

Survivors of Suicide Do Grieve Differently: Empirical Support for a Common Sense Proposition

Steven E. Bailey, PhD, Michael J. Kral, PhD, and
Katherine Dunham, PhD

Previous empirical investigations have produced mixed results on the question of whether mode of death differentially affects grief. To further investigate the influence of suicide on grief, 350 previously bereaved university students completed a questionnaire package consisting of several standardized measures. Participants were separated into four groups based on the mode of death experienced as either survivors of suicide ($n = 34$), accident ($n = 57$), unanticipated natural ($n = 102$), or anticipated natural ($n = 157$) deaths. Hierarchical multiple regression analyses indicated that suicide survivors, compared against the other groups, experienced more frequent feelings of rejection, responsibility, "unique" reactions, and more total grief reactions. Trends indicating increased levels of shame and perceived stigmatization were also evident. Aggregate factors of death "naturalness" and "expectedness" showed less influence than mode of death in influencing grief. Overall, results support previous clinical and research findings and intuitive logic in demonstrating that the grief experienced by suicide survivors includes elements that are less frequently seen in the case of nonsuicidal deaths.

The death of a loved one or known acquaintance is an event that initiates the process of grief in those who knew the deceased. Although variously defined within the literature, the concept of grief typically refers to the multitude of complex responses that follow a real or perceived loss, most usually the loss of a significant other through death (Cleiren, 1993; Dershimer, 1990; Rando, 1993; Worden, 1991). In addition to being a universal human phenomenon, grief is highly individualized and multidimensional (Cowles & Rodgers, 1991), including multiple and interactive

behavioral, cognitive, emotional, social, somatic, and spiritual components (Averill, 1968; Carter, 1989; Corr, Nabe, & Corr, 1994; Cowles & Rodgers, 1991; Dershimer, 1990; Lindemann, 1944; Rando, 1993; Vargas, Loya, & Hodde-Vargas, 1989; Worden, 1991).

In recent years, a growing line of empirical inquiry has centered upon the quantitative examination of the effect of suicide on the subsequent grief experienced by suicide survivors (Barrett & Scott, 1990; Kovarsky, 1989; McIntosh & Kelly, 1992; Silverman, Range, & Overholser, 1994). To

Steven E. Bailey is a Postdoctoral Fellow, Department of Psychiatry and Behavioral Sciences, University of Texas–Houston Health Science Center. Michael J. Kral is an Associate Professor and Director of Clinical Psychology Training, University of Windsor, in Ontario, Canada. Katherine Dunham is an Assistant Professor, Department of Psychology, State University of New York at Plattsburgh.

Correspondence may be sent to Steven E. Bailey, Department of Psychology, University of Windsor, Windsor, Ontario, Canada, N9B 3P4.

This paper is based on research conducted for Steven Bailey's masters thesis, submitted to the University of Windsor in partial fulfillment of degree requirements. Data from this investigation have been presented at the annual meeting of the American Association of Suicidology, St. Louis, MO, April 1996. This research was supported by a grant to Steven Bailey from the Social Sciences and Humanities Research Council of Canada (SSHRC). The authors wish to acknowledge the important contributions of William Balance, Paul Janisse, and Sharon McMahon toward the completion of this project.

Suicide and Life-Threatening Behavior, Vol. 29(3), Fall 1999
© 1999 The American Association of Suicidology

clarify, the term "survivor" (either prefaced by "suicide" or as a stand-alone term) is a widely accepted one and is used to denote those who have experienced the death by suicide of someone that they care about (Smolin & Guinan, 1993). Although there exists an expansive literature base examining various aspects of the construct of grief (Averill, 1968; Bugen, 1977; Cowles & Rodgers, 1991; Lindemann, 1944; Parkes, 1985), far less attention has been devoted to the systematic measurement of the various (specific) dimensions/components of grief following a suicide. This relative lack of attention warrants concern, especially given that the current population of individuals who have lost a significant other to suicide has been estimated to number upwards of 3.5 million in the United States alone (McIntosh, 1993). McIntosh (1986) noted that "such a significant number of people represents a major mental health population" (p. 355), a population growing by an estimated 180,000 (McIntosh, 1993) to 250,000+ (Colt, 1991) individuals per year.

The idea that grief reactions are *differentially* influenced by the mode of death of the deceased (i.e., natural, accident, suicide, or homicide) has received support in recent scholarship (Rando, 1993). Grief after a suicide, though sharing much in common with grief after other modes of death, does appear to have several features that distinguish it from the grief following from nonsuicidal deaths (Barrett & Scott, 1990; Calhoun, Selby, & Steelman, 1988; Cleiren, 1993; Colt, 1991; Cook & Dworkin, 1992; Demi, 1984; Farberow, 1991; Farberow, Gallagher-Thompson, Gilewski, & Thompson, 1992; Kovarsky, 1989; McIntosh, Arnett, & Thomas, 1992; Miles & Demi, 1992; Ness & Pfeffer, 1990; Range & Calhoun, 1990; Seguin, Lesage, & Kiely, 1993; Silverman et al., 1994). A similar perspective, emphasizing the particular character or quality of grief when the death is a suicide, reverberates in the writings of many others who have either directly experienced the suicide of a loved one or who have worked closely with those who have (Alexander, 1991;

Bolton, 1987; Chance, 1988; Fine, 1997; Ross, 1987; Smolin & Guinan, 1993; Van Dongen, 1990). However, even in those studies that do lend empirical support to the notion that the grief process is somehow different and/or more difficult in the case of a suicide, data are often either equivocal or contradictory. So, although the basic proposition of differential grief reactions due to suicide has considerable clinical, experiential, and research support, the competing view that grief after suicide is largely similar to grief after other modes of death has also been advanced with some force (Cleiren, Diekstra, Kerkhof, & Van der Wal, 1994; McIntosh, 1993; McIntosh & Kelly, 1992).

Given these competing viewpoints, the present investigation was designed primarily to assess the nature of component aspects of grief as manifested in survivors of suicide as compared directly with those bereaved through either accidental deaths, anticipated natural deaths, or unanticipated natural deaths. Although the present study shares methodological features with previously published bereavement comparison group studies (e.g., McIntosh & Kelly, 1992; Silverman et al., 1994), we believe that replication is warranted given that there still exists divergent findings and divergent conclusions in the literature on the question of differential grief after a suicide. We also have concerns about the fact that the measures employed in prior comparison group research are often rather global and nonspecific in terms of the assessment of circumscribed grief experiences (e.g., Demi & Miles, 1988; Farberow, Gallagher, Gilewski, & Thompson, 1987; McIntosh & Kelly, 1992; McNeil, Hatcher, & Reubin, 1988; Range & Niss, 1990), and about the possibility that the use of such measures obscures some of the particular aspects of grief so frequently reported in the literature on suicide survivors. For example, studies using measures that tap specific grief reactions (e.g., feelings of shame, a sense of being rejected by the deceased, stigmatization, a sense of responsibility for the death, etc.) do consistently show that suicide survivors endorse

such experiences more frequently than do nonsuicide survivors (Barrett & Scott, 1990; McIntosh et al., 1992; Silverman et al., 1994). There is thus a strong reason to believe that, at least when used in a retrospective fashion, these "general" instruments are not sensitive to differences.

