

Suicide Bereavement and Postvention in Major Suicidology Journals

Lessons Learned for the Future of Postvention

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Abstract. *Background:* Since the seminal publications of Shneidman (1969) and Cain (1972), suicide bereavement and postvention have attracted increasing research interest. *Aims:* To examine the topics of suicide bereavement and postvention in the core international suicidology journals, since their inception until mid-2013, in order to reveal the number of postvention articles throughout the years, their geographic distribution, and the topics of suicide bereavement and postvention that have been published. *Method:* The online databases of four journals (*Crisis*, *The Journal of Crisis Intervention and Suicide Prevention*; *Suicide and Life-Threatening Behavior* [SLTB]; *Archives of Suicide Research*; and *Suicidology Online*) as well as the tables of content of all issues were searched. The number of articles and the countries of origin were quantified, and articles were categorized according to their content. *Results:* The search identified 144 postvention articles, published during the past 40 years, almost exclusively in two journals (*Crisis* and *SLTB*). The majority of articles were (co-)authored by authors from Anglo-Saxon, Western countries. Articles were categorized in three groups: characteristics of suicide bereavement ($n = 73$), postvention programs ($n = 66$), and definition/theory and epidemiology of survivors ($n = 5$). *Conclusion:* Articles on suicide bereavement and postvention have been published mostly in two suicidology journals, albeit in modest numbers, and from a limited number of mostly Western countries. Our understanding of suicide bereavement and the provision of survivor support might benefit from the development of consensual definitions and from studies in other parts of the world.

Keywords: bereavement, review, suicide survivors, postvention, suicidology

Suicide is a worldwide problem affecting people in all countries, and according to the World Health Organization almost one million people die by suicide annually (World Health Organization, 2013a). Suicide is the outcome of a bio-psycho-social process (Hawton & van Heeringen, 2009). Suicide is also a public health issue, not only because of the sheer numbers of people who die by suicide, but also because of the psychosocial consequences for the survivors. Indeed, for the bereaved, suicide is not only an endpoint, it is also the beginning of a new life – a life after the suicide. As it was first noted by one of the pioneers of contemporary suicidology: “The person who commits suicide puts his psychological skeleton in the survivor’s emotional closet. He sentences the survivor to a complex of negative feelings and, most importantly, to obsessing about the reasons for the suicide death.” (Shneidman, 1969, p. 22).

Since the seminal publications of Shneidman (1969) and Cain (1972), postvention, that is, the “activities developed by, with or for suicide survivors, in order to facilitate recovery after suicide and to prevent adverse outcomes including suicidal behaviour” (Andriessen, 2009, p. 43), has attracted increased clinical and research interest. There remain, however, a few basic questions that are still challenging the progress in the field (Andriessen & Krysinska, 2012). These questions are: Who is a suicide survivor? How many survivors are there? Is suicide bereavement

different from other types of death? A brief discussion of these three questions is followed by the rationale behind the study of the content of journals.

Several authors have developed and proposed a definition of a suicide survivor. Andriessen (2009, p. 43) described a survivor as “a person who has lost a significant other (or a loved one) by suicide, and whose life is changed because of the loss.” Recently, Jordan and McIntosh (2011, p. 7) proposed that a survivor is “someone who experiences a high level of self-perceived psychological, physical, and/or social distress for a considerable length of time after exposure to the suicide of another person.” These definitions include a few common features. They acknowledge the fact that there was a relationship between the deceased person and the survivor, and this relationship was close enough to cause impact through the loss. However, both definitions also include vague criteria (i.e., the notion that “life is changed” and that the person experiences “a high level of ... distress” during a “considerable length of time”) that hinder their operationalization, and to date there is no consensus definition of a suicide survivor.

On the other hand, there is evidence that many people can be affected by a suicide. Campell (1997) reported 28 different types of relationship among users of the suicide survivor program provided by the Baton Rouge Crisis Intervention Center in the US. However, the types of rela-

tionship were not equally distributed. Approximately half of them involved a father, a spouse, or a son of the deceased person. Adding the categories brother and mother, the total accounted for 70% of the sample.

Regarding the number of survivors, Shneidman (1969, p. 22) first suggested that on average a “half-dozen” of survivors would be left behind after a suicide, and this estimate of six survivors per suicide has been perpetuated in the literature. Other authors estimated higher numbers, for example, Wroblewski (2002) mentioned ten survivors per suicide. However, these estimates remained hypothetical as they were not substantiated by research. Only recently, Berman (2011) reported the first systematic estimation of the number of suicide survivors among members of US suicide survivor support groups. The survey found that the estimated numbers varied depending on who actually made the estimate, that is, the kinship relationship. In addition, the numbers varied depending on the frequency of contact between the deceased and the bereaved, and the age of the deceased. For example, parents who lost a child by suicide estimated that the death has left 80 suicide survivors behind, the spouses and/or partners of the suicides estimated the number at 60, while siblings and/or friends estimated 45–50. Five survivors after one suicide, the estimate of survivors limited to the members of a typical nuclear family, was almost identical to the original guesstimate of Shneidman (1969).

