

Review articles (systematic or scoping)

Psychological interventions for those bereaved by suicide: A scoping review

Nathalia Cabral Souza¹, Maria Eduarda Silva Zschornak¹, Filipe Luis Souza¹
e Roberta Borghetti Alves¹

¹ University of Vale do Itajaí (UNIVALI), School of Health Sciences, Undergraduate Program in Psychology, Itajaí, Santa Catarina, Brazil

Received: November 11, 2024.

Accepted: May 14, 2025.

Section Editor: Cândida Helena Lopes Alves.

Author Note

Nathalia C. Souza  <https://orcid.org/0009-0008-5672-5197>

Maria Eduarda S. Zschornak  <https://orcid.org/0009-0001-5270-2544>

Filipe L. Souza  <https://orcid.org/0000-0002-3009-308X>

Roberta B. Alves  <https://orcid.org/0000-0002-1866-699X>

Correspondence concerning this article should be addressed to Filipe Luis Souza, R. Uruguai, 458 – Centro, Itajaí – SC, Brazil. ZIP-CODE: 88302-901. Email: filipe.souza@clnicasouzaecabral.com

Conflict of Interest: None declared.

Abstract

This article addresses the complexity of grief caused by suicide, characterized by intense feelings of guilt, shame and responsibility for the death of a loved one. The importance of support and specific instructions for survivors is highlighted, focusing on postvention – a set of innovative measures after suicide, essential in preventing new cases. The current literature presents significant gaps on the topic, highlighting the urgent need for more research. With the intention of contributing to this field, this study aims to analyze psychological interventions aimed at adults bereaved by suicide, examining scientific publications from 2019 to 2023. This article reviewed interventions aimed at people bereaved by suicide, selecting four studies among 2,394 initially found across six databases: MEDLINE (PubMed), EMBASE, PsycINFO, Scopus, Cochrane Library, and Portal Capes. Among the disciplines studied, conscious self-compassion retreats and online cognitive-behavioral therapy stand out, both of which demonstrated a reduction in levels of psychological suffering and improvement in participants' emotional regulation. This result plays a crucial role in the synthesis of evidence and the comprehensive evaluation of literature related to the topic.

Keywords: psychological intervention, grief-suicide, survivors, review, suicide

INTERVENÇÕES PSICOLÓGICAS PARA ENLUTADOS POR SUICÍDIO: UMA REVISÃO DE ESCOPO

Resumo

O luto ocasionado pelo suicídio é caracterizado por sentimentos intensos de culpa, vergonha e responsabilidade pela morte do ente querido. Destaca-se a importância do suporte e das intervenções específicas para os sobreviventes enlutados. A literatura atual apresenta lacunas significativas sobre o tema, evidenciando a necessidade do desenvolvimento de mais pesquisas. Com o intuito de contribuir para esse campo, este estudo visou analisar as intervenções psicológicas direcionadas a adultos enlutados por suicídio, examinando as publicações científicas no período de 2019 a 2023. Este artigo revisou intervenções destinadas a pessoas enlutadas por suicídio, selecionando quatro estudos dentre 2.394 inicialmente encontrados em seis bases de dados sendo essas MEDLINE (PubMed), EMBASE, PsycINFO, Scopus, Cochrane Library e Portal Capes. Entre as intervenções estudadas, destacam-se os retiros de autocompaixão consciente e a terapia cognitivo-comportamental online, ambos mostraram redução nos níveis de sofrimento psicológico e melhoria na regulação emocional dos participantes. Esse resultado desempenha um papel crucial na síntese de evidências e na avaliação abrangente da literatura relacionada ao tema.

Palavras-chave: intervenção psicológica, luto-suicídio, sobreviventes, revisão, suicídio

INTERVENCIONES PSICOLÓGICAS PARA PERSONAS EN DUELO POR SUICIDIO: UNA REVISIÓN DEL ALCANCE

Resumen

Este artículo aborda la complejidad del duelo provocado por el suicidio, caracterizado por intensos sentimientos de culpa, vergüenza y responsabilidad por la muerte de un ser querido. Se destaca la importancia del apoyo y de instrucciones específicas para los supervivientes, centrándose en la posvención, un conjunto de medidas innovadoras tras el suicidio, esenciales para prevenir nuevos casos. La literatura actual presenta lagunas importantes sobre el tema, lo que destaca la necesidad urgente de realizar más investigaciones. Con la intención de contribuir a este campo, este estudio tiene como objetivo analizar intervenciones psicológicas dirigidas a adultos en duelo por suicidio, examinando publicaciones científicas de 2019 a 2023. Este artículo revisó intervenciones dirigidas a personas en duelo por suicidio, seleccionando cuatro estudios entre 2.394 encontrados inicialmente. Entre las disciplinas estudiadas, resaltan los retiros de autocompasión consciente y la terapia cognitivo-conductual en línea, que mostraron una disminución de los niveles de sufrimiento psicológico y una mejora en la regulación emocional de los participantes. Este resultado juega un papel crucial en la síntesis de evidencia y la evaluación integral de la literatura relacionada con el tema.

Palabras-clave: intervención psicológica; duelo-suicidio; supervivientes; revisión; suicidio

Suicide is the second leading cause of death among young people aged 15 to 29 worldwide. This phenomenon has emerged as a public health concern (World Health Organization, 2021). At the national level, epidemiological data from 2011 to 2018 indicate an increase of more than 74,000 annual reports of suicide attempts in the country. Within this context, women represent the majority of reported cases, and adults (aged 20 to 59) account for 65.6% of the notifications. It is important to note that the prevalence of suicide attempts may vary depending on the population studied (Silva & Marcolan, 2021). Suicide is a multifactorial phenomenon, characterized by complexity and the interrelation of various factors.