This study is also informative in that we provide data that assesses the influence of death "naturalness" and "expectedness" on grief. Suicide by its nature is an unnatural death, and one that is most often unexpected (although this determination rests in every case with those bereaved). Prior comparison group studies have not generally attempted to tease apart the potential influence of these factors in assessing grief after a suicide. Perhaps the fact of a self-inflicted death is less important in the bereavement experience than the fact that the bereaved are dealing with a sudden and unnatural death? Thus, questions remain about the degree to which these other factors impact grief after a suicide.

In this study, comparison groups were utilized for three principal reasons. First, they allow for direct and meaningful comparisons to be made across the bereavement groups on the measured dimensions of grief (i.e., what grief reactions, if any, differ across the groups). Second, they allow for comparisons to be made between those who were bereaved in a sudden/unexpected manner (i.e., suicide, accidental, and unanticipated natural death groups) and those for whom the death was expected (i.e., anticipated natural death group). This comparison is useful given that deaths that occur with little or no forewarning appear to cause more intense grief and poorer overall functioning in those who subsequently grieve as compared with deaths that are expected (Glick, Weiss, & Parkes, 1974; Parkes & Weiss, 1983; Rando, 1993). Third, as both suicides and accidental deaths are classifiable as "unnatural," the influence of the perceived "naturalness" of death on grief was assessed by systematically comparing grief reactions endorsed by the composite

of these two unnatural death conditions against those reported by the natural death bereavement groups. It was with the hope and expectation of furthering the understanding of the reactions of survivors of suicide and the way(s) in which these reactions may differ from those of others who mourn nonsuicidal deaths that this research was undertaken.

METHOD

Participants

The participants in this investigation were 384 students enrolled in introductory psychology classes at a mid-sized eastern Canadian university. Of these, 34 participants were excluded from further analysis due to failure to meet inclusion criteria. These criteria included that the respondent was at least 10 years of age at the time of death, which excluded 20 respondents. Nine more were excluded because the cause of death (six homicides and three deaths due to AIDS) fell outside the scope of the present investigation. Four more natural death survivors were excluded as they did not indicate whether or not they had anticipated the death, and one more individual was excluded as the mode of death was not given.

The final sample ($N = 350$) was composed of 253 women (73.8%) and 90 men (26.2%; 7 participants did not indicate their sex) and was primarily White (87.9%). The mean age was 20.75 years ($SD = 4.83$; range = 18–64 years). Religious orientation was predominantly Catholic (48.9%) and Protestant (27.4%), and marital status was largely single (93%).

The mean age of the respondents at the time of death was 17.07 years ($SD = 5.1$; range = 10–53 years), and they had been bereaved an average of 4.1 years ($SD = 4.06$; range = 1 month to 29 years) prior to their participation in this study. Of the 350 deaths, 90 (25.7%) had occurred within the preceding 12 months, while 275 (78.8%) had occurred within the past 5

years. The degree of reported "closeness" to the decedent was fairly high ($M = 2.6$, $SD = .97$, on a 5-point Likert scale ranging from 1, "closer than any relationship I've had," to 5, "not very close at all").

Regarding the kinship relationship between the respondents and the decedents, 307 (87.9%) of the deceased individuals were nonimmediate family members while 42 (12.1%) were first-degree family members. In the nonimmediate family categories, grandparents (47.6%) and friends (22.6%) predominated, while death of a parent accounted for 69% of the first-degree deaths (fathers, 38%, and mothers, 31%).

The participants were divided into four groups based on the decedents' mode of death. Of the 350 participants, 259 were bereaved due to natural causes, 57 due to accident (A), and 34 due to suicide (S). Those bereaved through natural deaths were divided into anticipated and unanticipated conditions depending on their response to the inquiry "Did you anticipate, or have advance warning, that the person would soon die?" Based on responses to this question, 157 participants were categorized as bereaved from "natural anticipated death" (NA), while 102 fell into the "natural unanticipated death" (NU) condition.

Measures

Grief Experience Questionnaire

The Grief Experience Questionnaire (GEQ; Barrett & Scott, 1989) is a self-administered instrument designed to tap various dimensions of grief. Item selection was based on the deductive (rational) approach of scale construction, with items derived primarily from statements of suicide survivors as described in the published literature and from reasoned expectations as to the nature of their grief reactions.

The GEQ consists of 55 face-valid items. Each item is rated on a 5-point Likert-type scale ranging from "Never" to "Almost Always." The inventory yields 11 subscale scores, derived by summing the responses

of the subscale items, and a Total Grief Reactions score, derived by summing across all of the items. Higher raw scores on any given scale indicate a greater likelihood that the specific grief reaction has been experienced. The 11 dimensions are (1) Somatic Reactions, (2) General Grief Reactions, (3) Search for Explanation, (4) Loss of Social Support, (5) Stigmatization, (6) Guilt, (7) Responsibility, (8) Shame, (9) Rejection, (10) Self-Destructive Behavior, and (11) Unique Reactions. Reported scale alpha coefficients are moderately high to high, ranging from a low of .69 to a high of .89, with Total score alpha reported at .97 (Barrett & Scott, 1989).

The wording of the GEQ items was modified slightly for the present study, with the items referring to the deceased "person" rather than "spouse" as Barrett and Scott (1989) had in the original version of the measure. In addition, the original instructions directed respondents to judge how frequently they experienced any given reaction "in the first two years" after the death, whereas in the present study this wording was changed to "since the death." This change in wording was implemented to take into account the wide variation in elapsed time since the death.

Impact of Event Scale

The Impact of Event Scale (IES; Horowitz, Wilner, & Alvarez, 1979) is a 15 item self-report measure designed to assess the current degree of subjective distress related to any given life event. In this study, the life event was the death of a known other. The respondent is asked to indicate, for each item, how frequently it was true during the past 7 days (including the day of their participation). Scoring categories are from "Not at All" (scored as 0) to "Often" (scored as 5).

Two subscales are derived, Intrusions (IES-I) and Avoidance (IES-A). The IES-I is composed of seven questions assessing the degree to which the respondent experiences unwanted intrusions into consciousness of thoughts, images, and feelings related to the death (potential score range of 0–35). The IES-A is composed of eight

questions measuring the frequency with which the respondent exhibits evasiveness of either an emotional, behavioral, or cognitive nature with regard to the death (range of 0–40).

Internal consistency of the scales is high, with Horowitz et al. (1979) reporting alpha values of .78 (Intrusion) and .82 (Avoidance). In a cross-validation study utilizing three distinct groupings of subjects (Zilberg, Weiss, & Horowitz, 1982), alpha values ranged from .79 to .92 for the Intrusion scale, and from .82 to .91 for the Avoidance subscale. Furthermore, Cleiren (1993), in a longitudinal study, reported alpha values of .79 and .73 for the Intrusion and Avoidance subscales, respectively, at a 4-month postdeath interval, while at a 14-month repeated measure these alpha values were .84 and .74, respectively.

