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ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/udst20

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To cite this article: Adelia Khrisna Putri, Gregory Armstrong, Diana Setiyawati & Karl Andriessen (23 Jan 2024): Unveiling studies on self-healing practices for suicide loss survivors: A scoping review, Death Studies, DOI: 10.1080/07481187.2024.2304773

To link to this article: https://doi.org/10.1080/07481187.2024.2304773

DEATH STUDIES
https://doi.org/10.1080/07481187.2024.2304773

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Unveiling studies on self-healing practices for suicide loss survivors: A scoping review

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ABSTRACT

This scoping review aimed to examine how self-healing practices had been addressed in the empirical literature on suicide bereavement. Adhering to PRISMA-ScR guidelines, we searched five databases for peer-reviewed studies that reported using self-healing practices, either as a primary or secondary finding and 32 studies were included. The results highlight a substantial research gap in understanding self-healing practices' definition, implementation, and effectiveness in suicide bereavement. Further studies are necessary to clarify the definition, identify facilitators and barriers to implementation, and explore the applicability of these strategies in diverse contexts, particularly in non-Western and Low-and Middle-income countries.

Suicide is a significant public health issue, with over 700,000 deaths per year, and the fourth leading cause of death among individuals aged 15-29 worldwide (World Health Organization, 2021). Beyond the immediate family, it impacts an estimated five family members and more than 100 relatives, friends, and community members (Andriessen, Rahman, et al., 2017b; Maple et al., 2017). Research indicates that suicide loss survivors, individuals who have been significantly bereaved and impacted by the death of loved ones through suicide, often struggle with intensified grief reactions and may face long-term compromised physical and mental well-being (Erlangsen et al., 2017), development of post-traumatic stress disorder (PTSD) (Mitchell & Terhorst, 2017), reduced educational and occupational performance (Pitman et al., 2018a), impaired social relationships (Azorina et al., 2019), and an increased risk of suicidal ideation and attempts (Pitman et al., 2018a, 2022). The separation and trauma distress following suicide bereavement may result in grief complications, characterized by a prolonged grieving process of more than six months, the experience of an infatuation with the loss yet avoidance of reminders of the loss, and the extreme emotional component including anger and shock (Zisook & Shear, 2009). Consequently, identifying and evaluating effective interventions for this population has become crucial in suicide prevention and postvention.

Bereavement interventions, specifically postvention strategies designed to aid suicide loss survivors in their recovery and prevent adverse outcomes, have been relatively limited (Andriessen et al., 2019). Existing studies exploring postvention effectiveness and service delivery in this population are scarce (Andriessen et al., 2019). Among these studies, promising results have been observed for interventions led by trained facilitators involving the social networks of bereaved individuals (Andriessen et al., 2019). However, a significant challenge lies in addressing the needs of suicide loss survivors who do not actively seek professional help. Several barriers can inhibit one from seeking professional help, such as a shortage of support resources, past negative experiences with professionals (Geležėlytė et al., 2020), personal belief (e.g., feelings of self-reliance) (Andriessen et al., 2017a;

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Supplemental data for this article can be accessed online at https://doi.org/10.1080/07481187.2024.2304773.

Geležėlytė et al., 2020) and stigma (Pitman et al., 2018b). In particular, suicide loss survivors have described high levels of stigma in terms of embarrassment (their own and others), avoidance by those from whom they would have expected empathy, unwelcome degrees of pity, and a marked lack of offered support (Pitman et al., 2018b). Thus, alternative interventions that can support suicide loss survivors, particularly self-healing practices, have gained importance.

While a universally agreed-upon definition of self-healing practices remains elusive, it is valuable to explore how various studies have defined closely related terms, such as healing and self-help, and applied the concept of self-healing in different contexts. A comprehensive comparison of the former has been detailed elsewhere (Putri et al., 2022). Consequently, the next paragraph provides examples of how self-healing has been employed in diverse contexts.