Irrespective of the actual estimated numbers, this study (Berman, 2011) clearly showed that there is no fixed number of survivors per suicide, but the number varies depending on the kinship relationship and the quality of the relationship. The findings from both Campbell (1997) and Berman (2011) might resemble the image of a rippling effect, similar to the effect of a stone that is thrown into the water, with people closer to the epicenter being more affected than people further away.

The answer to the question of whether suicide bereavement is different from other types of bereavement seems to vary depending on the source of information. On the one hand, personal accounts of survivors (e.g., Bolton, 1998; Buksbazen, 1976; Fine, 1999) and narratives of clinicians who work with survivors (Dunne & Dunne-Maxim, 2009; Jordan, 2001) tend to focus more on the uniqueness of suicide bereavement and they report characteristics such as guilt, shame, social stigma, search for meaning, and the suicide risk of survivors. On the other hand, research findings, especially from controlled studies and review papers, present similarities rather than differences among groups of people bereaved through different types of death, regarding grief themes, grief process, grief duration, and outcome (Clark, 2001; De Leo, Cimitan, Dyregrov, Grad, & Andriessen, 2013; Grad, 2005; Grad, 2011; Sveen & Walby, 2008). This led Cleiren, Diekstra, Kerkhof, and van der Wal (2004, p. 33) to conclude that: “The assumption that the suicide bereaved are a greater risk for problematic grief is a myth that is hard to lay to rest.” The authors cautioned that: “The ‘crisis atmosphere’ which some authors in the field continue to create around suicide bereavement may be more stigmatizing to suicide survivors than anything else” (Cleiren et al., 2004, p. 33).

The model developed by Jordan and McIntosh (2011, p. 34) might be helpful to accommodate the contradicting perspectives of survivors, clinicians, and researchers. It consists of four concentric circles. The widest circle includes features that can be found in bereavement after all kinds of death, such as sorrow, pain, missing the deceased, and yearning to be reunited. The second circle includes features found in bereavement after unexpected deaths, such as shock and a sense of unreality. The third circle includes features of bereavement after violent deaths, such as the experience of trauma and the shattered illusion of personal invulnerability. Finally, the fourth and inner circle includes features typical of bereavement after suicide, such as anger at the deceased, aggression, feelings of abandonment and rejection (Jordan & McIntosh, 2011).

In addition, a number of factors that affect the experience of suicide bereavement and the related grief process have been identified. These factors include: the quality of the survivor–victim relationship (Lester, 2001; Reed & Greenwald, 1991; Reed, 1998); the concepts of vulnerable families and transgenerational loss (Séguin, Lesage, & Kiely, 1995a, b); kinship relationship (Brent, Moritz, Bridge, Perper, & Canobio, 1996; Mitchell, Kim, Prigerson, & Mortimer-Stephens, 2004; Schneider, Grebner, Schnabel, & Georgi, 2011); closeness of the relationship (McIntosh & Kelly, 1992; Mitchell et al., 2004); age of survivor, and a developmental perspective (Schneider et al., 2011; Valente & Saunders, 1993); gender of survivor (Callahan, 2000; Grad, Zavasnik, & Groleger, 1997; Jordan & McMenamy, 2004; Schneider et al., 2011); cognitive coping styles (Parker & McNally, 2008; Thomyangkoon & Leenaars, 2008), religiosity (Reed, 1993; Thomyangkoon & Leenaars, 2008); age of suicides (Conwell, 1993; Schneider et al., 2011), and expectation and preparedness of death (Maple, Plummer, Edwards, & Minichiello, 2007; Wojtkowiak, Wild, & Egger, 2012).

Although suicide survivors have been included in suicidology, and although postvention has become a research field, suicide survivors are not a homogenous population. The aforementioned characteristics might differentiate subgroups of survivors, and in the end, every grief process is a unique human experience.

Postvention emerged in the 1970s in the US, partly originating from the self-help movement and partly inspired by evaluations of the first psychological autopsies (Farberow, 2001). Shneidman stated that “a benign community ought routinely to provide immediate postventive mental health care for the survivor-victims of suicidal deaths” (Shneidman, 1969, p. 22). Given the diversity of suicide survivors (e.g., from nuclear family members, to friends and colleagues, etc.), and the closeness and quality of the relationship, it remains a challenge to provide adequate services suitable to the whole survivor population as well as targeting different subgroups and acknowledging individual differences among the bereaved.

To further develop postvention, it is not only necessary to study the state of the art of the field. It is also necessary to learn where the current knowledge comes from, and what topics have been reported. The study of publications in journals seems an appropriate strategy to shed light on these issues.