Texas Revised Inventory of Grief

The Texas Revised Inventory of Grief (TRIG; Faschingbauer, 1981) is a two-scale Likert-type measure of grief due to the death of a known person. In the initial section, respondents provide demographic data and information regarding circumstances surrounding the death. In this section, degree of closeness to the deceased is rated on a 5-point Likert scale from “closer than any relationship I’ve had before or since” (scored as 1) to “not very close at all” (scored as 5).

Part I, Past Behavior, consists of eight questions relating to the period of time immediately after the death. Part II, Present Feelings, has 13 questions that relate to current feelings in response to the death. Respondents are asked to indicate the truth of each of the 21 statements on a scale ranging from “completely false” (scored as 1) to “completely true” (scored as 5). Each part is scored separately, with potential score ranges of 8–40 for Part I and 13–65 for Part II. Higher scores indicate more difficulty in handling the grief experience. Faschingbauer (1981) cited alpha coefficients ranging from .77 to .87 for Part I and from .86 to .89 for Part II,

and also reported that the construct validity of each of the scales was supported.

Additional Measures

Participants also completed a questionnaire designed by the authors that was geared toward the assessment of (1) additional aspects of grief and (2) other loss-related variables that may play a part in its determination (e.g., respondents’ views about the preventability of the death, etc.). Two subjective bereavement-related outcome variables were derived from this questionnaire: (1) acceptance of the death and (2) degree of self-perceived recovery. Regarding acceptance of the death, respondents were asked “To what extent do you feel that you have accepted the death?” Responses were given on a 10-point Likert scale ranging from 0, indicating that the respondent had “not accepted it at all,” to 10, indicating that he or she “[has] completely accepted it.” Degree of recovery from the death was assessed on an equivalent scale with the prompt “To what degree do you feel that you have recovered from the death?” where “have not recovered at all” and “have completely recovered” were the extremes.

Procedure

Recruitment of participants took place during regularly scheduled introductory psychology classes. All students in attendance were informed that if they had been previously bereaved, they could volunteer to participate in a questionnaire-type study on grief in exchange for class credit. Signed informed consent was obtained from all participants, and verbal instructions were also given to participants in which it was emphasized that they were free to withdraw from participation at any time without penalty. A one-page handout sheet, including the phone numbers of some local mental health services and a factual description of some of the common manifestations of grief, was given to all participants to take with them upon their completion of the questionnaire package.

In the case where a participant had been bereaved more than once, the participant was instructed to answer the questions with reference to grief over that deceased person to whom the participant had been the closest.

As numerous cross-group comparisons were conducted (97 in total), concern of reporting spurious "significant" results arises. To control for Type I error, a relatively stringent alpha of $p < .001$ was established a priori as the criterion for the determination of significance.

RESULTS

Decedent Characteristics

The decedents were 198 men (56.6%) and 152 women (43.4%), with a mean age of 51.7 years ($SD = 25.2$; range = 1–96 years). As would be expected, grandparents composed the majority of individuals dying from natural causes (61.6%), while friends accounted for the majority of accidental and suicidal deaths (64.5% and 44.1%, respectively). The causes of death were quite varied within each of the four modes of death groups. Of the 34 suicides, 9 were reported to have been caused by gunshot, 7 by carbon monoxide poisoning, 5 each by hanging and drug overdose, 1 due to jumping from a high place, and 1 by drowning. The cause of death in the 6 remaining cases was not clarified by the respondents. The majority of accidental deaths were motor vehicle related (72%), while natural deaths were primarily due to either cancer or heart attack.

Initial Group Comparisons

Univariate analyses of variance of demographic and bereavement-related variables indicated that the four survivor groups differed significantly on the mean age of the decedent, $F(3, 353) = 79.12$, $p < .001$. Scheffe tests indicated that decedents in the natural anticipated (NA) group were older ($M = 64.4$) than those in

the natural unanticipated (NU), suicide (S), and accident (A) groups ($M = 56.7$, 32.8, and 23.0, respectively), and that NU decedents were significantly older than both S and A group decedents. The variable of respondent "closeness" to the deceased also demonstrated significant group differences, $F(3, 362) = 5.67$, $p < .001$. Those bereaved through accidental death rated themselves as being less close to the decedent ($M = 3.0$, $SD = .91$) than did the NA and NU groups ($M = 2.57$, $SD = .90$, and $M = 2.44$, $SD = 1.01$, respectively). There were no significant differences among the groups on the current age of the respondent, respondent's age at the time of the decedent's death, or the amount of time that had elapsed since the death. Also, although no significant sex difference was found, women outnumbered men by at least a 2:1 ratio in each of the four groups (reflecting the proportion of women to men in the sample), while the sex of the decedents showed the opposite pattern, with men outnumbering women across each mode of death.

Major Analyses and Findings

Reliability of the scales was calculated using Cronbach's coefficient alpha. As can be seen in Table 1, alpha values for the GEQ subscales ranged from .56 (Unique Reactions) to .85 (Guilt), with a Total Grief Reactions scale reliability of .94. Reliabilities for the IES and the TRIG were uniformly high.

To assess the influence of mode of death, hierarchical multiple regression analyses using rank transformed data were used. Ranked data were used, as highly unequal variances (across outcome measures) were found across the different groups. The ranking procedure was such that for *each* of the 18 outcome variables (i.e., GEQ = 12, IES = 2, TRIG = 2, Acceptance, and Recovery), the entire set of observations was ranked from smallest to largest, with the smallest observation given rank 1, the second smallest rank 2, and so on, with average ranks assigned in the case of ties. As

TABLE 1
Coefficient Alpha Values for the
Grief Experience Questionnaire (GEQ),
Impact of Event Scale (IES), and
Texas Revised Inventory of Grief (TRIG)

Outcome variables	N	Number of items	Alpha
<i>GEQ subscales</i>			
Physical Reactions	348	5	.78
General Grief			
Reactions	347	5	.67
Search for			
Explanation	348	5	.83
Loss of Social			
Support	348	5	.80
Stigmatization	349	5	.77
Guilt	348	5	.85
Responsibility	347	5	.75
Shame	347	5	.67
Rejection	348	5	.84
Self-Destructive			
Behavior	348	5	.74
"Unique" Reactions	348	5	.56
Total Grief Reactions	348	55	.94
<i>IES subscales</i>			
Avoidance	350	8	.84
Intrusions	350	7	.88
<i>TRIG subscales</i>			
Past Behavior	346	8	.86
Present Feelings	344	13	.91

each outcome variable was responded to by a maximum of 350 subjects, the range of possible rank scores was 1–350 per variable. For each *group* of survivors, a mean rank was then calculated for each outcome variable, based on the average of the individual ranks within that particular group. These mean group ranks formed the base upon which the group comparisons were conducted. Iman and Conover (1979) noted that any regression method may be applied to the ranks of the original observations. As such, the utilization of the rank transformation approach allowed for the appropriate use of multiple regression analysis to test the group contrasts.