When suicide occurs, it leaves behind consequences and concerns for those who remain and must cope with the grief. Family members, friends, or anyone who had contact with the deceased and was in some way affected by the death are referred to as “suicide-bereaved survivors,” and they may be at particularly high risk for developing mental disorders or even dying by suicide themselves (Tal Young et al., 2012).

The intense and often long-lasting suffering experienced by these survivors can have a direct impact on their mental health, social relationships, and ability to cope with challenging life situations (Adams et al., 2018). In suicide bereavement, unlike other types of loss, survivors tend to experience heightened levels of guilt, shame, and a sense of responsibility for the death, greater than those bereaved by accidental deaths (Kölves & Leo, 2018). Therefore, providing support for individuals bereaved by suicide is regarded as an important strategy for suicide prevention (Andriessen, 2009).

Postvention is defined as a set of interventions implemented after a suicide to support bereaved survivors. The stigma surrounding death by suicide tends to limit support networks, making it less likely that these survivors will receive immediate help and intervention. As a result, they are more likely to report delays in treatment compared to individuals bereaved by sudden natural deaths. This outcome is believed to be associated with a lack of support, as well as feelings of guilt, shame, and social isolation (Scocco et al., 2021).

Interventions for those bereaved by suicide include psychological interventions, group therapy, individual therapy, peer-led group interventions, family therapy, and combined approaches that integrate multiple therapeutic modalities (Andriessen et al., 2019). However, there are few evidence-based interventions – whether delivered remotely or in person – that have been proven effective for this specific population of suicide-bereaved individuals (Wagner et al., 2022). Therefore, it is necessary to review the available evidence on postvention interventions in order to promote their integration into public health frameworks, which are essential for preventing further suicide attempts and for fostering the emotional well-being of suicide-bereaved survivors (Andriessen et al., 2019).

It is important to highlight that developing research on psychological interventions for individuals bereaved by suicide contributes to the creation of effective practices to help people cope with their loss in an adaptive way. Such studies may help emphasize the need for structured care practices for this population, ultimately helping to reduce the perpetuation of the suicide

cycle. These findings are expected to support mental health professionals in designing programs and strategies to provide appropriate support and care for suicide-bereaved individuals, as well as to guide the development of new, specific psychological intervention protocols for this group.

In terms of scientific relevance, Andriessen et al. (2019), in their systematic review on the subject, highlight the lack of consensus in the literature regarding which interventions are most effective for adults bereaved by suicide. Dantas, Bredemeier, and Amori (2022) corroborate this by noting that, in several countries, suicide postvention is approached with greater robustness, organization, and political planning than in Brazil. This underscores the need for scientific production within the national context.

Given the emerging challenges and the rising suicide rates—particularly among adults—and the resulting devastating impact on those left behind, there is an urgent need to explore and better understand psychological interventions targeting suicide-bereaved survivors. This study aimed to review the literature from the past five years on psychological interventions for individuals who have lost a friend or family member to suicide. Specifically, the objective was not only to catalog the various individual psychological practices applied to adults bereaved by suicide but also to identify group-based psychological interventions, considering the complexity and depth of grief experienced by this population.

Method

The present study is a scoping review aimed at synthesizing and addressing questions related to a specific topic by mapping existing gaps—namely, exploring the boundaries of current knowledge (Peters et al., 2020). This review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Extension for Scoping Reviews – PRISMA-ScR (Tricco et al., 2018). Scoping reviews play a crucial role in evidence synthesis and in assessing the breadth of literature on a given subject. Among their various purposes, they are essential for identifying the need to conduct a systematic review (Tricco et al., 2018).

Inclusion criteria for review

The inclusion and selection of articles followed the criteria: (a) published within the last five years (2019 to 2023); (b) empirical study design; (c) focused on psychological interventions conducted with family members or friends who lost someone to suicide; (d) targeting adults aged 18 to 59; and (e) having full access to the article. It is noteworthy that the eligibility criteria, databases, keywords (descriptors), and guidelines related to data management software were defined with the support of two librarians from a university located in the southern region of the country. The analysis for inclusion and exclusion of studies was conducted independently and blindly by two reviewers using Microsoft Excel (Redmond, WA). Disagreements between the reviewers during the selection phase were resolved by a tie-breaking decision made by the third author.

The Population, Concept, and Context (PCC) framework was used in the study design to clearly define the scope of the review by specifying three essential components. Population refers to the group of individuals or entities to be studied, as presented in Table 1. Defining the population helps determine who will be included in the study—in this case, adults bereaved by the suicide of a family member or friend. Concept refers to the central idea being explored or evaluated in the review, which, in this study, focused on psychological interventions conducted with this population. Context refers to the conditions or environment in which the study was carried out, which may include geographic, cultural, temporal, or institutional factors. In this study, the context was left open, as individuals may experience suicide bereavement within a context defined by their own circumstances. Thus, it is emphasized that applying the PCC framework provides a structured approach to formulating and refining the research question, ensuring that the inquiry remains focused (Peters et al., 2020).

Table 1
PCC criteria for scoping (Peters et al., 2020)

Parameter	Criteria
Population	Family members or friends bereaved by suicide
Concept	Psychological interventions
Context	Any context

Data collection procedure

For the registration and organization of articles, the EndNote® reference management software was used. To conduct a sensitive and comprehensive literature search, six electronic databases with significant impact in the health field were selected: MEDLINE (PubMed), EMBASE, PsycINFO, Scopus, Cochrane Library, and the CAPES Portal. Search terms were used in both Portuguese and English, including the following: “*Posvenção AND luto por suicídio* (postvention AND mourning suicide)”; “*Psicoterapia AND luto suicídio* (psychotherapy AND suicide grief)”; “*Terapia AND enlutados por suicídio* (therapy AND suicide bereaved)”; “*Luto AND suicídio* (grief AND suicide)”; “*Intervenção AND luto AND suicídio* (intervention AND grief AND suicide)”; and “*Sobreviventes AND suicídio* (survivors AND suicide).”