Rationale for the Study of Journals

It has been argued that publications in journals are “an important indicator of the ebb and flow” of the “research and the people, places, events, and ideas that shape it” (Martin, Lounsbury, & Davidson, 2004, p. 163). Journals can be considered as “formal forums of knowledge production” that “provide some insight into the types of knowledge that are deemed significant in any field at a given point in time” (Graham & Ismail, 2011, p. 122). In addition, the journal publications “collectively form a body of knowledge that defines the boundaries of a disciplinary domain and also provide a site where the politics of knowledge production play out” (Graham & Ismail, 2011, p. 123). As such, journals could be considered to be flagships of a scholarly discipline, and they serve as lighthouses and gateways for practitioners, researchers, and students in the field.

Currently there are four major international, that is, core suicidology journals: *Suicide and Life-Threatening Behavior (SLTB)*, *Crisis*, *The Journal of Crisis Intervention and Suicide Prevention (Crisis)*, *Archives of Suicide Research (ASR)*, and *Suicidology Online (SOL)*. Two of these journals (*Crisis* and *SLTB*) are sponsored by organizations that include the promotion of survivor support and postvention research in their aims.

Crisis is published under the auspices of the International Association for Suicide Prevention (IASP), which was founded in 1960. According to the mission statement on the website of the organization, IASP “is dedicated to preventing suicidal behaviour, alleviating its effects, and providing a forum for academics, mental health professionals, crisis workers, volunteers and suicide survivors” (<http://www.iasp.info>, retrieved 27 October 2013). Goldney, Davis, and Scott (2013) presented the history and major achievements of IASP, which include the establishment of various taskforces and special interest groups (SIG), such as the SIG on Suicide Bereavement and Postvention.

SLTB is published by the American Association of Suicidology (AAS), which was founded in 1968. The mission of AAS is “to understand and prevent suicide.” To accomplish this mission AAS aims to “foster the highest possible quality of suicide prevention, intervention and postvention to the public” and to “promote research and training in suicidology” (<http://www.suicidology.org/about-aas/mission>, retrieved 27 October 2013). AAS established a Suicide Survivor Division.

Suicide bereavement and postvention are not mentioned in the mission statements or in the scopes of the two other journals: *ASR*, published by the International Academy of Suicide Research, founded in 1990 (<http://www.suicide-research.org/about>, retrieved 27 October 2013), and *SOL*, since 2010 a peer-reviewed open-access journal (<http://www.suicidology-online.com/>, retrieved 27 October 2013).

To date and to the best of our knowledge, four studies on the content of these suicidology journals have been published (Cardinal, 2008; Goldblatt, Schechter, Maltsberger, & Ronningstam, 2012; Hjelmeland & Knizek, 2010; Stack 2012). Only the study of Goldblatt et al. (2012) included the topic of survivors. Cardinal (2008) quantified certain

characteristics of the articles published in *SLTB* in three 5-year periods between 1971 and 2001. In their review of and recommendations for qualitative research in suicidology, Hjelmeland and Knizek (2010) reported the number and percentages of qualitative studies in three suicidology journals in the period 2005–2007: *ASR*, *Crisis*, and *SLTB*. Stack (2012) looked at the “citation classics” (the top 1% most cited articles) in *SLTB*, 1975–2011, and compared their impact with suicide citation classics in medical/psychiatric journals. Goldblatt et al. (2012) compared the content of three major suicidology journals: *Crisis*, *ASR*, and *SLTB*. They presented the origin and aims of each of these journals and classified the abstracts of studies published in a 5-year period (2006–2010) in 16 categories, including a category *survivors*. Eight abstracts of *Crisis* (5.5% of $N = 145$), 0 abstracts of *ASR* (0% of $N = 172$), and 15 abstracts of *SLTB* (4.7% of $N = 321$) were included in the category *survivors*. The current study is the first study conducted to focus exclusively on the topics of suicide bereavement and postvention in the major suicidology journals. As such, the study intends to “help take stock of knowledge production” (Cardinal, 2008, p. 260) of suicide bereavement and postvention in suicidology.

Aim of the Study

The study aims to quantify papers on postvention and suicide bereavement published in the core suicidology journals, and the geographic distribution of the countries of origin of the authors of these articles. The need for postvention research might be higher in countries with high suicide mortality. To this aim, the list of countries with postvention publications will be compared with national suicide rates. In addition, the study aims to present a classification of the articles based on their content, in order to reveal which topics related to suicide bereavement and postvention have been published in the suicidology journals.

Method

Material

The material of the study consisted of the articles published in the core suicidology journals: *Suicide and Life-Threatening Behavior* (1971–...), *Crisis* (1980–...), *Archives of Suicide Research* (1995–...), and *Suicidology Online* (2010–...), from their respective starting years until mid-2013. National suicide data were retrieved from the WHO website in August 2013 (World Health Organization, 2013b).

Search Method

The online database of each journal was searched with the search words: *bereavement*, *postvention*, and *survivor*.