Four covariates were selected to be entered as the initial block in the regression equations. As noted previously, age of the deceased and respondent closeness to the deceased differed significantly across

the mode of death groups and were chosen on that basis. Respondents' views regarding the preventability of the death (assessed on the author-devised questionnaire) also differed significantly across the groups, $\chi^2(3, N = 346) = 60.30, p < .001$, and hence this variable was chosen as a covariate. Although time since death did not differ significantly across the groups, it was chosen because of the conceptual significance afforded to it in the grief literature and due to its high correlation with many of the outcome variables.

Covariates should be significantly related to the outcome variables and not significantly intercorrelated among themselves (Tabachnick & Fidell, 1989). Results showed that the chosen covariates were significantly related to the outcome variables in 52 out of the 72 computed correlations. Furthermore, only one significant correlation was observed between the covariates, that being a negative relationship between the perceived preventability of the death and the age of the deceased ($r = -.36, p < .001$). All remaining intercorrelations did not approach statistical significance. It thus appears that the covariates chosen for inclusion into the regression equations were appropriate.

Regression equations were then computed with variables entered as blocks. The first block contained the four covariates. These variables were entered first so that the variance in the outcome variables accounted for by them could be statistically removed, allowing for the subsequent evaluation of mode of death effects, which were assessed using appropriate contrasts entered as the second block in the equations. The final block consisted of the interaction terms (each covariate \times the contrast).

Three contrasts (group comparisons) per dependent (outcome) variable were tested. On theoretical grounds, the three tested contrasts per outcome variable were (1) suicide survivors versus all others (to test the "unique" influence of suicide as a mode of death), (2) suicide and accident versus natural death groups (to test the influence exerted by "unnatural" as op-

posed to "natural" type deaths), and (3) suicide, accident, and natural unanticipated groups versus the natural anticipated group (to test the role of the "anticipation" factor). Given that the previously noted contrasts were not orthogonal, separate regression models were computed for each of the three contrasts over the 18 outcome variables (resulting in a total of 54 regression models) in order to prevent the contrasts from interfering with each other due to their relationship. As no significant covariate by contrast interactions were found (and thus the interaction terms provided no significant increment in available information), all equations were recomputed without the third block of terms entered. By recomputing the analyses without the interaction terms, the resultant equations became conceptually purer.

In all cases, the adjusted mean ranks of the contrasted groups were calculated using formulas presented by Cohen and Cohen (1983). While adjusted mean ranks formed the basis for the determination of group differences, raw score means and standard deviations are presented to facilitate comparison with other previously published reports using these measures in Table 2. This table summarizes the results of each planned comparison (contrast) for each of the 18 outcome variables.

In the initial series of analyses, suicide was included among the unnatural and unanticipated death groups. Results from these analyses, as presented in Table 2, are in some cases equivocal in terms of determination of the factor(s) responsible (i.e., suicide as the mode of death, naturalness, or anticipation) for group differences on various grief dimensions. For example, on the GEQ "Rejection" scale, suicide survivors scored significantly higher than all other groups combined, yet it is also the case that the "unnatural" groups scored higher than did the natural death group. One is thus left uncertain as to whether it is the fact of suicide per se that drives up feelings of rejection, or the fact that the death was classified by the bereaved as "unnatural" (which of course includes

suicides, but is not exclusive to suicidal deaths).

Thus, the initial pattern of results (Table 2) was further clarified through reanalyzing the contrasts where suicide was included and combined with one or more other groups because of its status as an unnatural and unanticipated death. The rationale for recomputing these two contrasts (unnatural versus natural and unanticipated versus anticipated) over the entire set of outcome variables with the suicide survivors *excluded* is that these results allowed for a more refined analysis of the "pure" influence of suicide as a factor in grief reactions, as opposed to the influence of the broader aggregate factors that are also attributes of suicidal deaths. The results of these contrasts are presented in Table 3.

Analyzing the data by considering the pattern of results obtained across Tables 2 and 3 is particularly informative. Analysis and interpretation of these patterns provided a means of untangling the effect of (1) *suicide* as the mode of death, as well as the aggregate factors of (2) *naturalness* and (3) *anticipation*, in terms of their respective influences on reported grief reactions.

Suicide: Differential Effects on Grief

As is evident from the data presented in Tables 2 and 3, survivors of suicide reported a significantly greater frequency of feelings of responsibility for the person's death as compared against that of the other survivor groups. Interestingly, the contrast testing the influence of the "naturalness" factor with the suicide survivors excluded indicated that natural death bereaved reported a greater frequency of feelings of responsibility than did the accidentally bereaved. From these two results, it is unclear which factor (suicide as the mode of death or the aggregate factor of "naturalness") was of primary influence. As such, the suicide survivors were compared *directly* against the two natural death groups in an additional multiple regression analysis. Although this contrast

TABLE 2
Regression Results: Raw Score Means and Standard Deviations (in Parentheses)
of Outcome Variables by Contrast

Outcome variables	Contrasts					
	Suicide vs. all other		Unnatural ^a vs. natural ^b		Unanticipated ^c vs. anticipated ^d	
<i>GEQ subscales</i>						
Physical Reactions	9.91 (4.24)	9.59 (3.71)	9.77 (3.90)	9.57 (3.72)	9.67 (3.76)	9.57 (3.77)
General Grief Reactions	12.46 (4.60)	10.74 (3.92)	11.47 (4.44)	10.71 (3.85)	11.40 (4.27)	10.30 (3.61)
Search for Explanation	18.38 (4.34)	14.54* (5.18)	17.45 (4.17)	14.02 (5.28)	16.48 (4.84)	12.97* (5.05)
Loss of Social Support	9.68 (3.99)	8.81 (3.88)	9.35 (4.12)	8.73 (3.80)	9.21 (4.05)	8.49 (3.66)
Stigmatization	10.20 (4.92)	7.22** (3.00)	8.55 (4.07)	7.14 (2.98)	8.12 (3.63)	6.75 (2.79)
Guilt	13.65 (5.41)	13.53 (5.32)	12.85 (4.90)	13.79* (5.45)	13.52 (5.39)	13.56 (5.24)
Responsibility	9.41 (4.26)	7.00*** (3.01)	7.44 (3.39)	7.16 (3.17)	7.47 (3.43)	6.94 (2.93)
Shame	13.44 (5.25)	10.10** (3.62)	11.53 (4.40)	10.04 (3.68)	10.86 (4.21)	9.89 (3.48)
Rejection	13.18 (5.92)	6.48*** (2.46)	8.95 (5.15)	6.49** (2.52)	7.85 (4.20)	6.25 (2.31)
Self-Destructive Behavior	7.61 (2.70)	7.45 (2.99)	7.88 (2.89)	7.32 (2.98)	7.83 (3.15)	7.01 (2.65)
"Unique" Reactions	13.91 (3.30)	8.06*** (2.71)	11.04 (3.44)	7.77*** (2.75)	9.70 (3.46)	7.30** (2.44)
Total Grief Reactions	131.82 (35.41)	102.80*** (27.70)	116.27 (31.29)	101.88 (28.43)	112.08 (30.41)	97.69 (27.17)
<i>IES subscales</i>						
Avoidance	13.96 (11.08)	10.94 (9.18)	11.52 (9.57)	11.13 (9.37)	12.31 (9.77)	9.91 (8.80)
Intrusions	14.76 (10.56)	11.52 (9.13)	13.33 (9.07)	11.31 (9.36)	13.34 (9.59)	9.99 (8.63)
<i>TRIG subscales</i>						
Past Behavior	23.76 (7.41)	20.97 (7.08)	22.80 (7.35)	20.69 (7.01)	22.33 (7.33)	19.91 (6.71)
Present Feelings	43.27 (10.07)	40.44 (11.05)	42.32 (11.19)	40.18 (10.87)	42.27 (11.25)	38.84 (10.37)
<i>Self-ratings</i>						
Acceptance	7.07 (2.62)	7.62 (2.41)	7.21 (2.44)	7.70 (2.42)	7.12 (2.67)	8.13 (1.97)
Recovery	7.69 (2.11)	7.97 (2.07)	7.76 (2.13)	8.01 (2.05)	7.60 (2.32)	8.38 (1.64)

