My direct reaction is that we are relieved. We don’t have to quarrel for money every day, and his many affairs can stop now.” (S4_6) The survivors also think about the family’s ensuing economic problems and blame the dead: “You are relieved by your death. What are we going to do now? I blame him a lot.” (S3_2)

3. Life events and interpersonal factors

When a survivor identified the main reason for suicide as a life event or interpersonal factor, during the shock phase following the suicide they thought the deceased should not have chosen suicide because the event was not worth their life: “I think my father should not leave like this.” (S7_1)

4. Personality factors

When a survivor identified personality

factors as the main reason for the deceased’s suicide, the shock reactions were often self-accusatory and regretful, in spite of their psychological preparation. “He told me...my father committed suicide...I said, what...and I told him, oh...” (S5_2) In addition, sometimes the survivor’s reaction was to respect the decision of suicide. For example, suicide survivor S6_4 thought their grandmother chose suicide because she had strong personality and did not want to be old and weak or be a burden: “Grandmother only chose her own road. Although the family had done everything to prevent it, it still happened. We can only respect her choice...” (S6_4)

5. Health factors

(1) Psychological disease (e.g., depression)

These suicide victims suffered from depression when they were alive. The survivors mostly showed reactions of disbelief and sadness during the shock phase. Because they were aware that the suicide victims suffered from depression, they had paid attention, kept them company, and hoped to move on together. However, they were separated by death without any warning. “How silly are you? You are all right. You have been sick for a while, and you have gone on this road.” (S4_1) “When the body was pulled out and I recognized it was him, it looked like he was playing dead...I will see if he will be awake. Please be awake.” (S3_3)

(2) Physiological disease (e.g., weary of the world due to illness)

These victims chose suicide because of their severe physiological diseases. The survivors thought the victims would one day recover after long-term care, yet the victims chose suicide. The survivors mostly showed reactions of shock, disbelief, and so on during the immediate shock phase. “I will always remember that dad got tears in his eyes at that moment, and I was entirely shocked. I can’t believe it, shocked, questioning...” (S7_2) “I can’t

believe that's my husband's body. How can he be so stupid? He should wait until there is nothing else we can do and then die naturally." (S4_3) At the same time, the main caregivers also expressed self-blaming: "I will blame myself for his suicide. I didn't care for him enough." (S4_3)

Response patterns of suicide survivors

We found that the response patterns of suicide survivors were unrelated to the risk factors identified as the main reason for the victim's suicide. No matter what risk factors the suicide survivors identified as the reason for suicide, they all shared similar responses. These responses included refusing to discuss the suicide, compensatory behavior, turning to religion, changing perspectives, understanding the suicide, seeking outside help, and prevention of future suicide events.

1. Refusing to discuss the suicide

Some suicide survivors chose not to discuss it to help them to forget the suicide. "Now I try not to think about her, so I don't think about and try to do other things... Anyway I try my best not to think about her." (S1_1) "I am thinking...Do not talk about her...Slowly I will forget about her." (S6_1) Often, the survivors chose to avoid facing the fact of suicide. "Close my heart. I don't want to interact with the outside world. I can't accept the fact that my daughter is dead." (S3_4) "Whenever people are talking about suicide, I will shy away and I walk away, not saying anything." (S3_2)

2. Compensatory behavior

Some suicide survivors chose to take compensatory actions to eliminate their guilt towards the suicide. "So I recently followed others to read the repentance verses. I confessed to Buddha that I was stupid in teaching my child. Other people know what to do but I am slow and stupid. That's why this happened!" (S4_4) They also prayed for the dead to try to help themselves out of the pain. "I do volunteer work to help other people, doing good deeds and donating to

charity, so that my kids and grandkids and the rest of life will be better." (S4_4)

3. Religious belief

Some suicide survivors pray for the dead and give themselves relief through the power of religious belief. "It is said that we should respect the dead, so anything I can do for him to enjoy, I will do it...and do it better than other people. I am afraid that I can't give enough in this life and he will blame me!" (S4_5) "My life is simple now. I hand over everything to God. In the past, I depended on my husband. Now I regard God as my husband." (S4_1)