In the context of acute and recurring musculoskeletal pain, self-healing refers to the innate process of the body and mind to promote body networks to return to equilibrium and relieve pain (McSwan et al., 2021). This may be regulated and optimized by the use of multimodal integrative therapies and refers to a naturally occurring sequence of events, not only of the body but also of the mind. A study focusing on older adults elucidates self-healing as a manifestation of resilience—an internal capacity to sustain good health, stamina, and a healthy lifestyle, mitigating the effects of aging (Chu et al., 2022). The study identifies three principal themes integral to the self-healing process: physiology (e.g., making healthy lifestyle changes), psychology (e.g., positive thinking, finding self-worth), spiritual (e.g., self-dialogue/reflection) and interpersonal relations (e.g., making friends). Within the context of youth suicide, a specific theory employs the term "personal healing" to delineate a transformative journey toward wholeness. This journey is characterized by interconnected themes of cocooning (self-introspection and addressing "why" questions), centering (developing self-healing strategies), and connecting (reestablishing connections with others and life). Furthermore, five self-organizing and interrelating healing patterns (relating, thinking, functioning, energizing, and finding meaning/exploring spirituality) operate synergistically, unconstrained by temporal limitations.

In summary, the comprehensive concept of self-healing, as articulated in these varied contexts, encompasses the utilization of lifestyle recovery strategies, integration of wellness and recovery principles, and a pronounced emphasis on social networks and personal empowerment in problem-solving. These principles underscore the holistic and interconnected nature of self-healing, incorporating both internal and external resources to foster well-being (Putri et al., 2022). As such self-healing practices might include journaling (Ullrich & Lutgendorf, 2002), meditation (May et al., 2020), art (Davis, 2021), and participation in peer-led bereavement groups (Maass et al., 2022; William, 2018). Furthermore, meaning making might have a pivotal role in the self-healing process.

Meaning making constitutes an integral facet of the bereavement experience for suicide loss survivors. Gillies and Neimeyer (2006) delineates this process into three components: the acceptance of the death, the ability to derive benefit from the loss, and the integration of the event into one's narrative. These processes, often challenging for suicide loss survivors, have been demonstrated in previous studies to be beneficial when targeted by clinical or nonclinical interventions focusing on meaning-making. Such interventions encompass activities like reframing or restructuring one's self-narrative through storytelling in bereavement groups and creative expression (Hagström, 2017, 2020). Notably, research has indicated that meaning making can mediate the relationship between complicated grief and post-traumatic growth. Given the resemblance of some self-healing activities to those often provided in professional interventions for survivors, exploring the presence of meaning-making in self-healing strategies becomes an intriguing avenue.

Therefore, self-healing emerges as a pivotal cornerstone for suicide loss survivors. In the aftermath of profound tragedy, self-healing offers solace and a pathway toward restoration and renewed purpose (Kalischuk & Davies, 2001). The unique and complex emotional landscape that suicide loss survivors traverse demands an approach that empowers them to navigate their grief journey with agency and resilience. Actively engaging in adaptive coping or healing strategies and having some level of help-seeking behavior could help foster a gradual transformation from anguish to growth (Levi-Belz et al., 2021). As mentioned previously, this process may be mediated by the presence of the meaning-making process.

Taking into consideration the importance of self-healing for suicide loss survivors as well as the scarce research on this topic, this scoping review aims to synthesize published studies on self-healing practices for suicide loss survivors to examine the extent to which self-healing has been researched. More specifically, we pose the following research question, "What is currently known about self-healing practices in

suicide loss survivors?" The research sub-questions include:

1. How have self-healing practices for suicide loss survivors been addressed in the literature?
2. In what settings and population types have these studies been conducted?
3. What methodologies have been used in these self-healing studies?
4. What outcomes have been measured?