Note. Score differences across groups were obtained using adjusted mean ranked scores. GEQ, Grief Experience Questionnaire; IES, Impact of Event Scale; TRIG, Texas Revised Inventory of Grief.

^aUnnatural = suicide and accident ($n = 91$). ^bNatural = natural causes ($n = 259$). ^cUnanticipated = suicide, accident, and natural unanticipated ($n = 193$). ^dAnticipated = natural anticipated ($n = 157$).

* $p < .05$. ** $p < .01$. *** $p < .001$.

TABLE 3
Regression Results: Raw Score Means and Standard Deviations
(in Parentheses) of Outcome Variables for Contrasts with
Suicide Group Removed from the Unnatural and
Unanticipated Conditions

Outcome variables	Contrasts			
	Unnatural ^a vs. natural ^b		Unanticipated ^c vs. anticipated ^d	
<i>GEQ subscales</i>				
Physical Reactions	9.68 (3.71)	9.57 (3.72)	9.62 (3.67)	9.57 (3.77)
General Grief Reactions	10.88 (4.28)	10.71** (3.85)	11.18 (4.17)	10.30 (3.61)
Search for Explanation	16.89 (3.99)	14.02 (5.28)	16.08 (4.85)	12.97* (5.05)
Loss of Social Support	9.16 (4.22)	8.73 (3.80)	9.11 (4.07)	8.49 (3.66)
Stigmatization	7.57 (3.13)	7.14 (2.98)	7.68 (3.14)	6.75 (2.79)
Guilt	12.37 (4.55)	13.79* (5.45)	13.50 (5.40)	13.56 (5.24)
Responsibility	6.26 (2.00)	7.16*** (3.17)	7.06 (3.09)	6.94 (2.93)
Shame	10.39 (3.36)	10.04 (3.68)	10.31 (3.75)	9.89 (3.48)
Rejection	6.43 (2.17)	6.49 (2.52)	6.71 (2.59)	6.25 (2.31)
Self-Destructive Behavior	8.04 (3.01)	7.32 (2.98)	7.88 (3.24)	7.01 (2.65)
“Unique” Reactions	9.33 (2.15)	7.77 (2.75)	8.80 (2.77)	7.30 (2.44)
Total Grief Reactions	107.00 (24.50)	101.88* (28.83)	107.86 (27.56)	97.69 (27.17)
<i>IES subscales</i>				
Avoidance	10.07 (8.31)	11.13** (9.37)	11.96 (9.46)	9.91 (8.80)
Intrusions	12.47 (8.02)	11.31 (9.36)	13.04 (9.38)	9.99 (8.63)
<i>TRIG subscales</i>				
Past Behavior	22.23 (7.32)	20.69 (7.01)	22.02 (7.30)	19.91 (6.71)
Present Feelings	41.72 (11.88)	40.18 (10.87)	42.05 (11.51)	38.84 (10.37)
<i>Self-ratings</i>				
Acceptance	7.29 (2.34)	7.70 (2.42)	7.13 (2.69)	8.13 (1.97)
Recovery	7.81 (2.16)	8.01 (2.05)	7.58 (2.36)	8.38 (1.64)

Note. Score differences across groups were obtained using adjusted mean ranked scores. GEQ, Grief Experience Questionnaire; IES, Impact of Event Scale; TRIG, Texas Revised Inventory of Grief.

^aUnnatural = accident only ($n = 57$). ^bNatural = natural causes ($n = 259$). ^cUnanticipated = accident and natural unanticipated ($n = 159$). ^dAnticipated = natural anticipated ($n = 157$).

* $p < .05$. ** $p < .01$. *** $p < .001$.

did not reach the .001 level set a priori for significance, a trend was evidenced ($p < .028$) wherein the suicide survivors reported more frequent feelings of responsibility than did the natural death groups (mean adjusted ranks of 207.6 and 165.1 for the suicide and natural death survivor groups, respectively). From these results, it appears that suicide as the mode of death was the primary factor accentuating feelings of responsibility.

Another reaction that differentiated the experienced grief reactions of suicide survivors from that of the other groups was the experience of *feeling rejected* by the deceased ($p < .001$). The mean rank for the suicide survivors was the highest of any of the assessed reactions, regardless of which survivor group one examines. Although a trend was evident when the unnatural versus natural death survivor groups were compared initially, this effect dropped out when the contrast was rerun with the suicide survivors removed. That the contrast no longer reached levels indicative of group differences when the influence of the suicide survivors was removed underlines the powerful influence exerted by suicide on this particular grief reaction.

In addition to more frequent feelings of responsibility and rejection, suicide survivors also reported significantly higher levels of *overall grief* ($p < .001$), as indicated by the GEQ Total Grief Reactions scale. Similar to feelings of responsibility, however, a trend was evident wherein accidental death survivors reported lower levels on this scale than did the composite of the natural death survivor groups ($p < .012$). This finding, like the responsibility scale, necessitated the running of one additional contrast, again between the suicide and natural death survivors. As in the suicide/natural death contrast for responsibility, suicide survivors' responses were indicative of a trend ($p < .012$) toward higher levels of overall grief than that reported by the natural death survivors (mean adjusted ranks of 216.2 and 168.6 for the suicide and natural death survivor groups, respectively). These results suggest that survivors of suicide, as compared to non-

suicide survivors, may be more likely to experience an accentuated overall combination of grief reactions in response to the loss.

With regard to the Unique Reactions subscale of the GEQ, results are unequivocal in showing that suicide survivors were significantly more likely to endorse the reactions included in this rather heterogeneous ($\alpha = .56$) "scale" than were any of the other survivor groups ($p < .001$). However, interpretation of this finding is complicated by the fact that this scale is not measuring a single (coherent) grief reaction. In order to clarify the meaning(s) of the significant difference between the suicide survivors and all other bereaved participants on this scale, one-way ANOVAs were computed for each of the five component items (using rank transformed values as explained earlier).