4. Changing perspectives

Some suicide survivors chose to confront the suicide occurrence openly. They learned to deal with the suicide event and to comfort themselves. "Much debt in my heart and then give out accordingly...but it is still not enough...Because he is dead. No way...I can't jump out...It's like...because you want to go with him...because you feel you really cannot give him enough...too much. I have to make peace with him." (S5_1) "I feel in life we need to learn to get along with the environment... that is not the end of life. It's more like the process of life and how you continuously face it." (S3_1) Some actively chose to live a new life: "I can gradually tell myself, 'don't affect other people'...I will quickly walk out of it...so I really try and quickly walk out of it." (S5_2) "Then I become more active. I will quickly finish whatever I need to do." (S6_4) "I feel this is like an opportunity, a way of telling me 'You can take this opportunity and walk out. You don't have to care for other things. It's time to get out.'" (S3_4)

5. Understanding the suicide

Suicide survivors also chose to seek relief by understanding the suicide. "I want to say, good...it is hard to live with me then if he wants to go there I will let him go." (S6_2) "Think of him, let him go! Let him, let him not to have trouble any more. Otherwise he lives with trouble." (S3_2) "It's like my dad was being sick all the time. I hope he can be

released soon, otherwise all his life is poor and sad.” (S4_6) “I agree with her. I support her. I feel this is what she chose. I feel everybody should have the power to choose when she doesn’t want anyone to handle her life for her.” (S6_4)

6. Seeking outside help

Some suicide survivors sought help from friends, support groups or agencies to overcome their grief. “Because I have friends, some of them, he knows how to help me... I need a group, an agency to join...then I can help myself to escape from that place.” (S5_2) “The consulting process made me feel that after talking about this I would feel much better.” (S2_1) “I wept as I thought about how to live afterwards. At this time, a group is forming, so with my friend’s encouragement, I went to listen to other people’s experience.” (S3_2)

7. Prevention of future suicide events

Some suicide survivors worried that other family members might choose to end their lives by suicide, so they focused their care on the living to prevent suicide events from happening again. “XX (the second son), if you have things happening, you have to tell us. If you have pressure, tell us.” (S6_2) They also revealed their identity as suicide survivors to help themselves. “I will bravely tell other people that my dad walked this road (suicide). I will not avoid this...tell the story bravely, then you won’t walk the same road.” (S6_3)

Factors influencing the shock and response processes of suicide survivors

1. Personal characteristics and experiences of suicide survivors

(1) Gender of suicide survivors

Our study found that male suicide survivors were more likely to suppress their emotions. “I didn’t cry when my dad committed suicide. In fact I had to hold back my tears because I am the oldest son.” (S4_6) On the other hand, female survivors were likely to adopt releasing

strategies, directly expressing their sorrow and sharing it with other people. “Like my sister, because she is a girl she cried from the beginning to the end.” (S2_1)

(2) Grief experiences of suicide survivors

The past grief experiences of suicide survivors could make them confront the suicide event with different attitudes. “When my mother passed away I was very upset because it was so sudden and she was so young. When my dad died, I wasn’t very upset. First, he was quite old. Second, maybe the feeling is different. Anyway, I wasn’t too sad, only feeling sorry that he had to choose this way.” (S6_3)

2. Relationship between suicide survivors and suicide victims

We found that the relationship between suicide survivors and suicide victims, as well as their degree of emotional connection, affected the shock and response processes of suicide survivors.

(1) When the suicide victim was a parent of the survivor

The children of suicide victims often felt angry and lonely. “After mother died, sometimes I come home by myself and feel very upset and lonely.” (S2_1) They cannot understand why the parent abandoned their family and family responsibilities. “When you are by yourself, it’s ok for you to do anything, but when you have a family, you need to consider their feelings. Right, it’s a responsibility.” (S7_1) “Actually we were all very upset when my dad passed away. I told my dad, ‘you actually gave me that as my birthday present...’” (S5_2)

(2) When the suicide victim was child of the survivor

Parents of children who committed suicide often collapsed and felt deranged. “That can be called collapsing!...All my world is gone, entirely gone.” (S3_4) They often accused themselves and thought they did not fulfill their responsibility for their child’s care in life. “I often blame myself for not paying frequent attention to him.”

