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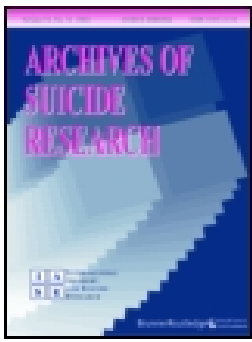
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Older adults bereaved by suicide: a systematic literature search identifying zero studies

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Total word count: 1620 (without abstract and references), 2236 (with abstract and references)

Keywords: bereavement, older adults, psychosocial support, suicide, systematic review

Abstract:

Objective: To identify empirical studies of older adults (≥ 60) bereaved by the loss of a significant other to suicide.

Methods: A systematic literature search in CINAHL, Embase, Medline, PsycINFO, and SCOPUS. The inclusion criteria were empirical studies investigating people bereaved by suicide at age ≥ 60 published in English or a Nordic language.

Results: 12,871 references were identified, but after screening, no articles fulfilled the inclusion criteria.

Conclusion: There is a lack of research on old people bereaved by suicide. With the aim of tailoring evidence-based interventions to this group, future research should investigate whether they have particular experiences, psychosocial responses and needs, and help-seeking strategies.

Keywords:

Bereavement, older adults, psychosocial support, suicide, systematic review

Introduction

A person bereaved by suicide can be defined as someone “who has lost a significant other (or a loved one) by suicide, and whose life is changed because of the loss” (Andriessen, 2009, p. 43). In 2017, the global population aged 60 years or over numbered 962 million (United Nations, 2017). A meta-analysis of population-based studies investigated the prevalence of exposure to suicide experienced among family, friends or someone personally known. Among adults, the past-year prevalence was 3.84% and the lifetime prevalence was 24.66% (Andriessen, Rahman, Draper, Dudley,

& Mitchell, 2017). Assuming that these percentages are similar for older adults, 37 million older adults have experienced a suicide in the past year and 237 million during their lifetime. People bereaved by suicide are at risk of several negative outcomes specific to suicide bereavement, such as an increased risk of suicide, suicidal behaviour, and mental disorders, including depression (Pitman, Osborn, King, & Erlangsen, 2014). Further, they might experience uncomfortable feelings, such as blame, guilt, and emptiness. These feelings are affected by the ability to find meaning in the death by suicide (Shields, Kavanagh, & Russo, 2017).

Hansson & Strobe (2007) defined bereavement in late life as occurring over the age of 60. They acknowledged this to be a very broad definition because the threshold of who is considered 'old' has risen over recent generations. Further, people over age 60 have very different health statuses and abilities to adapt and respond to bereavement. The age-related difficulties associated with bereavement include: a reduced and limited social network; increased challenges in overcoming restoration-oriented tasks, e.g. learning new tasks in everyday life; the natural course of physiological and cognitive aging (Hansson & Stroebe, 2007). Moreover, older adults who are bereaved have an increased risk of suicide and have a higher level of emotional and social loneliness, and increased risk of suicide (Shah & Meeks, 2012). However, in general, older adults are also resilient; e.g. being more experienced with death and therefore better prepared to cope with bereavement in comparison with younger people. They also have increased emotional control and thus experience less emotional disintegration when a beloved one dies (Hansson & Stroebe, 2007).

Older adults bereaved by suicide

Previous studies have examined reactions and consequences for older adults bereaved

by suicide. Farberow et al.'s (1992a, 1992b, 1987, 1991) longitudinal observation study compared grief, mental health, and social support with death after suicide versus death from natural causes among bereaved spouses age 55 and over (mean age 62 versus 68). The control group consisted of married persons (aged ≥ 55 , mean age 70) who had not experienced loss of a spouse to divorce or death in the 5 years prior to the study. There were no statistical differences between the groups of bereaved regarding grief reactions, mental health and psychopathology. However, symptoms subsided differently; spouses bereaved by suicide had an extended period of great vulnerability and needed a year longer to adapt (Farberow et al., 1992a). Farberow et al. argued that it is more difficult being a spouse bereaved by suicide than by death from natural causes because the bereaved by suicide experienced less support (Farberow et al., 1992b).

A cross-sectional study (Clarke & Wrigley, 2004) of psychiatric morbidity in bereaved patients attending old-age psychiatry included 18 older adults who had experienced 20 bereavements of which 10 were caused by suicide. The study indicated that suicide is more likely than other causes of adult children's death to result in psychiatric morbidity in older adults. Unfortunately, the sample size was small and the ages of the older adults were not specified (Clarke & Wrigley, 2004).