In addition, the tables of contents were hand searched to exclude articles from the original search that were not on suicide bereavement or postvention, and to include articles that were not identified by the original search. The latter was especially important for *Crisis*, as neither the articles/abstracts nor the tables of content of Volumes 1–15 (1980–1994) are available online. All published papers were included in the study, except for announcements, errata, short comments on previously published articles, in memoria, and book reviews.

Geographic Distribution

The analysis of the geographic distribution of the articles was based on the countries of origin of the authors listed in the affiliations of the authors. For example, in articles written by an international group of authors, the countries of all authors were counted. This method was chosen to overcome the limitation mentioned by the study of Cardinal (2008), who looked at first authors' countries only, while "the first author does not necessarily represent the population under study" (Cardinal, 2008, p. 263). The current method was chosen to reveal all countries from which authors have coauthored articles on suicide bereavement and postvention and which otherwise would stay unnoticed.

Analysis and Classification of Articles

A thematic analysis was used to identify, analyze, and report themes within the published papers on suicide bereavement and postvention (Braun & Clarke, 2006). While

reading and re-reading the articles, the author coded the articles and collated the coded extracts in major categories and subthemes. Through this (inductive) process, three major categories of articles were identified. Similar to the classification method of Goldblatt et al. (2012), articles that met criteria for more than one category were included in the category with the best fit (Goldblatt et al., 2012, p. 302). Reviewing and refining of the categories resulted in the identification of subthemes within each category of article.

Results

Numbers of Articles

The search in the four suicidology journals found 144 articles on suicide bereavement and postvention. *Crisis* published 69 postvention articles between 1980 and mid-2013 (an average of two articles per year). *SLTB* published 72 articles between 1971 and mid-2013 (an average of 1.7 per year). *ASR* published three articles between 1995 and mid-2013 (an average of 0.18 article per year). *ASR* did not appear in 2001–2002). *Suicidology Online* has not published a postvention article between 2010 and mid-2013. Figure 1 presents the numbers of postvention papers in the journals from 1971 to mid-2013.

Table 1 presents the number of postvention articles and the percentages of these articles published in the journals during the last 10 years (mid-2003–mid-2013).

On average the four journals together published 5.8 articles on postvention per year, and these articles repre-

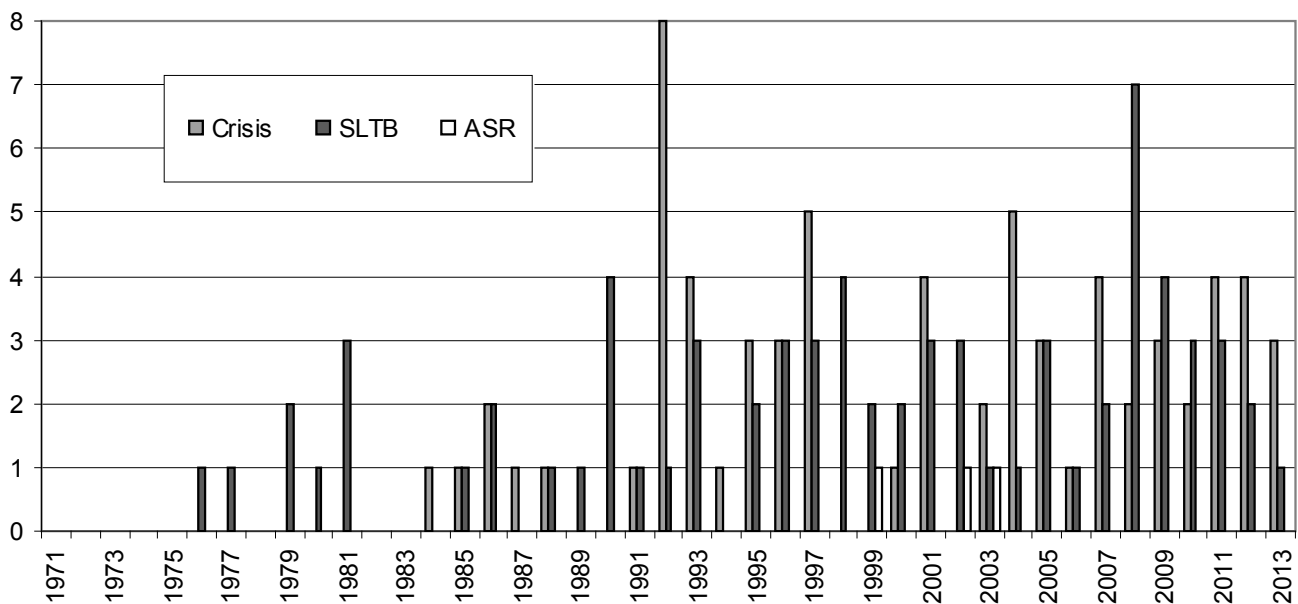


Figure 1. Number of postvention publications ($N = 144$) in *SLTB*, *Crisis*, and *ASR*, over the period 1971–mid-2013. (The search found no postvention article in *Suicidology Online*). *SLTB* = *Suicide and Life-Threatening Behavior*; *ASR* = *Archives of Suicide Research*.