(S4_4) “I regret so much that I didn’t care for him well. I gave birth to him but let him die. Should I go to hell?” (S4_4) During the shock phase, they constantly tried to do things for their dead children or to stay with them in order to make up for their guilt; many believed that not keeping the suicide victim company often enough when they were alive had led to the suicide. “I directly took him to the funeral home, and I was there day and night. I left him there. I can’t leave him alone there. I took the funeral home as my home.” (S6_2)

(3) When the suicide victim was a spouse of the survivor

The spouses of suicide victims had strong feelings of loneliness because of the loss of their supportive other half. “I lost my husband and I felt my world is empty now.” (S3_2) Older suicide survivors often wished to end their own lives and had negative thoughts of accompanying the dead. “If things could be turned back, I would go with my husband so that I could accompany him and not let him be too lonely.” (S4_1)

(4) When the suicide victim was a friend or relative of the survivor

For friends and relatives of the suicide victim, their shock and response processes were affected by their degree of emotional connection to the suicide. Therefore, they may be distant relatives but have strong feelings of grief or heartbreak because of a close relationship. “The feeling of heartbreak is at this part of the heart, like something is pulled in...That force can make you really cry.” (S3_3)

3. Effects of social and environmental elements on suicide survivors

(1) Social taboo and stigma

Traditional culture in Taiwan often regarded death as publicly unspeakable, and suicide victims as shameful and blameworthy. “Topic of death is a taboo in the views of older generation...” (S6_4) Consequently, many suicide survivors

are unable to openly express their grief. “I can’t let everybody know, but there are things you can’t speak about in public.” (S7_2) With the influence of negative social stigma, the survivors try to avoid attention. “I feel suicide is a disgrace.” (S3_2) “We are afraid that people throw us strange glances...because suicide is very...peculiar.” (S5_1)

(2) Religion

Religious beliefs often convey viewpoints and concepts about death and the afterlife, such as whether the dead will be punished, the connection between past life and current life, and taboos. Religious concepts influence many suicide survivors in their responses during the shock phase. Some suicide survivors were unable to deal with the normal pain of grief and worried that the dead would suffer. “The priest told me that someone who commits suicide cannot go to heaven but will go to hell. I was very upset at the beginning and had been praying for him to see if God can let him go to heaven.” (S4_1) These concepts may cause continuous pain for suicide survivors. “What I cannot accept is that according to Christian interpretation, my dad ended in suffering hellfire forever. That makes me so sad!” (S4_2) “I blame Buddhism. I have to find somebody to blame. Why did she do this? Is that because Gods did not support her?” (S7_2) However, religion could also be a source of internal support. “My life is very simple now. I hand everything over to God...God will comfort me, so I give him everything. I regard God as my lifetime support. I will try to live on with God’s help.” (S4_1)

(3) Anniversaries

Anniversaries include birthdays for the suicide victim or family member, Mother’s (Father’s) Day, Valentine’s Day, wedding anniversaries, death anniversaries and any days worth celebrating. These days are filled with memories of the victim. However, these days now trigger painful

memories about the suicide event. “When I think of Mother’s Day I blame myself. I am very upset. He actually committed suicide right before Mother’s Day...” (S4_4)

(4) Media coverage

Some suicide survivors mentioned that media coverage of the suicide events neglected the sorrow of suicide survivors and could cause copycat suicides. “I think it is all because of TV...Damn it... The media exposed it. They exposed the mess. Never saw charcoal-burning suicide before? Distortion! Now there are so many people committing suicide by charcoal-burning. Once I had a fight with him and I wanted to buy charcoal, too.” (S6_2) “I think when the media report the suicide events, they are only guessing the possible reasons. They describe too many details and therefore cause the general public to learn many suicide methods. I think this is negative teaching. It’s like telling other people suicide can solve problems. Yet they ignore the grief of suicide survivors.” (S6_4)

To summarize the above results, Figure 2 shows possible pathways of the psychological shock and response patterns of suicide survivors.