A case study aimed at clarifying the association between the suicide of a family member and late life suicide (Waern, 2005). Eighty-five relatives of older adults ($+65$) who died by suicide were interviewed about the deceased's life and about suicide in the family. According to Waern, 15% of the deceased had experienced suicide in the family. The study concluded that previous episodes of suicidal behaviour were significantly more common among the deceased who had been bereaved by suicide in first-degree family members, than those who had not. The study included interviews with 13 relatives about whether they perceived the suicide of a family member to be a

precipitant to the older adult's suicide. Suicide among siblings and parents were not considered an important precipitating factor, but suicide of an offspring was considered to be a precipitator (Waern, 2005). The conclusions of this study were not robust because of a small sample size and because data collection was probably biased (some informants had difficulties in answering the questions because of lack of knowledge and recall bias). Further, the period of time since the loss was not reported.

The aim of the present systematic review was to identify empirical studies exclusively of older adults bereaved by the loss of a significant other to suicide. 'Older adults' was defined as ≥ 60 years of age at the time of the suicide.

Methods

A systematic literature search was concluded in June 2018 in five databases (CINAHL, Embase, Medline, PsycINFO, and SCOPUS). These databases were chosen to identify empirical research concerning older adults bereaved by suicide. The search consisted of a building block search strategy and a 'citation pearl growing strategy' (Harter, 1986) to ensure the highest possible level of recall in the search. The inclusion criteria were empirical studies investigating people bereaved by suicide at age ≥ 60 published in English or a Nordic language.

The first part of the search was a building block strategy consisting of three 'blocks' of combined search terms. The blocks identified the population consisting of older adults bereaved by suicide; 1) suicide, 2) age/kinship, and 3) bereavement. To exemplify the search building block strategy, the search terms used in Medline are shown in Figure 1. These were similar to the search strategies used in the searches in CINAHL, Embase and PsycINFO that were, however, adapted to the specific thesauruses in these databases.

[Insert figure 1 here]

The second part of the search was a citation pearl search in the SCOPUS citation search index database. Reference lists and citing articles were examined in the 13 articles about middle aged and older adults (population age > 50).

The identified references were screened and those that did not fulfil the inclusion criteria were disregarded. The method sections were screened to identify studies solely examining older adults bereaved by suicide. A Prisma diagram was used to summarise and account for the results of the search, screening, assessment of eligibility, and inclusion (Moher, Liberati, Tetzlaff, & Altman, 2009).

Results

As illustrated in the Prisma diagram in figure 2, zero studies were included as none of the identified studies exclusively investigated bereaved by suicide at age ≥ 60 .

[Insert figure 2 here]

Discussion

The paucity of studies identified in the review confirms the assumption that older adults bereaved by suicide is an under-researched area (Andriessen, Dransart, Cerel, & Maple, 2017). However, if we had defined 'older adults' as ≥ 50 years, we would have included thirteen articles, but these papers may not sufficiently capture older adult's bereavement or their particular needs for psychosocial support. Most of the articles about middle-

aged and older bereaved persons (50 and over) focused exclusively on kinship or causes of death, and not age-related problems and needs. Floyd, Seltzer, Greenberg & Song (2013) investigated parental bereavement during mid- to later life among different causes of death with focus on the particular related to age. Parents bereaved by suicide was a small subgroup in the sample. The fathers whose child committed suicide reported significantly more depression symptoms at both pre- and post-bereavement than the fathers in the long-term illness subgroup did. In relation to bereavement and age, the authors point out that parental bereavement at this stage of life might produce unique alterations in daily activities, roles and routines, such as increases in grandparent care or separation from grandchildren. A recent study included adult participants with a very broad age range and described the bereaved individuals' experiences as a first step toward developing a support model for those bereaved from suicide. The study found that the most mature individuals who had experienced several life events received comfort through open dialogue, while the younger individuals (twenties) handled difficult situations by concealing their emotions and deliberately concealing their suffering. The authors stated that people bereaved by suicide at different ages might need different types of support (Kasahara-Kiritani, Ikeda, Yamamoto-Mitani & Kamibeppu, 2017). Future research into these changes may help to specify targets and goals for intervention.

It could be argued that age is not a valid marker of special psychosocial needs late in life. For example, retirement is often considered to be the social marker of entering into old age and denotes a major transition in life, which can have negative effects on the person's wellbeing (Bauger & Bongaardt, 2017). Adjustment to bereavement takes place within the context of daily life and conduct of everyday life is likely to change *post* retirement. Furthermore, retirement takes place within a broad

spectre of ages depending on the right to old age pension in different countries, health status, economic possibilities and individual preferences. Thus, retirement might mark a better criterion for inclusion than age when aiming to assess special psychosocial needs among older adults bereaved by suicide. Status of health or extent of network may also be more significant factors than age *per se*.

Conclusion

None of the 12,871 references fulfilled the inclusion criteria after a screening of their title, abstract and methods, which indicates a paucity of research on older adults (≥ 60) bereaved by suicide. To be able to tailor evidence-based interventions to this group future research should investigate the particular experiences, needs and help-seeking of the suicide bereaved older adults.