Table 1. Number and percentage of postvention articles in four suicidology journals (mid-2003–mid-2013)

	Crisis	SLTB	ASR	SOL	Total
No. of postvention articles	31	27	0	0	58
Average/year	3.1	2.7	0	0	5.8
No. of all articles	406	611	340	50	1,407
Percentage of postvention articles	7.6%	4.4%	0.0%	0.0%	4.1%

Notes. SLTB = Suicide and Life-Threatening Behavior, ASR = Archives of Suicide Research, SOL = Suicidology Online.

Table 2. Geographic distribution of countries of authors (1971–mid-2013)

Country	Crisis <i>n</i>	SLTB <i>n</i>	ASR <i>n</i>	Total <i>n</i>	%
1. USA	25	51		76	45.5
2. Australia	10	3		13	7.8
3. Canada	5	5		10	6.0
4. Germany	4	3		7	4.2
5. UK	6		1	7	4.2
6. Belgium	5	1		6	3.6
7. Slovenia	4	1	1	6	3.6
8. Austria	3	2		5	3.0
9. Switzerland	4	1		5	3.0
10. The Netherlands	1	4		5	3.0
11. Sweden	2	2		4	2.4
12. Norway	2	2		4	2.4
13. Ireland	3			3	1.8
14. Hong Kong	3			3	1.8
15. China		2		2	1.2
16. Italy	2			2	1.2
17. Taiwan	1	1		2	1.2
18. Japan	1			1	0.6
19. Finland			1	1	0.6
20. Yugoslavia	1			1	0.6
21. India	1			1	0.6
22. New Zealand	1			1	0.6
23. Thailand		1		1	0.6
24. Rep. Trinidad Tobago		1		1	0.6
Total	84	80	3	167	(100%)

Notes. The number of countries is higher than the number of articles because 23 articles were written by coauthors from different countries. SLTB = Suicide and Life-Threatening Behavior. ASR = Archives of Suicide Research. SOL = Suicidology Online.

sented 4.1% of all published articles in the 10-year period under study. However, all articles were published in two journals only: *Crisis* and *SLTB*. Postvention articles comprised 7.6% of *Crisis* articles and 4.4% of *SLTB* articles. For these two journals together, postvention articles accounted for 5.7% of all published papers.

Geographic Distribution

Articles on suicide bereavement and postvention in the analyzed journals were written by authors from 24 countries: 20 countries in *Crisis*, 15 countries in *SLTB*, and three countries in *ASR*.

Almost half (45.5%) of the articles were authored or co-authored by US authors, and 6% by authors from Canada. One third (33.5%) of articles were written by authors from 13 European countries, 8.4% of articles were written by authors from Australia and New Zealand, and 6.5% originated from Hong Kong, China, Taiwan, Japan, India, Thailand, and the Republic of Trinidad and Tobago (see Table 2).

Suicide Mortality

Figure 2 presents the national suicide rates of countries available from the WHO website (World Health Organization, 2013b). The countries with postvention publications are marked in white. This figure shows that the ten countries with the currently known highest national suicide rates (including countries from north-eastern Europe) have not yet published on suicide bereavement in the suicidology journals. The highest ranked white lines in the figure are Japan and Slovenia, in 11th and 12th place, respectively.

It appears that Asia, accounting for 60% of the world's suicides (Beautrais, 2006; Khan & Syed, 2011), including countries with the highest numbers of suicides (China: number of suicides estimated at 200,000, India: 127,151 suicides in 2009; <http://www.who.int>), is underrepresented in the postvention literature.

Classification and Themes of Articles

The articles ($N = 144$) on suicide bereavement and postvention were classified in three categories (see Table 3):

- Characteristics of suicide bereavement: $n = 73$, 50.7%. This category includes empirical and descriptive studies of characteristics of suicide bereavement.
- Postvention programs: $n = 66$, 45.8%. This category includes studies on the delivery of support to survivors, for example, descriptions or evaluations of survivor programs.
- Definition/theory and epidemiology: $n = 5$, 3.5%. This category includes papers dedicated to theory and definitions of concepts and epidemiology of survivors.

The first category of articles includes studies on characteristics of suicide bereavement. One third (34.2%) of these articles is focused on suicide bereavement among first-degree relatives (nuclear family members, children bereaved through parental suicide, parental bereavement after the suicide of a child, spousal bereavement and sibling bereavement). Sixteen percent of articles in this category are case studies of survivors, or clinicians who lost a patient through suicide. The third most frequently found subgroup of articles dealt with bereavement and postvention among