Analysis procedure

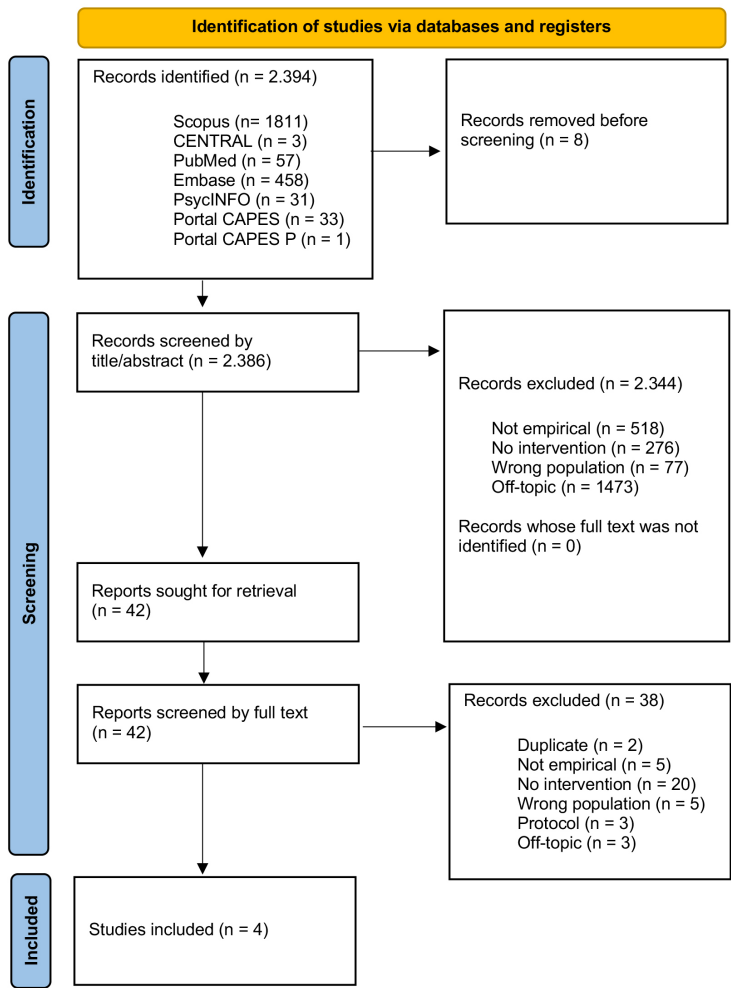
The data collected were analyzed qualitatively and grouped into two categories: (a) bibliometric data, which included year of publication, research objective, methodology, and evaluated outcomes; and (b) individual and group psychological interventions.

Results

In an effort to identify more eligible studies, searches were conducted across six health-related databases, initially yielding 2,394 records, as shown in Figure 1. Of this total, eight studies

were identified as duplicates and subsequently removed both manually and through the reference manager (EndNote). A total of 518 studies were excluded for not meeting the appropriate study design criteria—for example, not being empirical, lacking an intervention, focusing on a different population, or being unrelated to the topic. In addition, 77 studies were excluded for addressing a different population, and 1,472 were excluded for being outside the scope of the topic. As a result, 42 studies were identified as potentially eligible for full-text assessment, of which four studies were included (Treml et al., 2021, 2023; Wagner et al., 2022; Scocco et al., 2019, 2022), in accordance with the criteria established in the methodology.

Figure 1
PRISMA flow diagram



Bibliometric data

Of the four studies selected, one was published in 2019, another in 2021, and the remaining two in 2022. Notably, no scientific publications meeting the criteria of this review were identified for the years 2020 and 2023.

As shown in Table 02, one of the included studies had a prospective longitudinal design and involved 61 suicide-bereaved survivors who participated in a mindful self-compassion retreat. The authors (Scocco et al., 2019) investigated the effects of weekend mindfulness-based retreats, known as *Panta Rhei*, on the well-being of family members and friends of individuals who died by suicide. Among the participants, most had lost a partner or a son/daughter. The average duration of bereavement was approximately two years and six months. All 61 participants had voluntarily enrolled in *Soproxi*, a non-profit, volunteer-based organization operating throughout Italy to provide support for survivors.

Two years after the publication of the first study, a randomized clinical trial was conducted to evaluate the effectiveness of internet-based cognitive behavioral grief therapy specifically designed for individuals bereaved by suicide. The study included 58 participants diagnosed with Prolonged Grief Disorder (PGD) following the loss of a loved one to suicide. Participants were randomly assigned to either an intervention group or a waitlist control group (Trembl et al., 2021).

The following year, two additional studies were published. One was a randomized clinical trial that assessed the effectiveness of an online intervention also targeting individuals bereaved by suicide, aiming to evaluate whether it contributed to improvements in mental health. The study involved 140 participants who were randomized into a treatment group and a waitlist control group (Wagner et al., 2022).

Finally, the last study was a non-randomized trial involving 147 individuals bereaved by suicide, 97 of whom participated in a 16-hour experiential intervention. Before and after the intervention, participants completed the Self-Compassion Scale (SCS), the Five Facet Mindfulness Questionnaire (FFMQ), and the Profile of Mood States (POMS; Scocco et al., 2022).