Method

Protocol and registration

We used the methodological framework proposed by Arksey and O'Malley (2005), and the review was conducted by the Preferred Reporting Items for Systematic Reviews and Meta-analyses Extension for Scoping Review (PRISMA-ScR) guidelines (Tricco et al., 2018). The scoping review protocol was registered at Open Science Framework (OSF) (DOI: 10.17605/OSF.IO/JF6ZU) on the 28th of March 2022 and subsequently published (Putri et al., 2022).

Eligibility criteria

Studies were included if: i) the sample involved suicide loss survivors, ii) the study was based on quantitative, qualitative, mixed-methods or case-study methodology, iii) the study reported data on self-healing practices, iv) the study was published in English in a peer-reviewed journal. Studies were excluded if they: i) investigated non-human loss or non-suicide bereavement, ii) were non-empirical studies (e.g., reviews, opinion papers), iii) did not report self-healing practices, or iv) full text was not available in English. No limitations on the type of study design of the primary studies were set because we wanted to map existing methodologies used in this research field. Also, studies that reported professional-led and self-healing practices were included if they reported those findings separately.

Information source and search strategy

We searched five databases: CINAHL, Embase, Medline, PsycINFO, and Web of Science, in March 2022, and AKP updated the search in June 2023. The research team developed the search strings, in collaboration with a university librarian, comprising four main concepts: suicide, bereavement (bereavement, grief, mourn), suicide loss survivors (e.g., family, relative, widow, parent, child), and self-healing (e.g., self-care, self-help, self-management). The detailed search strings were in each databases can be seen in the online supplementary materials. Figure 1 presents the search and selection process.

Data selection and extraction

All identified studies were compiled and uploaded into COVIDENCE, and AKP removed duplicates. Subsequently, AKP and KA conducted a two-step screening process: (1) title and abstract screening and (2) full-text screening. We adopted the percent agreement strategy to gauge inter-rater agreement, whereby the screening process proceeds once the inter-rater agreement exceeds 75% (Tricco et al., 2016). The initial trial of screening titles and abstracts resulted in a 95% inter-rater agreement, so AKP continued with the complete screening of titles and abstracts. Next, AKP and KA independently screened the full texts of the potentially eligible studies against the inclusion criteria. It resulted in a 93% agreement between raters, who resolved the disagreements by discussion. The reasons for exclusion were recorded. AKP and KA then independently extracted the data using an extraction table a priori developed by the research team. Although there were minor differences in the amount of information extracted in the finding's column, there was only one disagreement concerning the additional exclusion of one paper. The excluded study evaluated the "Help is at Hand" resource book, primarily focusing on survivors' evaluation of its availability and distribution rather than delving into information on self-healing. GA compared the data extractions and resolved the disagreement by excluding the paper. The protocol paper provided more details about the procedures (Putri et al., 2022).

Data synthesis

Our data was analyzed using content analysis (Hsieh & Shannon, 2005). This involved categorizing and quantifying an array of self-healing strategies, methods, population groups, and outcome measures. All authors engaged in data familiarization while finalizing the data extraction and briefly discussed possible classifications. At this stage, the authors identified different self-healing strategies, methods, population groups, and outcome measures across the included studies. Next, AKP led the initial coding, grouping, and quantifying akin responses and forming broader categories, subsequently validated by KA. Refinements, including concrete data-derived examples, were meticulously undertaken by AKP following a discussion with the research team, yielding our final categorization.