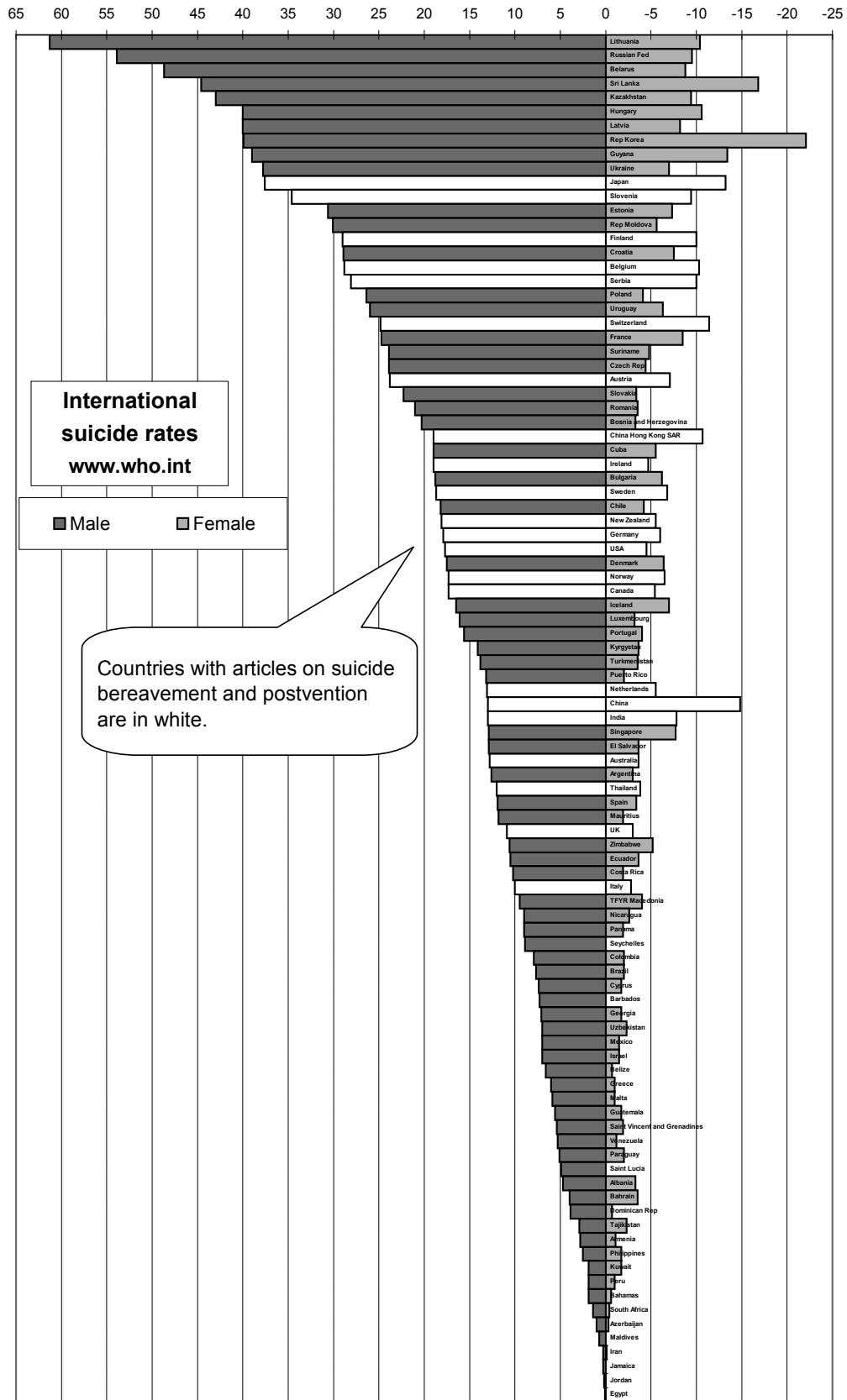


Figure 2. Countries with postvention publications in *Crisis*, *Suicide and Life-Threatening Behavior*, and *Archives of Suicide Research*, and national suicide rates. Source: National suicide rates were retrieved from <http://www.who.int>, August 1, 2013.

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Table 3. Classification of articles ($N = 144$)

Characteristics of suicide bereavement	$n = 73$	100%
	n	%
First-degree relatives	25	34.2
Case studies	12	16.4
Postvention after patient suicide	6	8.2
Students/adolescents	5	6.8
Review papers	5	6.8
Support group participants	4	5.5
Medical examiner reports	3	4.1
Postvention after clinician suicide	2	2.7
(Health) economic cost to society	2	2.7
Population survey	1	1.4
Attitudes of health workers	1	1.4
Obituaries / media	1	1.4
Development of grief questionnaire	1	1.4
Other	5	6.8
Postvention programs	$n = 66$	100%
	n	%
Support groups	12	18.2
Community programs	10	15.1
Psychological autopsy	8	12.1
Therapy and psychoeducation	7	10.6
Support after patient suicide	7	10.6
Programs for students	7	10.6
Review papers	6	9.1
Postvention training/material	3	4.5
Cooperation survivors and clinician	3	4.5
Online resources/resource pack	2	3.0
Social support	1	1.5
Definition, theory/epidemiology	$n = 5$	100%
	n	%
Definition, theory	3	60.0
Epidemiology	2	40.0

clinicians after the suicide of a patient (8.2%). Suicide bereavement among young people (e.g., adolescents and students) and review papers on suicide bereavement were the next most frequently found groups of articles (both 6.8%).