Discussion

Identifying the main reason for suicide is a source of relief for suicide survivors

Many studies have shown that the factors leading to a suicide are complex and diverse. Wu noted that causes for suicide were complicated [14]. One must not look for a single factor to explain suicide. The classification of the reasons for suicide proposed in our study was intended to uncover the most direct or most crucial “immediate cause” from the recent troubles identified by the suicide survivors. Although the suicide may be due to pain accumulated over long-term events, the appearance of a recent event often causes the suicide. “The real cause for suicide is very complicated. The true fuse is their school... He is the group leader and

he has obtained a budget of more than a million...” (S3_2) Nevertheless, the identification of a single reason for the suicide allowed survivors to better understand the deceased and justify the suicide event. Consequently, this “immediate cause” was an important source of relief for the survivor.

Reason for suicide had stronger connections with initial shock but weaker connections with responses

Most previous studies have focused on discussing the adaptation^[15] and grief adjustment^[11,16,17] of suicide survivors, and have rarely investigated the relationship between the reason for suicide and the responses of the suicide survivors. In our study, we found that main reason for suicide identified by the suicide survivor had a stronger connection with the shock phase, but less connection with the response phase. The shock phase is the time immediately after the occurrence of the suicide, when the survivors have not yet comprehended why the deceased chose to end their life through suicide. This causes much speculation about their observations of the recent troubles of the deceased. They try to understand the suicide victim’s behavior according to their own recognition of the reasons for the suicide. In contrast, the response phase is an adjustment period that takes place over a longer time. No matter what the reasons for the victim’s suicide, each survivor hoped to find a way to accept the suicide event and to live with the grief, and even contemplated whether he or she could walk out of the shadow of suicide to help others in need.

The strength and type of “relation” between suicide survivors and the dead influenced the shock and response processes

One previous study^[11] has pointed out that the “relation between suicide survivor and the dead” had different effects on the survivors. In this study, we came to the same conclusion. For instance, parents of suicidal children felt stronger remorse and guilt than other suicide survivors, and therefore their self-esteem was greatly affected. In our study, we found that parents of suicidal children appeared to blame themselves and often showed religiously