Table 2
Study characteristics

First author, year	Population	Study design	Intervention	Measures	Follow-ups	Results
Scocco et al., 2019	Survivors, N = 61	Prospective longitudinal study	Mindful Self-Compassion Retreat	Five Facet Mindfulness Questionnaire, Profile of Mood States (POMS) and Self-Compassion Scale	Pre-intervention - 4 to 6 days before. Post-intervention - 4 to 6 days after	Significant reduction in POMS dimensions and lower levels of overidentification after retreat.
Wagner et al., 2022	Survivors, N = 140	Randomized controlled trial	12 weekly group webinars based on cognitive-behavioral methods	Beck Depression Inventory (BDI-II); Beck Scale for Suicidal Ideation (BSSI); The Acquired Capability Scale for Suicide (ACSS-FAD)	Pre-intervention and 6 months after the end of the intervention	Improvement in posttraumatic avoidance (ITT: $d=0.43$; completers: $d=0.56$) and intrusion (completers: $d=0.50$) compared to control. Decreased symptoms and impact of depression, grief, suicidal ideation and Post-Traumatic Stress Disorder (PTSD)
Treml et al., 2021	Survivors, N = 58	Randomized controlled trial	Internet-based cognitive behavioral grief therapy	Inventory of Complicated Grief (ICG); Grief Experience Questionnaire (GEQ)	Pre-intervention, post-intervention, 3-months, 6-months and 12-months follow-up	Large effects on PGD improvement for completers ($d=1.03$) and intention to treat ($d=0.97$). Decreased post-suicide grief and depressive symptoms in Intervention Group vs. Waitlist (moderate to large effects); stability of results; no significant effect on general psychopathology by time/group interaction.
Scocco et al., 2022	Survivors, N = 147	Non-Randomized Clinical Trial	Mindful Self-Compassion Retreat	Each patient completed the Self-Compassion Scale (SCS), and the Five Facet Mindfulness Questionnaire (FFMQ)	Pre-intervention - 4 to 6 days before. Post-intervention - 4 to 6 days after	Significant reduction in psychological distress (POMS) and increase in the subscales Observing, Describing, Non-judging, and Non-reacting (FFMQ), Self-Kindness, and General Self-Compassion (SCS)

Psychological interventions

The interventions implemented in the studies are described below to clarify the methodologies used and the outcomes achieved within the studied population. The practices were thoroughly detailed to enable other professionals to replicate or adapt these approaches in similar contexts, particularly when working with individuals experiencing psychological distress and who have limited opportunities to express and process their grief. The aim is for these findings to contribute to the advancement of intervention practices in contexts of suicide bereavement. Table 3, presented below, includes the name of the intervention, its respective modality, a brief description of the sessions, and the outcomes achieved.

Table 3
Intervention characteristics

Intervention name	Modality	Sessions	Results
Mindful Self-Compassion Retreat	Group	Retreat held over two days, starting at 10:00 am on a Saturday and ending at 1:00 pm on a Sunday, totaling 16 hours of mindfulness activities aimed at suicide grief (Scocco et al., 2019; Scocco et al., 2022).	Retreat participants showed significant reductions in all dimensions of the POMS (Scocco et al., 2019). Psychological distress reduced in all dimensions of the POMS (Scocco et al., 2022).
Internet-based Cognitive Behavioral Grief Therapy	Group	12 sessions based on cognitive-behavioral therapy delivered in webinar format, with each session being a module relevant to participants.	There were no significant differences in the primary outcomes between the groups, although the intervention group showed a moderate effect size ($d_{\text{between}} = 0.56$) in reducing intrusive post-traumatic thoughts, showing a significant difference from the control group (Wagner et al., 2022)
Internet-based Cognitive Behavioral Grief Therapy	Group	10 sessions divided into 3 phases. Phase 1: Self-confrontation; Phase 2: Cognitive restructuring; Phase 3: Social sharing.	The intervention group showed a significant improvement post-treatment compared to the control group, generating a large effect size ($d_{\text{between}} = 0.97$) in improving prolonged grief disorder (Trembl et al., 2021)

Note: The work of Wagner et al. (2022) and Trembl et al. (2021) used the same statistical analysis to determine between-subject effect sizes (Morris, 2007).

As shown in Table 03, the two studies focused on mindful self-compassion retreats are described. The first had an observational design, while the other was characterized as a non-randomized clinical trial. In both, participants engaged in mindfulness-based activities over a weekend (Scocco et al., 2019; Scocco et al., 2022). In both studies, the intervention aimed to encourage reflection on thoughts, behaviors, and emotions commonly associated with suicide bereavement, such as shame and guilt. Core themes included acceptance, acting mindfully, honoring one's pain, self-compassion, and forgiveness—whether directed toward the person who died by suicide or oneself.

In addition, the retreat aimed to foster connections and the sharing of experiences related to grief. The retreat was held over a Saturday and a Sunday, totaling 16 hours. The practices were delivered by mindfulness instructors. The sequence of activities was designed to gradually increase the level of difficulty in practicing mindfulness. On the first day, participants engaged in body scan exercises and mindfulness of breathing, as well as of sounds, colors, and smells. During the body scan, participants laid on their backs and were guided to focus individually on different parts of the body, starting from the tips of their toes up to the head. In the mindfulness of breathing practice, they were instructed to become aware of their breath and associated bodily sensations, while adopting a non-judgmental attitude toward any arising thoughts. In the mindfulness exercises focused on observing sounds, colors, and smells, participants were invited to explore their senses while walking through the forest (Scocco et al., 2019; Scocco et al., 2022).

On both the first and second days, following all practices, instructors provided guidance encouraging participants to maintain a non-judgmental attitude toward the emotions and thoughts that might arise—treating thoughts as products of the mind rather than concrete facts, and embracing discomfort and the full range of experience. On the second day, participants engaged in the Mindful-Walking in Pairs meditation, two meditations specifically focused on grief, and two practices aimed at cultivating kindness, love, and self-compassion. The Mindful-Walking in Pairs meditation was developed specifically for the Panta Rhei retreat, lasted 20 minutes, and aimed to foster awareness of the other. In this activity, participants were invited to maintain eye contact, standing face to face, and to focus on the sensations and feelings elicited by the experience (Scocco et al., 2019; Scocco et al., 2022).