The second category of articles includes studies of support programs for suicide survivors, including descriptions and/or evaluation of such programs. Almost one in five of these articles is focused on support groups (18.2%), and approximately one in six (15.1%) is focused on programs involving community organizations through networking and/or outreach. The third most frequently found subgroup of articles concern psychological autopsy studies, including experiences of the bereaved being involved in the research, and methodology and recommendations for researchers to work with bereaved people in this type of

research. Three groups of articles were found equally frequently (10.6%): articles focused on therapy (individual, family, psychoeducation), articles describing support offered after the suicide of a patient, and articles on support programs for students and/or school communities. Review papers in this category accounted for 9.1%.

The third category of articles focuses on concepts, theory, definition, and epidemiology of survivors and postvention. The number of papers in this category is very low compared with the two other categories. Only three papers were dedicated to the definition and concept of survivorship and postvention, and two papers to epidemiology of survivors.

Discussion

The study aimed to quantify the number of postvention articles in the four major suicidology journals. These articles were found almost exclusively in two journals: *Crisis* and *SLTB*. Considering the whole time span of the study, from the inception of the journals to mid-2013, *Crisis* and *SLTB* have published on average approximately two postvention articles per year. Looking at the last 10 years, postvention articles accounted for 4.1% of all published articles in the four journals, and 5.7% of all published articles in *Crisis* and *SLTB* (7.6% in *Crisis* and 4.4% in *SLTB*). This finding is consistent with the finding of Goldblatt et al. (2012), who mapped 5.5% of abstracts in *Crisis*, 4.7% of abstracts in *SLTB*, and 0.0% of abstracts in *ASR* (during 2006–2010) in the category of “survivors.”

The postvention articles were published in the two journals whose parent organization’s mission statement includes postvention research and suicide survivor support. Possibly, the postvention profile in the mission statements of the journals might influence the decision of authors regarding where to submit manuscripts on suicide bereavement and postvention, and the acceptance and publication of such articles throughout the years might perpetuate the postvention profiles of the journals.

It is a question whether the modest publication record, approximately 1 in 20 published articles in *Crisis* and *SLTB* during the last 10 years (and nonexistent in two other major journals), reflects the level of activity in the postvention field. Several factors, discussed here, might affect the postvention publication record.

The support for suicide survivors, as it is currently known, emerged in the 1970s partly from the bereavement and self-help movement (Farberow, 2001). Typically the self-help movement is based on peer support and volunteers, rather than on paid professionals/clinicians or academics. The former might be less familiar with professional journals or might feel less need to publish in such journals. It has been argued that collaboration between survivors/volunteers and professionals (i.e., academic suicidologists) could help to integrate knowledge and experience so as to better understand suicide and to improve the study of its aftermath (Cutcliffe & Ball, 2009; Myers & Fine, 2007). An increased collaboration between sur-

vivors and researchers might also result in more research and publishing activity. It remains, however, a question as to how to achieve this in the currently under-researched countries, and future studies might look at these issues.

Most of the articles on postvention were written by authors from Western, Anglo-Saxon countries. Only few articles were authored or co-authored by authors from other parts of the world, mostly from Asian countries. The picture that arises shows that postvention articles in the international suicidology journals are published almost exclusively by authors from countries that belong to the Western culture, while articles from other parts of the world (e.g., Middle East, Asia-Pacific, South America, Africa) are notably absent.

In addition to this potential cultural and/or language barrier, there might be an economic barrier. According to the World Bank ranking, 19 of the 24 countries (in the current study) belong to the group of countries with high-income economies, four countries are listed as belonging to the upper-middle-income economies (China, Thailand, Taiwan, Serbia), and one country (India) in the group of lower-middle-income economies. None of the countries belong to the low-income-economies (<http://data.worldbank.org/>).

Countries with high suicide mortality might feel a greater need to develop postvention activities. However, it appears that countries with the highest numbers of suicide deaths and countries with the highest rates are underrepresented in the major suicidology journals concerning articles on suicide bereavement and postvention. Is it possible that researchers from these countries focus their attention on epidemiology (Khan, 2002; Vijayakumar, John, Pirkis, & Whiteford, 2005; Vijayakumar, Nagaraj, Pirkis, & Whiteford, 2005) and prevention studies (Jacob, 2008; Vijayakumar, Pirkis, & Whiteford, 2005), which were the two most frequently found categories of abstracts in the study of Goldblatt et al. (2012), rather than on support for survivors?