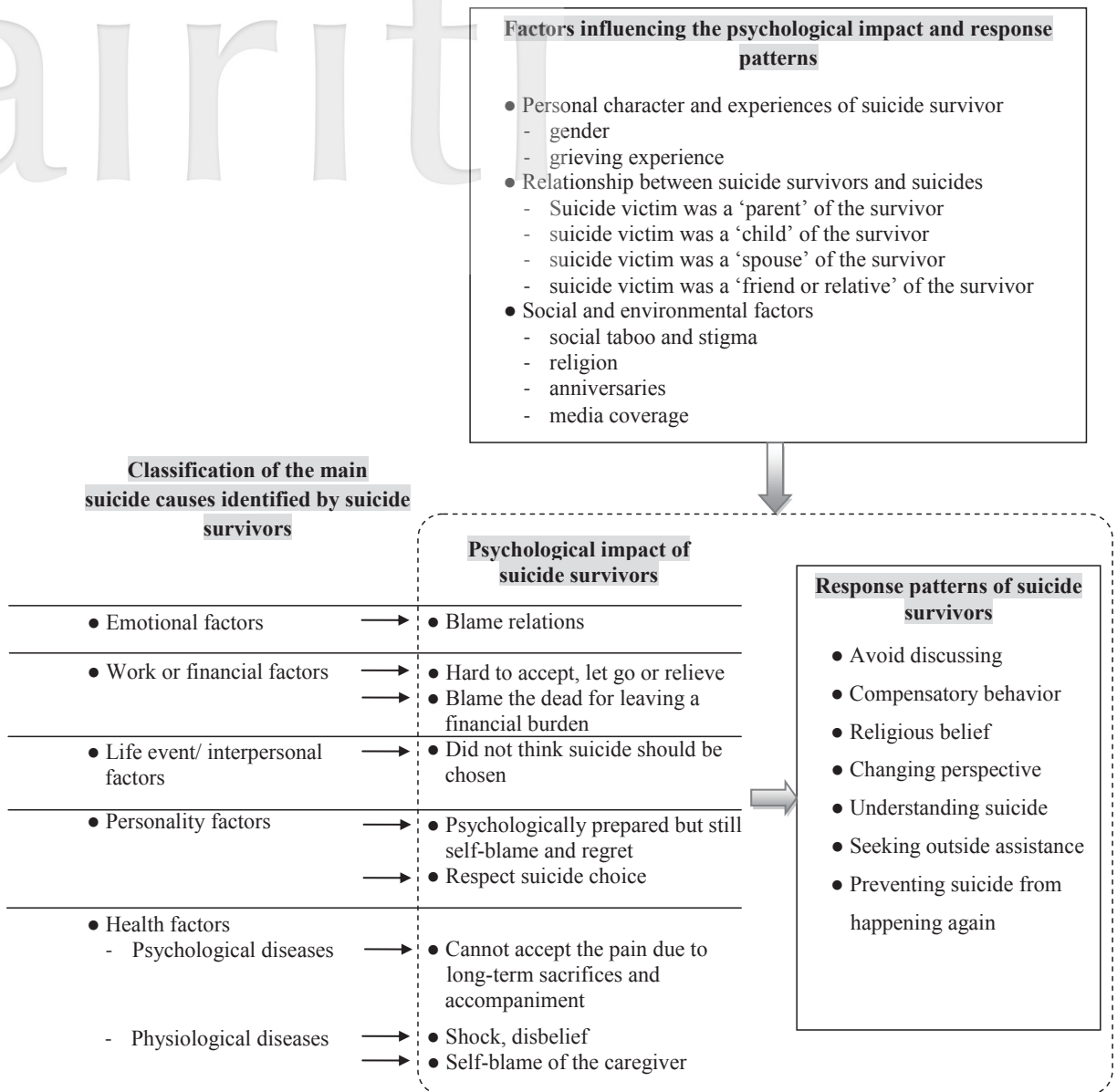


Figure 2. Possible pathways of the psychological impact and response patterns of suicide survivors

reconciling behavior. In the eyes of the victim's parents, children are the continuation of life; therefore, they felt the death of their child was an "unfair" and "unnatural" event^[18].

On the other hand, another previous study^[11] has shown that the grief of children with suicidal parents tended to show delay and rationalization. In this study, we found that children with suicidal parents were angry, felt abandoned by their parents and felt the burden left by them. The younger the

suicide survivor, the more likely that their grieving reactions were neglected. Sethi and Bhargava^[19] indicated that more attention should be paid to problems with social adaptation and mental illness among children and adolescents from suicidal families. However, this study lacked interview data with pre-adolescent and adolescent suicide survivors. It is likely that suicide survivors of this age group have been neglected in the past or could not fully express themselves during

extensive interviews in this research, subsequently resulting in missing interview material. Thus, more investigation is needed in this area.

Surviving spouses of suicide victims showed more resentment, loneliness and rejection than other survivors. Suicide survivors frequently blame themselves, wishing to switch positions with the dead or blaming themselves for the suicide event because they did not play their parts well (for example, family, spouse or sibling) ^[20]. We also found that spousal suicide led to loneliness. Senior suicide survivors even wished to accompany the dead and wanted to end their own lives by suicide.

Our study further discovered that when the suicide victims were other relatives, the degree of grief felt by suicide survivors was determined by the degree of affection between the suicide survivor and the suicide victim. For example, in one case in this study, the survivor was deeply attached to the suicide (cousin), and showed strong emotional reactions.

Taiwan society’s “regarding suicide as a forbidden topic” and “disgracing suicide survivors” are important factors that prevent suicide survivors from walking out of the shadow of suicide

One previous study^[16] found that survivors’ expressions of grief were affected by the concept that suicide was disgraceful and would be subject to religious punishment. Moreover, due to the influence of the negative social stigma, survivors refused to talk about the suicide event in the grieving and adjustment process. Especially for Taiwanese, the taboo of talking about death, the funeral custom of pounding the coffin, and the concept of karma were key elements affecting the grief and adjustment of suicide survivors^[21].