Results of these ANOVAs indicated that the suicide survivors, as compared to all other survivor groups, reported more of the following: (1) wondering about the person's motivation for not living any longer $F(3, 343) = 49.27, p < .001$, (2) feeling that they should have somehow prevented the death, $F(3, 343) = 15.12, p < .001$, and (3) telling others that the cause of death was something different than it really was, $F(3, 343) = 9.27, p < .001$. In addition, a trend was evident in which the suicide survivors reported more often than the other groups the feeling that the deceased was somehow getting even with them by dying, $F(3, 343) = 5.07, p < .01$.

The bereavement groups also differed significantly on the item tapping feelings that the death was a senseless and wasteful loss of life. Although these differences were not indicative of intensified reactions only for suicide survivors, which is the unifying theme for results presented in this section, the nature of these differences will be presented here in order to fully develop the meaning of the effects found on the Unique Reactions subscale. Results indicated that both the suicide and accidental death survivor groups felt this way more frequently than did the natural death survivor groups, and, in addition, the natural

TABLE 4
Means and Standard Deviations for the Five Component Questions of the
Unique Reactions Subscale of the Grief Experience Questionnaire

Question	Mode of death			
	Suicide Mean (SD)	Accident Mean (SD)	NA Mean (SD)	NU Mean (SD)
Since the death, how often did you:				
1. . . wonder about the person's motivation for not living longer?	3.85*** (1.10)	1.19 (0.55)	1.46 (0.86)	1.52 (0.90)
2. . . feel like the person was somehow getting even with you by dying?	1.21** (0.48)	1.09 (0.54)	1.03 (0.16)	1.13 (0.39)
3. . . feel that you should have somehow prevented the death?	2.82*** (1.55)	1.71 (1.08)	1.36 (0.81)	1.60 (1.04)
4. . . tell someone that the cause of death was something different than what it really was?	1.88*** (1.30)	1.26 (0.65)	1.13 (0.48)	1.28 (0.81)
5. . . feel that the death was a senseless and wasteful loss of life?	4.15 _{a,b} (1.05)	4.07 _{a,b} (1.40)	2.32 (1.52)	2.96 _b (1.68)

Note. GEQ items are endorsed on a scale ranging from 1 (Never) to 5 (Almost Always), indicating the frequency with which the respondent experienced the reaction in question. NA, natural anticipated condition; NU, natural unanticipated condition. Means in the same row that do not share subscripts differ at $p < .001$. ** $p < .01$. *** $p < .001$.

unanticipated group reported this reaction to a greater extent than did the natural anticipated group $F(3, 343) = 25.17$, $p < .001$. The raw score means and standard deviations for each of the survivor groups on the variables of this subscale are presented in Table 4.

In addition to being significantly different from the other groups on the preceding grief reactions, the responses of suicide survivors indicated trends toward greater perceived *stigmatization* ($p < .003$) and a sense of *shame and embarrassment* following the death ($p < .003$). No further differences were present that distinguished the suicide survivors from the other groups.

Effects on Grief Related to the Aggregate Factor of "Naturalness" of the Death

Results on the effect of the naturalness of the death were indicative of several trends. The unnatural death groups (accident and suicide) reported a trend toward having felt less guilt than that experienced by the natural death groups ($p < .05$). The natural death survivor groups,

as compared to only the accidental death survivor group, evidenced a trend wherein they scored higher on the General Grief Reactions subscale ($p < .009$). In addition, the only reported reaction that differentiated among the current functioning (within the week prior to participation) of the groups was avoidance-type behaviors (IES-A). Here, the trend was that these behaviors were reported to a greater extent by the natural death survivors than by the accidental death survivors ($p < .005$).

Effects on Grief Related to the Aggregate Factor of "Anticipation" of the Death

After being bereaved, individuals reflexively attempt to formulate for themselves an explanation as to the cause and circumstances surrounding the death. This search for understanding and explanation was the most clearly affected of the grief reactions influenced by the aggregate factor of anticipation (suddenness) of the impending nature of the death. As is evident in Table 2, a trend was evidenced whereby

suicide survivors experienced this reaction more frequently than did the composite of the other survivor groups ($p < .04$). However, results derived by contrasting the unanticipated and the anticipated survivor groups (in the absence of the suicide survivors), showed that this effect may also be understood as a reflection of lack of anticipation ($p < .03$), as opposed to being uniquely attributable to the cause of death being suicide. No further differences between the bereaved groups were found.

DISCUSSION

The results of the present investigation provide evidence supporting the popular conception of differential reactions in grief after a suicide as compared with grief after other modes of death. The most substantial of the findings concerned differences in the highly specific grief reactions assessed by the subscales of the Grief Experience Questionnaire.

Suicide survivors reported more frequent experiencing of feelings of rejection and abandonment as a consequence of the decedents' method of death. This finding concurs with findings from both individual narratives (Alexander, 1991) and comparison group studies (Barrett & Scott, 1990; McIntosh et al., 1992; Reed & Greenwald, 1991). The data from the present study suggest that it is only in the infrequent case that a nonsuicidally bereaved person responds with such feelings (as the mean score on the rejection scale was lower than that of any other scale for the nonsuicidally bereaved). The second most infrequently reported reaction among nonsuicidally bereaved persons was the feeling of responsibility for the death. This reaction also significantly differentiated the suicide survivors from all others. It is worthy of note that the two most infrequently reported grief reactions among the nonsuicidally bereaved (feelings of rejection and responsibility) were the two reactions that most distinguished grief associated with suicide. These findings point to the notion that future investigations of mode of death effects on grief reactions

should include the measurement of specific components of grief.

To further elaborate on the importance of utilizing assessment instruments that target specific grief reactions as opposed to more all-encompassing scales that measure the collection of symptoms known as "grief," in no case in the present study was a significant mode of death effect found on the IES or TRIG. One plausible explanation for this finding is that these scales define the constituent symptoms of the grief response broadly, seeking to assess what might be called "overall" reactions to the event. It appears that mode of death effects are less likely to be found with such measures, at least when reported retrospectively years later, compared with grief measures such as the GEQ, which quantify constituent dimensions of the grief response. It is instructive to recall Averill's (1968) caveat against treating a complex and highly diversified behavior pattern such as grief as if it can be studied without reference to its particular constituents.

Results also corroborate existing evidence suggesting that for survivors of suicide as a group, the issues of perceived stigmatization and feelings of shame and embarrassment do set them apart from those who mourn nonsuicidal deaths (Barrett & Scott, 1990; McIntosh et al., 1992; Ross, 1987). Although present results reached only trend status ($p < .003$), they do mirror the considerable weight given these factors in the literature, factors that are viewed as being capable of turning the grief process into an extended and contorted one for the survivor of "the suicide" (Noyes, 1968; Solomon, 1982). The present findings also corroborate Shneidman's (1993) contention that "it is obvious that some deaths are more stigmatizing or traumatic than others: death by . . . the negligence of oneself or some other person, or by suicide" (p. 165). Results also support the findings and contention of Seguin et al. (1993), who stressed the central role played by feelings of shame in the aftermath of a completed suicide. The present authors also share their view that attention should be directed at the "subtle" com-

ponents of grief (e.g., feelings of shame). These not so readily apparent reactions/processes can play a significant role in terms of influencing the course and extent of one's response to the loss, especially as the cumulative force of many reactions (i.e., feeling abandoned, responsible, stigmatized, etc.) builds.