After these interventions, participants were invited to walk freely around the room, gently touching each other's shoulders when crossing paths with another survivor, once again focusing on the sensations that arose during the exercise. The first grief-focused practice was mindfulness of difficult emotions, which involves recognizing and naming one's emotion, identifying the areas of the body where it is felt, acknowledging the discomfort it causes, and then practicing "letting go." The second was grief-specific mindfulness, which involves accepting the deceased as they were, along with the associated emotions—such as guilt, shame, or anger. The loving-kindness practices focused on compassion toward others and oneself, as well as on the cultivation of loving feelings. The first of these was forgiveness-focused mindfulness, followed by a general loving-kindness meditation designed to foster and develop feelings of love and kindness toward oneself and others. Relaxation meditations were incorporated between practices to help release and restore emotional balance after emotionally intense exercises. Additionally, participants were invited to share their experiences with other survivors in order to strengthen bonds and a sense of belonging (Scocco et al., 2019; Scocco et al., 2022).

The results of the observational study showed improvement in five of the six POMS subscales (Profile of Mood States), which included Tension-Anxiety, Depression-Dejection, Anger-Hostility, Vigor-Activity, Fatigue-Inertia, and Confusion-Bewilderment. The only subscale that did not show improvement was Vigor-Activity. According to the authors, this was likely due to the limited time of the retreat, which did not promote significant behavioral activation (Scocco et al., 2019). In contrast, the clinical trial showed improvements in all POMS domains measured, reflecting a reduction in psychological distress among participants (Scocco et al., 2022). Moreover, results differed between those who had previously participated in other mindfulness retreats and those attending for the first time. A significantly greater reduction in rumination, greater acceptance of the grief experience, improved emotional regulation, and lower levels of depression, anxiety, and stress were observed among those with prior mindfulness experience compared to first-time participants. Despite these differences, the creation of bonds among suicide-bereaved participants emerged as a key benefit. Participants reported feeling safe to share intense emotions and thoughts in an environment where others shared similar pain and where facilitators were trained in both mindfulness and postvention (Scocco et al., 2019).

The internet-based grief therapy consisted of 12 weekly group sessions delivered via webinar and based on cognitive-behavioral techniques, focusing on topics relevant to suicide-bereaved individuals (e.g., guilt and stigma). The intervention was organized into thematic modules: "Introduction," "The Suicidal Mode," "My Pain," "Suicide as a Traumatic Event," "Meaning and the Question 'Why?'," "Guilt," "One's Own Suicidality," "Shame and Stigmatization," "Communicating About the Suicide," "Grief Rituals," "Finding a New Role in the Future," and "Goodbye" (Wagner et al., 2022).

In the "Introduction" session, participants introduced themselves and shared whom they had lost. Group facilitators then presented an overview of the program and guided participants in writing individual therapy goals related to grief. The second session, titled "The Suicidal Mode," involved participants describing the circumstances surrounding the suicide and discussing these events with the group. The third session, "My Grief," included psychoeducation on the grieving process, followed by a writing activity in which participants described their relationship with the deceased. In the fourth session, "Suicide as a Traumatic Event," participants received psychoeducation about symptoms of post-traumatic stress. The large group discussed their experiences with these symptoms and then completed an individual writing exercise describing the final hours of the deceased's life. The fifth session, "Meaning and the Question 'Why?'," included a video in which a woman discussed her process of making sense of her partner's suicide. After the video, participants engaged in a group discussion on ruminative thoughts, followed by an individual writing exercise focused on identifying positive behavioral activities (Wagner et al., 2022).

The sixth session, titled "Guilt," featured a video of a mother discussing how she coped with feelings of guilt following her child's suicide. This prompted a group discussion on the function of guilt and initiated an individual writing exercise in which participants wrote a letter to a friend.

The seventh session, titled "One's Own Suicidality," included a video of another mother discussing her personal experience with suicidal thoughts. This was followed by psychoeducation on warning signs and coping strategies, as well as a group discussion. Participants then completed an individual writing task in which they developed a personal crisis plan.

The eighth session, "Shame and Stigmatization," featured a video of a father talking about his experience with stigma, which was followed by a group discussion. The ninth session, "Communicating About the Suicide," included a video of a man explaining how he communicated his brother's suicide to others. Group leaders delivered psychoeducation on gender differences in communication and communication styles, which was followed by a large group discussion. Participants then wrote a letter to a friend as part of an individual writing exercise, although the content of the letter was not specified. The tenth session, "Grief Rituals," included psychoeducation on mourning rituals and a personal writing exercise in which participants wrote a letter to the deceased.

The eleventh session, “Finding a New Role in the Future,” presented a video of a woman speaking about her recovery following the suicide of her father. This led to a discussion about grief coping strategies and future plans. For the writing task, participants were asked to write a letter from the deceased—imagining what the deceased might say to them. Finally, the twelfth session, titled “Goodbye,” concluded the intervention with a large group discussion reflecting on the sessions, in which participants shared their experiences and personal changes. The intervention ended with an individual writing exercise in which participants reflected on the goals they had achieved throughout the group process.

The primary outcomes focused on depression and suicidality, while secondary outcomes included prolonged grief, PTSD, post-traumatic cognitions, hopelessness, and grief-specific symptoms. The results showed a significant reduction in post-traumatic avoidance symptoms, both in the intention-to-treat analysis ($d = 0.43$) and among treatment completers ($d = 0.56$). A reduction in post-traumatic intrusion symptoms was also observed among those who completed the intervention ($d = 0.50$) compared to the control group. Furthermore, the intervention led to a significant decrease in psychopathological symptoms over a six-month period (Wagner et al., 2022).