The current study found that the recovery process of suicide survivors was deeply affected by traditional cultural values and religion. Because of the stigma and stereotyping of suicide, suicide survivors also bore much of the responsibility. The social stigma may harm a suicide survivors’ ability to mourn and may prolong the grieving period ^[22]. This “suicide stigma” caused the suicide survivors to believe that they should not vent their grief or

seek help. Thus, correcting this misconception among suicide survivors and the general public is essential. Traditional, family-oriented cultural values may attribute a suicide event to an unhappy family. Therefore, after a suicide event occurs, accusation of the family members may become more evident and intense. People often believe that suicide victims are likely to be depression patients, or that mental illnesses naturally lead to suicide. These incorrect and subjective views cause many suicide survivors to fear the extrinsic stigma and to label themselves as disgraced. Therefore, they may have more difficulty walking out of the shadow of suicide.

Religious interpretation of suicide is another obstacle to the recovery of suicide survivors

In Taiwanese society, religion does not simply comfort people. Many religious concepts are regarded as inviolable commandments. Buddhism and Taoism contain concepts of past lives, present lives, and transmigration. Suicide is regarded as a compensation for wrongdoing in the past or a substitute for the wrongdoing of a family member. Suicide will be punished after death. Moreover, people in Taiwan, especially the suicide survivors, still consider that Christianity views suicide as a sin; the soul cannot go to heaven, but must go to hell. Most religions provide significance for world events and life-and-death destinations. Therefore, religion influences one’s grief reaction by affecting one’s construction of this significance^[15].

In this study, these concepts caused more suffering for suicide survivors during the adjustment process. They worried that the dead may suffer severe punishments for choosing suicide. While the purpose of religious indoctrination may be to help people avoid social stigma, it may actually have the opposite effect. Currently, some religious communities have started to dedicate sermons and assistance for suicide prevention, thus offering the sense of security people count on from religion. Each religion should reconsider the meaning of suicide to help suicide survivors face and interpret the suicide event.

Gender should be considered in different

strategies to assist suicide survivors

Many previous studies mention different ways that grief is expressed based on society's gender expectations^[11]. For example, men tend to express their grief through acknowledgement and action. Therefore, they are inclined to take solitary actions in handling grief. In contrast, women tend to express their emotions or to seek and receive support in many ways, such as turning to religion or group therapy. Therefore, they can resolve grief by sharing and venting emotions. Men's values and attitudes, fostered within expectations of family, society and the socialization process, require them to behave as society expects, maintaining strength and calmness^[23]. The social values of strength, responsibility and protecting one's family are imposed on men. Even when facing grief, they do not want to show weakness and believe "men do not weep." This makes male suicide survivors likely to choose suppressive methods of grief management when encountering suicide events. In contrast, women have been allowed to openly express their sorrow and tend to vent their emotions. It is culturally easier for a female survivor to share her emotions; consequently, she is more likely to resolve her sense of loss by sharing her feelings and thoughts with other people^[18].

We also found that social tradition and culture contain different gender expectations, which subsequently lead to different shock responses from suicide survivors of different genders. For instance, men who thought they should be strong and protective were more repressed when expressing grief. On the other hand, women had the traditional social image of being weak and vulnerable, so they could directly let out their emotions. It is worth noting that those who attended community groups or assistance groups after suicide events were mostly female suicide survivors. Since both the community and suicide survivors have different gender role expectations for men and women, assistance provided to suicide survivors of different genders should be performed with different strategies.

Special days were important times of periodic grief for suicide survivors

Lu^[11] mentioned that suicide survivors wanted to "avoid celebrating certain holidays," days with special meanings such as a death anniversary, birthday, Mother's day, Valentine's day or Christmas day. These days often trigger negative and sad feelings in suicide survivors. Suicide survivors suffered the most sadness on the death anniversary^[17].

In our study, we found that some holidays or anniversaries were key periods for the recovery process of the suicide survivors. On these days, survivors had very strong feelings of emotion, including shock or even anger. Although these were risky periods for suicide survivors, they were also relatively good opportunities for the survivors to learn to let go. Many suicide survivors specifically chose to avoid these days, or to do something to "make up" (such as religious chanting or praying) in order to seek inner comfort.