Further evidence of the impact of suicide derives from the fact that suicide survivors reported spending a greater proportion of their time ruminating about the motivation of the person who killed himself or herself and, more broadly, asking themselves the familiar "why?" reported so frequently in the suicide survivor literature (Calhoun, Selby, & Selby, 1982; Van Dongen, 1988, 1990). The present finding, using a comparison group methodology, corroborates well the report of the suicide survivor who reported to Buksbazen (1976) that "it just remains a mystery that you can't really let go of and that you can't deal with, because there's nobody there to answer when you hit the right answer to the riddle" (p. 107). It thus appears, from both individual narrative and comparison group methodologies, that the reaction of searching for reasons for the death is more likely to be evidenced in suicide survivors, particularly when compared to those bereaved through anticipated deaths.

In the quest for resolution and clarity associated with the circumstances surrounding the death, unanticipated death survivors evidenced this tendency to search to a greater extent than did anticipated death survivors. This trend corroborates previous research showing that deaths which are sudden and unexpected tend to impose a greater burden on the bereaved (Parkes & Weiss, 1983), as they then face the additional task of trying to come to grips with an event which has most likely caught them off-guard and unprepared. Rando (1993) noted that a sudden death represents a personal trauma for the bereaved, and that the lack of anticipation and suddenness will "adversely influence the mourner's internal world and coping abilities, thus constituting the trauma" (p. 555). In addition to the shattering of the

commonplace belief in a fair and just world, unfinished business with the deceased is likely to remain. These are but just two of the possible consequences of becoming bereaved by an unexpected death.

One further characteristic evidenced by the suicide survivors group that warrants consideration is the greater variability among this group than that demonstrated by the other groups. This result corroborates similar findings in other investigations (Bailey, 1994; Callahan, 1997; Silverman et al., 1994). This increased variability was particularly evident on the grief reactions that are intuitively more related to suicide, such as rejection, responsibility, shame, and stigmatization. These results point to the conclusion that, even though this study examined the "uniqueness" of grief due to suicide, one should not ever be led to the belief that "suicide survivors" are an entirely homogeneous group evidencing little variability. If anything, the results of this and other investigations indicate that this group evidences *more* variability in terms of their experienced grief reactions than do other bereaved groups. It appears that suicide survivors span the spectrum of the hypothetical continuum that exists for any given grief construct/reaction, and it was the suicide survivors scoring at the higher ranges in this study who likely set this group apart from the others. Future research would do well to investigate, in addition to the uniqueness of suicide survivors as a group, this within-group variability in order to further elucidate factors that influence relatively satisfactory versus markedly impaired functioning in the wake of a completed suicide.

Also of some importance is the fact that the covariates utilized in this study (perceived closeness to and age of the deceased, preventability of the death, and time since death) also contributed significantly in the prediction of grief. Although this investigation focused almost exclusively on the delineation of significant mode of death effects, it should not be lost that mode of death is but one of many factors that combine and conspire to influ-

ence grief (Rando, 1984, 1993; Worden, 1991). In the present research, the finding of several covariate by mode of death contrast interactions (trends) points to the need for future consideration to be given to these and other potentially predictive variables (e.g., personality characteristics of the bereaved, number of previous bereavements, etc.).

In terms of limitations of the present study, factors such as the retrospective design and the mixing of first-degree and nonimmediate family members count as such. In addition, the fact that exclusively university students were utilized places limits on the generalizability of the present results. However, the comparison group methodology, the utilization of standardized and psychometrically sturdy measures, and the relatively large sample size speak to the issue of the validity of these results, which indicated that suicide as the mode of death *did* place those who survived this type of loss in a different position in terms of experienced grief reactions. These results reverberate powerfully with Rynearson's (1987) statement that "It is the *form* and *context* [italics added] of dying rather than death itself that lends meaning and structure to the psychologic recapitulation and assimilation of death by the bereaved" (p. 78).

To close, let us consider the words of Rando (1993), who stated that "although it is always dangerous to compare different losses . . . , it is equally dangerous *not* to look at the unique dilemmas posed by specific types of losses and to ignore the distinct needs of mourners experiencing different types of bereavement" (p. 4). Clearly, it remains for future researchers to carefully examine and further delineate the specifics that are relatively more common among suicide survivors and to further the understanding of factors that may be of particular importance in the influencing of their grief.

REFERENCES

Alexander, V. (1991). Grief after suicide: Giving voice to the loss. *Journal of Geriatric Psychiatry*, *24*, 277-291.

- Averill, J. R. (1968). Grief: Its nature and significance. *Psychological Bulletin*, *70*, 721-748.
- Bailey, S. E. (1994). *Influence of mode of death on the bereavement experience: Suicide, accident, and natural death survivors compared*. Unpublished master's thesis, University of Windsor; Windsor, Ontario, Canada.
- Barrett, T. W., & Scott, T. B. (1989). Development of the Grief Experience Questionnaire. *Suicide and Life-Threatening Behavior*, *19*, 201-215.
- Barrett, T. W., & Scott, T. B. (1990). Suicide bereavement and recovery patterns compared with non-suicide bereavement patterns. *Suicide and Life-Threatening Behavior*, *20*, 1-15.
- Bolton, I. (1987). Our son Mitch. In E. J. Dunne, J. L. McIntosh, & K. Dunne-Maxim (Eds.), *Suicide and its aftermath: Understanding and counseling the survivors* (pp. 85-94). New York: Norton.
- Bugen, L. A. (1977). Human grief: A model for prediction and intervention. *American Journal of Orthopsychiatry*, *47*, 196-206.
- Buksbazen, C. (1976). Legacy of a suicide. *Suicide and Life-Threatening Behavior*, *6*, 106-122.
- Calhoun, L. G., Selby, J. W., & Selby, L. E. (1982). The psychological aftermath of suicide: An analysis of current evidence. *Clinical Psychology Review*, *2*, 409-420.
- Calhoun, L. G., Selby, J. W., & Steelman, J. K. (1988). A collation of funeral directors' impressions of suicidal deaths. *Omega Journal of Death and Dying*, *19*, 365-373.
- Callahan, J. (1997, April). *Correlates and predictors of grief in suicide survivors*. Paper presented at the annual conference of the American Association of Suicidology, Memphis, TN.
- Carter, S. L. (1989). Themes of grief. *Nursing Research*, *38*, 354-358.
- Chance, S. (1988). Surviving suicide: A journey to resolution. *Bulletin of the Menninger Clinic*, *52*, 30-39.
- Cleiren, M. P. H. D. (1993). *Bereavement and adaptation: A comparative study of the aftermath of death*. Washington, DC: Hemisphere.
- Cleiren, M. P. H. D., Diekstra, R. F. W., Kerkhof, A. J. F. M., & Van der Wal, J. (1994). Mode of death and kinship in bereavement: Focusing on "who" rather than "how." *Crisis*, *15*, 22-36.
- Cohen, J., & Cohen, P. (1983). *Applied multiple regression/correlation analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.
- Colt, G. H. (1991). *The enigma of suicide*. New York: Simon & Schuster.
- Cook, A. S., & Dworkin, D. S. (1992). *Helping the bereaved: Therapeutic interventions for children, adolescents, and adults*. Basic Books.
- Corr, C. A., Nabe, C. M., & Corr, D. M. (1994). *Death and dying, life and living*. Pacific Grove, CA: Brooks/Cole.
- Cowles, K. V., & Rodgers, B. L. (1991). The concept of grief: A foundation for nursing research and practice. *Research in Nursing and Health*, *14*, 119-127.
- Demi, A. S. (1984). Social adjustment of widows after a sudden death: Suicide and non-suicide survivors compared. *Death Education*, *8* (Suppl.), 91-111.
- Demi, A. S., & Miles, M. S. (1988). Suicide bereaved