Finally, the last intervention targeting suicide-bereaved individuals was an internet-based cognitive behavioral grief therapy. The intervention lasted five weeks and included ten writing tasks focused on self-confrontation, cognitive restructuring, and social sharing, with assessments conducted pre-treatment, post-treatment, and at follow-up. The results demonstrated a significant impact, with large effect sizes observed in the reduction of prolonged grief disorder (PGD) symptoms both among treatment completers ($d = 1.03$) and in the intention-to-treat analysis ($d = 0.97$). Moderate to large reductions in common grief reactions following suicide and depressive symptoms were also found in the intervention group compared to the control group, with these effects remaining stable over time.

A detailed description of the intervention procedures in the study by Trembl et al. could not be provided due to the absence of such information in the article or in any available supplementary materials (Trembl et al., 2021).

Discussion

This review aimed to synthesize studies from the past five years focused on psychological interventions for individuals bereaved by suicide. The included studies ranged from mindfulness retreats to internet-based cognitive behavioral therapies, all of which demonstrated improvements in psychological well-being and reductions in prolonged grief symptoms. These findings are encouraging and suggest potential interventions capable of offering relief to bereaved individuals. However, the diversity in treatment modalities and study populations highlights the need to personalize interventions to better meet the individual needs of survivors. These studies represent an initial step toward the development of postvention interventions recognized as empirically supported treatments, which require at least two randomized clinical trials conducted

by independent research groups showing superiority over placebo or equivalence to an established treatment (Chambless & Hollon, 1998).

In the studies by Scocco et al. (2019, 2022), mindfulness and self-compassion practices were found to assist in the emotional regulation of individuals bereaved by suicide. These findings suggest that such interventions may be especially suited to addressing complex negative emotions such as guilt and shame, which are often intensified in suicide grief. Moreover, the results showed that individuals with previous mindfulness experience exhibited better outcomes, suggesting that ongoing exposure and training in mindfulness practices may enhance the benefits of these interventions. This reinforces the notion that mindfulness programs may benefit from recurring participants and that continued practice may be crucial for achieving stronger therapeutic outcomes.

The intervention described by Wagner et al. (2022) implemented a series of weekly sessions delivered via webinar, based on cognitive-behavioral methods. These sessions addressed themes such as guilt, stigma, and the construction of new meaning following the suicide of a loved one. The results indicated improvements in psychopathological symptoms. This finding may suggest the potential for structured online therapeutic interventions, which can broaden access to psychological support—particularly important given the limited availability of such practices in the national context.

Internet-based Cognitive Behavioral Therapy (CBT; Tremblé et al., 2021) also proved particularly effective in restructuring negative thoughts and modifying grief-related behaviors, which may explain the observed reduction in prolonged grief symptoms. This outcome suggests that CBT may be a promising approach for addressing complicated grief, especially when adapted to the context of suicide bereavement. The implementation of CBT in an online format was shown to be not only feasible but also suitable for providing psychological support to individuals bereaved by suicide in a more accessible manner. This is especially relevant during periods of social distancing or for individuals living in areas with limited access to mental health services. The findings offer insight into the application and benefits of psychological interventions in the context of suicide grief, highlighting the potential of mindfulness- or CBT-based approaches delivered online as specific interventions for bereaved individuals.

However, beyond the interventions analyzed, this study offers practical recommendations for mental health professionals and directions for future research. To identify new and improved clinical approaches for survivors, the conduction of additional randomized controlled trials (RCTs) is suggested, as the literature reviewed here reflects a “phase 1” scenario, in which early-stage clinical trials—often underpowered—are conducted to assess intervention safety. These are followed by subsequent phases of clinical research aimed at evaluating efficacy, effectiveness, and generalizability to other populations (NIH, 2017). To ensure ethical clinical practice that is centered on patients’ needs, future evidence should be grounded in study designs with a low risk of bias, guided by standards assessed through internationally recognized tools in clinical epidemiology literature, such as Cochrane Risk of Bias Tool 2 and PEDro Scale (Sterne et al.,

2019; Kamper, 2020; Moseley & Pinheiro, 2022). By their methodological nature, these study designs represent a bridge from individual clinical practice to the development of evidence-based public policies that guide national health systems (Brownson et al., 2009; Cairney & Oliver, 2017). For health professionals working with survivors, the use of non-stigmatizing language (Park et al., 2021) and adherence to CBT-based interventions appear to be, until new evidence emerges, the most viable and empirically supported approach.

Based on the findings of this study, it is evident that there is a significant scarcity of publications and interventions specifically targeting family members and friends bereaved by suicide. This group faces unique challenges; however, despite the continuous rise in suicide rates—and, consequently, an increase in the number of survivors over the years—specialized literature remains limited, particularly within the Brazilian context. As early as 2009, Andriessen et al. had already pointed out that post-suicide support could be an effective strategy for preventing suicide among the bereaved. This type of intervention is seen not only as necessary emotional support but also as a preventive measure, by discouraging suicide planning among survivors (Andriessen, 2009).

The lack of specific literature in this area highlights a significant gap in research, despite the growing relevance of the topic given the persistently high global suicide rates. This gap underscores an urgent need for greater academic attention and mental health policy initiatives focused on suicide survivors (Ruckert et al., 2019). However, the current insufficiency of studies prevents the development of a systematic review. A systematic review relies on the availability of a sufficient number of original studies to allow for a reliable and generalizable analysis. The lack of such studies also limits the ability to draw firm conclusions about the most effective intervention practices, leaving health professionals and policymakers without a strong evidence base to guide their efforts.