"Thought transforming" was an important skill for suicide survivors to overcome sorrow

When an individual is suffering from the shock of losing a loved one, he or she tries to look for an explanation for the death. If the individual has a negative interpretation of the death, it can easily lead to a complicated grieving reaction and, subsequently, increased difficulty in adjustment^[24]. YehHo's report^[18] pointed out that most parents who lost their son or daughter needed a process after experiencing grief of "thought transforming" before they were able to move on. Pain will not disappear just because one is anxious to ease it. Grieving needs time.

In our study, we also found that "thought transforming" played an important role in suicide survivors overcoming sorrow. In the response phase, many suicide survivors used the method of thought transforming to reconsider the meaning of the suicide to the deceased and to themselves. When suicide survivors possessed the skill of changing their perspectives, they faced the pivotal time of letting go of the dead and walking out of grief.

Incorrect or improper reports from the media caused repetitive harm to

suicide survivors and created public misconceptions

Other studies showed that some media reports caused suicide survivors to feel angry, disappointed and powerless. Invasion of privacy adds insult to the survivor's injury, which is not helpful for grief adjustment^[17]. Although there are standards of "six don'ts and six do's" for media reporting suicide events, some still over-exaggerate or expose private matters to cater to the tastes of the general public, and some lack objectivity and describe the suicide event with stereotyped images. These reports lead to public misconceptions about suicide. Frequently, the media construct suicide images using traditional values, labeling suicides from different social classes with different moral tags and embellishing or vilifying the suicide victim's personality. These behaviors needlessly harm suicide survivors.

Hence, we propose that the government should develop long-term suicide prevention policies for suicide survivors, as well as special assistance agencies and support groups for suicide survivors. In addition, it is imperative that different suicide causes identified by suicide survivors be considered when offering assistance during the shock phase immediately after the sudden event and during the prolonged grieving process. The social stigma of suicide has the most apparent influence on suicide survivors, frequently affecting their adjustment process, inhibiting their expressions of grief and increasing their reluctance to part from the dead. Therefore, in addition to actively removing the social stigma of suicide, we also should encourage suicide survivors to be more tolerant and to care for themselves. Regarding media coverage, we suggest that the public should feel the pain of the survivors, but journalists should not take advantage of the situation by exaggerating the suicide events. Moreover, media coverage should be balanced and should provide contact information for a suicide prevention agency, so that news coverage of suicide events might have a positive and preventive significance.

Limitation and conclusions

Like all research, this study has some

limitations. Given the meta-ethnographic analysis and secondary analysis natures of this study and the difficulty in getting in touch with suicide survivors in Taiwan, only interviews that fit our criteria were selected for use. Although the data of this study may not be saturated, this study is the first one to use a comprehensive analysis of transcripts of previous Taiwanese suicide survivor interviews. In conclusion, because suicide is a taboo subject in Taiwan, the prevalence figures may be an underestimation. As a result, we suggest that the problem of suicide and prevention strategies in Taiwan needs more attention, especially with regard to suicide survivors. The policies for providing appropriate and equal resources to suicide attempters and survivors should be taken into serious account, particularly the tailoring of strategies based on the main reasons for suicide identified by suicide survivors.

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探討自殺遺族認定之不同自殺成因歸類及其心理衝擊歷程與因應模式

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本文之研究目的有二：(1)將自殺遺族認定之自殺死亡者的主要成因予以歸類；(2)探討不同自殺成因歸類其遺族之心理衝擊歷程及後續因應模式。本研究蒐集過去國內碩士論文研究者之自殺遺族訪談逐字稿（共20篇），對上述質性資料進行綜合與分析。結果發現，認定不同自殺成因者之遺族，在自殺事件發生當下的衝擊階段，多會受到其所認定之自殺成因而出現不同的反應；自殺遺族的後續因應模式則多受到自殺遺族的個人特質及經驗、自殺遺族與自殺者的關係及情感連繫程度、或社會環境因素之影響，受其認定之自殺成因的影響較小。由此可知，針對自殺事件發生初期，對於自殺遺族之關懷策略及自殺防治政策，應考量其認定之不同自殺成因進行設計。對自殺遺族後續復原歷程而言，文化、媒體、及宗教對自殺之詮釋可能造成的負面影響應更獲重視。

關鍵詞：自殺遺族、心理衝擊、因應、台灣

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