- parents: Emotional distress and physical health problems. *Death Studies*, 12, 297–307.
- Dershimer, R. A. (1990). *Counseling the bereaved*. Elmsford, NY: Pergamon Press.
- Farberow, N. L. (1991). Adult survivors after suicide: Research problems and needs. In A. A. Leenaars (Ed.), *Life-span perspectives of suicide: Time-lines in the suicide process* (pp. 259–279). New York: Plenum Press.
- Farberow, N. L., Gallagher, D. E., Gilewski, M. J., & Thompson, L. W. (1987). An examination of the early impact of bereavement on psychological distress in survivors of suicide. *Gerontologist*, 27, 592–598.
- Farberow, N. L., Gallagher-Thompson, D., Gilewski, M., & Thompson, L. (1992). Changes in grief and mental health of bereaved spouses of older suicides. *Journal of Gerontology*, 47, 357–366.
- Faschingbauer, T. R. (1981). *Texas Revised Inventory of Grief manual*. Houston: Honeycomb.
- Fine, C. (1997). *No time to say goodbye: Surviving the suicide of a loved one*. New York: Doubleday.
- Glick, I. O., Weiss, R. S., & Parkes, C. M. (1974). *The first year of bereavement*. New York: Wiley.
- Horowitz, M., Wilner, N., & Alvarez, W. (1979). Impact of Event Scale: A measure of subjective stress. *Psychosomatic Medicine*, 41, 209–218.
- Iman, R. L., & Conover, W. J. (1979). The use of the rank transform in regression. *Technometrics*, 21, 499–509.
- Kovarsky, R. S. (1989). Loneliness and disturbed grief: A comparison of parents who lost a child to suicide or accidental death. *Archives of Psychiatric Nursing*, 3, 86–96.
- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 101, 141–148.
- McIntosh, J. L. (1986). Survivors of suicide: A comprehensive bibliography. *Omega*, 61, 355–370.
- McIntosh, J. L. (1993). Control group studies of suicide survivors: A review and critique. *Suicide and Life-Threatening Behavior*, 23, 146–161.
- McIntosh, J. L., Arnett, E., & Thomas, R. (1992, April). *Grief and bereavement instruments: A comparison*. Paper presented at the annual meeting of the American Association of Suicidology, Chicago.
- McIntosh, J. L., & Kelly, L. D. (1992). Survivors' reactions: Suicide vs. other causes. *Crisis*, 13, 82–93.
- McNeil, D. E., Hatcher, C., & Reubin, R. (1988). Family survivors of suicide and accidental death: Consequences for widows. *Suicide and Life-Threatening Behavior*, 18, 137–147.
- Miles, M. S., & Demi, A. S. (1992). A comparison of guilt in bereaved parents whose children died by suicide, accident, or chronic disease. *Omega*, 24, 203–215.
- Ness, D. E., & Pfeffer, C. R. (1990). Sequelae of bereavement resulting from suicide. *American Journal of Psychiatry*, 147, 279–285.
- Noyes, R. (1968). The taboo of suicide. *Psychiatry*, 31, 173–183.
- Parkes, C. M. (1985). Bereavement. *British Journal of Psychiatry*, 146, 11–17.
- Parkes, C. M., & Weiss, R. S. (1983). *Recovery from bereavement*. New York: Basic Books.
- Rando, T. A. (1984). *Grief, dying, and death: Clinical interventions for caregivers*. Champaign, IL: Research Press.
- Rando, T. A. (1993). *Treatment of complicated mourning*. Champaign, IL: Research Press.
- Range, L. M., & Calhoun, L. G. (1990). Responses following suicide and other types of death: The perspective of the bereaved. *Omega*, 24, 311–320.
- Range, L. M., & Niss, N. M. (1990). Long-term bereavement from suicide, homicide, accidents, and natural deaths. *Death Studies*, 14, 423–433.
- Reed, M. D., & Greenwald, J. Y. (1991). Survivor-victim status, attachment, and sudden death bereavement. *Suicide and Life-Threatening Behavior*, 21, 385–401.
- Ross, E. (1987). *After suicide: A unique grief process*. Iowa City: Lynn Publications.
- Rynearson, E. (1987). Psychological adjustment to unnatural dying. In S. Zisook (Ed.), *Biopsychosocial aspects of bereavement*. Washington, DC: American Psychiatric Press.
- Seguin, M., Lesage, A., & Kiely, M. (1993, May). *Parental bereavement after suicide and accident: A comparative study*. Paper presented at the annual meeting of the American Association of Suicidology, San Francisco.
- Shneidman, E. (1993). *Suicide as psychache: A clinical approach to self-destructive behavior*. Northvale, NJ: Aronson.
- Silverman, E., Range, L., & Overholser, J. (1994). Bereavement from suicide as compared to other forms of bereavement. *Omega*, 30, 41–51.
- Smolin, A., & Guinan, J. (1993). *Healing after the suicide of a loved one*. New York: Simon & Schuster.
- Solomon, M. (1982). The bereaved and the stigma of suicide. *Omega*, 13, 377–387.
- Tabachnick, B. G., & Fidell, L. S. (1989). *Using multivariate statistics* (2nd ed.). New York: Harper & Row.
- Van Dongen, C. J. (1988). The legacy of suicide. *Journal of Psychosocial Nursing*, 26, 9–13.
- Van Dongen, C. J. (1990). Agonizing questioning: Experiences of survivors of suicide victims. *Nursing Research*, 39, 224–229.
- Vargas, L. A., Loya, F., & Hodde-Vargas, J. (1989). Exploring the multidimensional aspects of grief reactions. *American Journal of Psychiatry*, 146, 1484–1488.
- Worden, J. W. (1991). *Grief counseling and grief therapy*. New York: Springer.
- Zilberg, N. J., Weiss, D. S., & Horowitz, M. J. (1982). A cross-validation study and some empirical evidence supporting a conceptual model of stress response syndromes. *Journal of Consulting and Clinical Psychology*, 50, 407–414.

Manuscript Received: November 18, 1996
Revision Accepted: August 12, 1998