This finding highlights a critical need for more primary research in the field. It is essential that future studies focus on developing and validating interventions specifically targeted at this population (Munn et al., 2018). Therefore, conducting a systematic review of postvention at this stage of the evidence base is unnecessary. Instead, randomized clinical trials with low risk of bias and sufficient sample sizes should be carried out to surpass the Optimal Information Size, thereby avoiding downgrades in the certainty of evidence due to imprecision (Guyatt et al., 2011).

Moreover, as the objective of this review was limited to family members and friends bereaved by suicide as inclusion criteria, one limitation of the study lies in the exclusion of other potentially relevant original studies that addressed different populations exposed to suicide. In this regard, it is important that future research expands the investigation of the phenomenon and specific interventions for other groups, such as friends or professionals who had direct contact with the deceased, given the limited literature on the subject in Brazil. Future studies should employ rigorous study designs and ideally cover a variety of contexts and populations to ensure generalizability of results. Additionally, it would be beneficial to explore different types of

interventions, including those delivered through digital platforms, which can increase accessibility and reduce barriers to treatment (Dantas et al., 2022).

In conclusion, this scoping review is relevant in identifying and synthesizing interventions that have alleviated the suffering of individuals bereaved by suicide. The interventions analyzed—such as mindful self-compassion retreats and online cognitive behavioral therapy—stood out for producing significant improvements in emotional regulation and reductions in psychological distress among participants. The contribution of this study lies in identifying practices that can be replicated and adapted by mental health professionals, offering concrete data to support the implementation of more targeted support programs. This review also emphasizes the importance of continuing to explore and validate interventions for this specific population, addressing existing gaps in the literature and promoting an evidence-based approach to supporting suicide-bereaved survivors. By providing a comprehensive overview of current interventions, this scoping review contributes to the advancement of clinical practice and the development of public policies that meet the needs of these individuals, helping to prevent future suicides through appropriate and evidence-based emotional support.

References

- Adams, E., Hawgood, J., Bundock, A., & Kölves, K. (2018). A phenomenological study of siblings bereaved by suicide: A shared experience. *Death Studies*, 43(5), 324–332. <https://doi.org/10.1080/07481187.2018.1469055>
- Andriessen, K. (2009). Can postvention be prevention? *Crisis*, 30(1), 43–47. <https://doi.org/10.1027/0227-5910.30.1.43>
- Andriessen, K., Kryszinska, K., Hill, N. T. M., Reifels, L., Robinson, J., Reavley, N., & Pirkis, J. (2019). Effectiveness of interventions for people bereaved through suicide: A systematic review of controlled studies of grief, psychosocial and suicide-related outcomes. *BMC Psychiatry*, 19(1). <https://doi.org/10.1186/s12888-019-2020-z>
- Andriessen, K., Kryszinska, K., Kölves, K., & Reavley, N. (2019). Suicide postvention service models and guidelines 2014–2019: A systematic review. *Frontiers in Psychology*, 10(2677). <https://doi.org/10.3389/fpsyg.2019.02677>
- Brownson, R. C., Chiqui, J. F., & Stamatakis, K. A. (2009). Understanding Evidence-Based Public Health Policy. *American Journal of Public Health*, 99(9), 1576–1583. <https://doi.org/10.2105/ajph.2008.156224>
- Cairney, P., & Oliver, K. (2017). Evidence-based policymaking is not like evidence-based medicine, so how far should you go to bridge the divide between evidence and policy? *Health Research Policy and Systems*, 15(1). <https://doi.org/10.1186/s12961-017-0192-x>
- Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 66(1), 7–18. <https://doi.org/10.1037//0022-006x.66.1.7>
- Dantas, E. S. O., Bredemeier, J., & Amorim, K. P. C. (2022). Sobreviventes enlutados por suicídio e as possibilidades para posvenção no contexto da saúde pública brasileira. *Saúde e Sociedade*, 31, e210496pt. <https://doi.org/10.1590/s0104-1290202210496pt>
- Guyatt, G. H., Oxman, A. D., Kunz, R., Brozek, J., Alonso-Coello, P., Rind, D., Devereaux, P. J., Montori, V. M., Freyschuss, B., Vist, G., Jaeschke, R., Williams, J. W., Murad, M. H., Sinclair, D., Falck-Ytter, Y., Meerpohl, J., Whittington, C., Thorlund, K., Andrews, J., & Schünemann, H. J. (2011). GRADE guidelines 6. Rating the quality of evidence —imprecision. *Journal of Clinical Epidemiology*, 64(12), 1283–1293. <https://doi.org/10.1016/j.jclinepi.2011.01.012>
- Kamper, S. J. (2020). Risk of bias and study quality assessment: Linking evidence to practice. *Journal of Orthopaedic & Sports Physical Therapy*, 50(5), 277–279. <https://doi.org/10.2519/jospt.2020.0702>
- Kölves, K., & Leo, D. de. (2018). Suicide bereavement: Piloting a longitudinal study in Australia. *BMJ Open*, 8(1), e019504. <https://doi.org/10.1136/bmjopen-2017-019504>
- Morris, S. B. (2007). Estimating Effect Sizes From Pretest–Posttest–Control Group Designs. *Organizational Research Methods*, 11(2), 364–386. <https://doi.org/10.1177/1094428106291059>
- Moseley, A. M., & Pinheiro, M. B. (2022). Research note: Evaluating risk of bias in randomised controlled trials. *Journal of Physiotherapy*, 68(2). <https://doi.org/10.1016/j.jphys.2022.02.003>
- Munn, Z., Peters, M., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology*, 18(1). <https://doi.org/10.1186/s12874-018-0611-x>
- National Institutes of Health. (2017, October 20). *The basics*. <https://www.nih.gov/health-information/nih-clinical-research-trials-you/basics>
- Park, J., Saha, S., Chee, B., Taylor, J., & Beach, M. C. (2021). Physician use of stigmatizing language in patient medical records. *JAMA Network Open*, 4(7). <https://doi.org/10.1001/jamanetworkopen.2021.17052>
- Peters, M. D. J., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C. M., & Khalil, H. (2020). Updated methodological guidance for the conduct of scoping reviews. *JBI Evidence Synthesis*, 18(10), 2119–2126.
- Ruckert, M. L. T., Frizzo, R. P., & Rigoli, M. M. (2019). Suicídio: A importância de novos estudos de posvenção no Brasil. *Revista Brasileira de Terapias Cognitivas*, 15(2). <https://doi.org/10.5935/1808-5687.20190013>