The study found a substantial and almost equal number of papers dedicated to characteristics of suicide bereavement and to the provision of support programs. One third of the papers on suicide bereavement focused on first-degree relatives. This included nuclear families, child survivors after parental suicide, parental bereavement after youth suicide, and suicide bereavement among widows, spouses, and siblings. There is less focus on bereavement after elderly suicide and general population studies. Also, the development and evaluation of instruments (e.g., scales/questionnaires to measure grief) are less frequently reported. The finding of a focus on first-degree relatives is consistent with recent reviews of studies on suicide bereavement in families (Cerel, Jordan, & Duberstein, 2008), among adults (McIntosh & Jordan, 2011), and among children and adolescents (Cerel & Aldrich, 2011).

Regarding the postvention programs, a wide range of programs have been reported, for example, support groups, community networks and outreach programs, contact with survivors in psychological autopsy studies, therapy, school systems, and support for clinicians. However, there is less focus on development of material and online resources, which is a remarkable finding given the fact that the Internet is omnipresent and studies have shown that survivors do use the Internet (Chapple & Ziebland,

2011), and a variety of resources are available (Krysinska & Andriessen, 2013). There is also a paucity of studies on the role of social support in bereavement, while social support is considered to be a protective factor in the grief process (Dyregrov, De Leo, & Cimitan, 2013; Farberow, Gallagher-Thompson, Gilewski, & Thompson, 1992). And a lack of focus on survivor involvement in the research on development of support might be due to a number of reasons, including differences in culture/language and different goals of survivors and researchers (Cutcliffe & Ball, 2009; Myers & Fine, 2007).

In addition to the question of availability of survivor support, there is a question of sustainability (Andriessen, 2004; Farberow, 1998). Inclusion of postvention programs in suicide prevention policies, as this was done in a few countries, for instance, USA, UK, Ireland, Australia, Norway, Sweden, Belgium, might accommodate long-term provision of suicide survivor support. In addition, inclusion of postvention in comprehensive prevention policies might help to prevent or to lessen any perceived or experienced stigma of suicide bereavement. Indeed, there might be a difference in perception between a long-term community involvement (Campbell, Cataldie, McIntosh, & Millet, 2004; De fauw & Andriessen, 2003) versus ad hoc crisis interventions after suicide (Callahan, 1996; Goldney & Berman, 1996), which might be more stigmatizing for suicide survivors, as cautioned by Cleiren et al. (2004).

In contrast to the two other categories, the category of papers dedicated to definition, theory, and epidemiology included only a few articles. Why is so little attention given to these topics? Are papers related to these topics published elsewhere? Or are these topics overlooked or taken for granted? The finding that these topics are underrepresented in the suicidology journals might reveal a risk of a knowledge bias and a clear need to increase efforts to formulate consensual definitions and to conduct theory-driven research. Strategies that have been undertaken to formulate consensual definitions related to suicidal behavior (De Leo, Burgis, Bertolote, Kerkhof, & Bille-Brahe, 2006; Silverman, Berman, Sanddal, O'Carroll, & Joiner, 2007) might inspire future similar efforts related to survivorship and postvention.

Limitations

The study was limited to the published papers on suicide bereavement and postvention in the major international, English-language, suicidology journals. Obviously, other professional journals, including national suicidology journals (e.g., the Slovenian journal *Pogled-The View Acta Suicidologica Slovenica*, and the Norwegian journal *Suicidologi*), and international journals not specifically dedicated to suicidology (e.g., thanatology, medical, and social journals) have published articles in this field. There are also professional books and book chapters dedicated to these topics, and future studies might include articles and chapters from such other journals and books. Indeed, future studies might examine the profile of suicide bereavement and postvention beyond suicidology journals

and across professional disciplines. This could provide a more comprehensive perspective on the scholarly output, and might allow us to compare the knowledge production within the suicidology journals with the wider professional field, for example, regarding the geographic distribution of authors and the content of the research.

In addition, the analyzed journals have undergone several changes throughout the decades of their existence, regarding the size of the journal, number of pages, frequency of publication, number of articles per issue/per year, and type of articles. For instance, in the past, *Crisis* published reports of national representatives, columns, and letters across the Atlantic/Pacific, and these essayistic types of articles were recently discontinued. It is not known whether these changes in format, frequency, and types of articles could affect the number of postvention papers that are submitted or published. However, the study was focused on the international suicidology journals in order to “help take stock of knowledge production in suicidology” (Cardinal, 2008, p. 260). As such, all published articles (including essayistic articles) were included in the study.

Conclusion

Postvention is an integral part of suicidology, as witnessed through the publication record of postvention articles in the core suicidology journals. The current study provided insight into the number of articles – albeit modest – devoted to suicide bereavement and postvention published in the journals over the last four decades, the countries where these articles originated (i.e., mostly Western countries), and the themes included in the articles. Future studies on characteristics of suicide bereavement should focus on general population samples and underresearched topics such as bereavement after elderly suicide. Research on postvention might pay more attention to the role of social support, online support, and the development and evaluation of resources. The understanding of suicide bereavement and the provision of survivor support might benefit from the involvement of survivors in the research process, from the development of consensual definitions, and from studies in other parts of the world. The production of knowledge in postvention needs further monitoring.

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