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Figure 1

Suicide	AND	Age/kinship	AND	Bereavement
exp Suicide/ or suicide.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] References: 76942		Parents/ or parents.mp. or siblings.mp. or Siblings/ or elderly.mp. or Aged/ or Aged/ or Aging/ or "Aged, 80 and over"/ or husband.mp. or wives.mp. or exp Spouses/ or Spouses/ or marital partner.mp. or Marriage/ or relatives.mp. or Family/ or sexual partner.mp. or Sexual Partners/ or friend.mp. or Friends/ or extended family.mp. or grandparent.mp. or Grandparents/ References: 3339972		(suicide bereave* or suicide loss* or offspring suicide).mp. or Survivors/ or suicide survivor*.mp. or bereaved by suicide.mp. or Survivors/ or suicide survivor*.mp. or bereavement.mp. or Bereavement/ or loss*.mp. or bereave*.mp. or grief.mp. or Grief/ References: 930174

Figure 1: Search strategy used in Medline

Figure 2

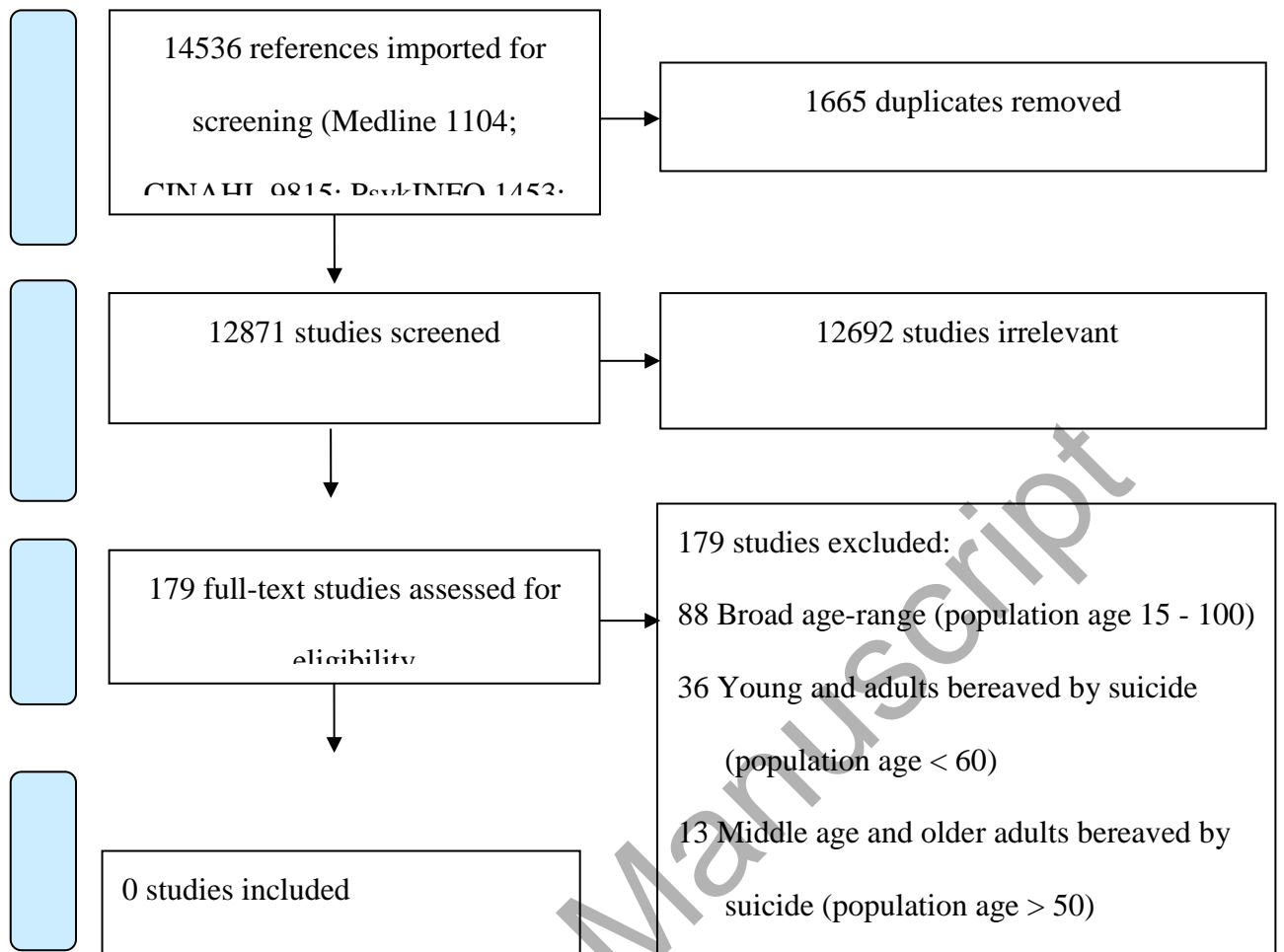


Figure 2: Prisma flow diagram over the search (Moher *et al.*, 2009).