- Silva, D. A. da, & Marcolan, J. F. (2021). Tentativa de suicídio e suicídio no Brasil: Análise epidemiológica. *Medicina* (Ribeirão Preto), 54(4). <https://doi.org/10.11606/issn.2176-7262.rmrp.2021.181793>
- Scocco, P., Arbien, M., Totaro, S., Guadagnini, M., Nucci, M., Bianchera, F., Facchini, S., Ferrari, A., Idotta, C., Molinari, S., & Toffol, E. (2022). Panta Rhei: A non-randomized intervention trial on the effectiveness of mindfulness-self-compassion weekend retreats for people bereaved by suicide. *Mindfulness*. <https://doi.org/10.1007/s12671-022-01880-0>
- Scocco, P., Idotta, C., Totaro, S., & Preti, A. (2021). Addressing psychological distress in people bereaved through suicide: From care to cure. *Psychiatry Research*, 300, 113869. <https://doi.org/10.1016/j.psychres.2021.113869>
- Scocco, P., Zerbini, L., Preti, A., Ferrari, A., & Totaro, S. (2019). Mindfulness-based weekend retreats for people bereaved by suicide (Panta Rhei): A pilot feasibility study. *Psychology and Psychotherapy: Theory, Research and Practice*, 92(1), 39–56. <https://doi.org/10.1111/papt.12175>
- Sterne, J. A. C., Savović, J., Page, M. J., Elbers, R. G., Blencowe, N. S., Boutron, I., Cates, C. J., Cheng, H.-Y., Corbett, M. S., Eldridge, S. M., Emberson, J. R., Hernán, M. A., Hopewell, S., Hróbjartsson, A., Junqueira, D. R., Jüni, P., Kirkham, J. J., Lasserson, T., Li, T., & McAleenan, A. (2019). RoB 2: A revised tool for assessing risk of bias in randomised trials. *BMJ*, 366(1), l4898. <https://doi.org/10.1136/bmj.l4898>
- Tal Young, I., Iglewicz, A., Glorioso, D., Lanouette, N., Seay, K., Ilapakurtti, M., & Zisook, S. (2012). Suicide bereavement and complicated grief. *Dialogues in Clinical Neuroscience*, 14(2), 177–186. <https://pubmed.ncbi.nlm.nih.gov/22754290/>
- Tremblé, J., Nagl, M., Linde, K., Kündiger, C., Peterhansel, C., & Kersting, A. (2021). Efficacy of an Internet-based cognitive-behavioural grief therapy for people bereaved by suicide: A randomized controlled trial. *European Journal of Psychotraumatology*, 12(1), 1926650. <https://doi.org/10.1080/20008198.2021.1926650>
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Gattis, C., & Lewin, S. (2018). PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, 169(7), 467–473.
- Wagner, B., Grafiadeli, R., Schäfer, T., & Hofmann, L. (2022). Efficacy of an online-group intervention after suicide bereavement: A randomized controlled trial. *Internet Interventions*, 28, 100542. <https://doi.org/10.1016/j.invent.2022.100542>
- World Health Organization. (2021, June 16). *Suicide worldwide in 2019*. [www.who.int](https://www.who.int/publications/i/item/9789240026643). <https://www.who.int/publications/i/item/9789240026643>

Contribution of each author to the work:

Nathalia Cabral Souza: Conceptualization, Investigation, Methodology, Formal analysis, Data curation, Writing – original draft, Project administration.

Maria Eduarda Silva Zschornak: Investigation, Methodology, Formal analysis, Data curation, Writing – original draft.

Filipe Luis Souza: Supervision, Writing – review & editing.

Roberta Borghetti Alves: Supervision, Writing – review & editing.

EDITORIAL BOARD**Editor-in-chief**

Alexandre Luiz de Oliveira Serpa

Associated editors

Alessandra Gotuzo Seabra
Ana Alexandra Caldas Osório
Cristiane Silvestre de Paula
Luiz Renato Rodrigues Carreiro
Maria Cristina Triguero Veloz Teixeira

Section editors**"Psychological Assessment"**

André Luiz de Carvalho Braule Pinto
Danielle de Souza Costa
Lisandra Borges Vieira Lima
Luiz Renato Rodrigues Carreiro
Natália Becker
Thatiana Helena de Lima

"Psychology and Education"

Alessandra Gotuzo Seabra
Carlo Schmidt

**"Social Psychology and
Population's Health"**

Fernanda Maria Munhoz Salgado
Gabriel Gaudencio do Rêgo
João Gabriel Maracci Cardoso
Marina Xavier Carpena

"Clinical Psychology"

Cândida Helena Lopes Alves
Julia Garcia Durand
Vinicius Pereira de Sousa

"Human Development"

Ana Alexandra Caldas Osório
Cristiane Silvestre de Paula
João Rodrigo Maciel Portes

Review Articles

Jessica Mayumi Maruyama

Technical support

Maria Gabriela Maglió
Davi Mendes

EDITORIAL PRODUCTION**Publishing Coordination**

Surane Chilianí Vellenich

Editorial Intern

Sofia Lustosa de Oliveira da Silva

Language Editor

Daniel Leão

Layout Designer

Acqua Estúdio Gráfico