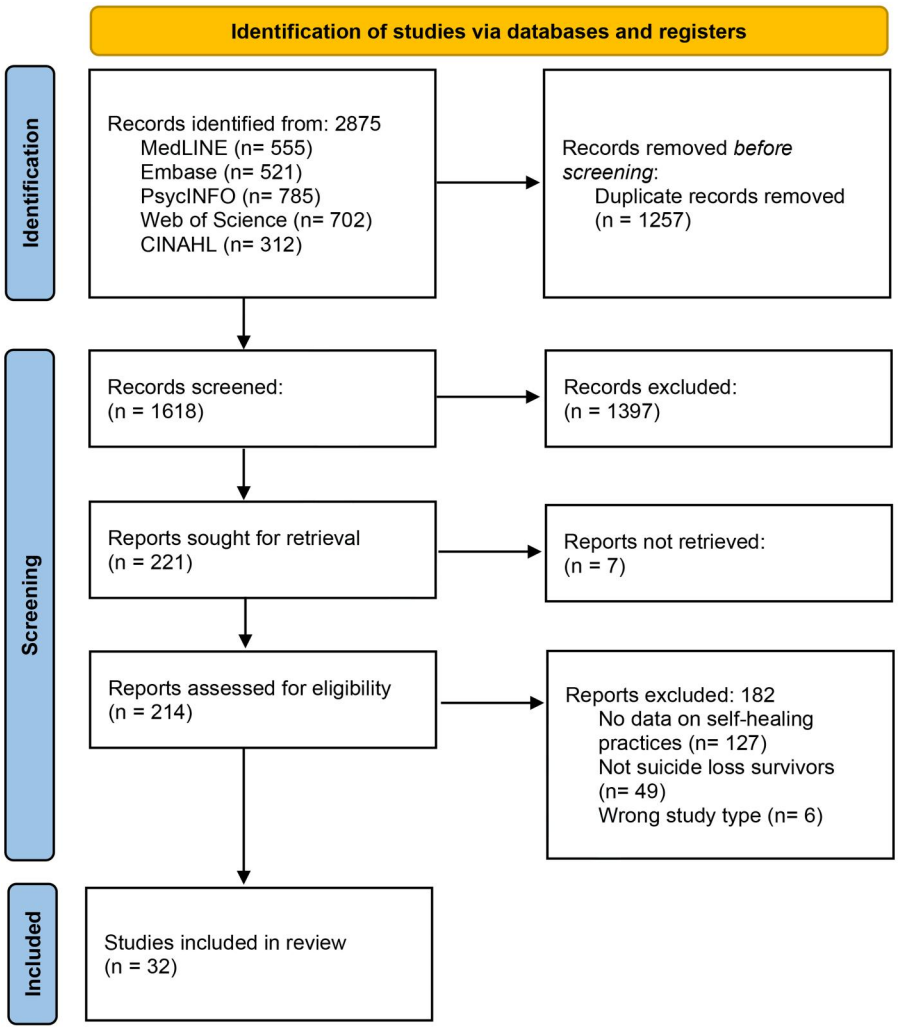

Figure 1. PRISMA flow diagram. Adapted from Tricco et al. (2018).

Quality appraisal

We evaluated the methodological quality of the included studies using the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018). This instrument is utilized to assess the methodological quality of the included studies based on their study types and highlight potential shortcomings. This allows readers to consider these aspects when interpreting the results. AKP and KA independently conducted the quality assessment. The researchers disagreed on 12 items and resolved them by discussion.

Results

Study characteristics

Our search yielded 32 eligible studies published between 2000 and 2023; 21 were qualitative, eight were quantitative, and three were mixed method (see the online supplementary materials). Two studies were derived from the same dataset (Kalischuk & Davies, 2001; Kalischuk & Hayes, 2004).

What self-healing practices for suicide loss survivors have been addressed in the literature?

A total of 118 responses regarding types of self-healing activities were recorded across the included studies. We grouped these activities across seven categories (see Table 1). Each category is discussed below.

Social support

Various social activities were cited as helpful self-healing practices. Returning to work emerged as a significant factor in survivors' recovery, fostering re-engagement with life and enjoyment of meaningful activities (Goulah-Pabst, 2021; Ross et al., 2018). This also created a sense of social solidarity upon reintegrating with work peers. A few participants reported healing through interactions with family, although specific details about

Table 1. Classification of self-healing strategies.

Self-healing activities	Frequency
Social support	**24**
Coming back to work	3
Family support	4
Peer support group	17
Self-empowerment	**23**
Helping others	11
Seeking knowledge	12
Creative expression	**23**
Art	5
Music	3
Storytelling	3
Writing activities	12
Continuing bond	**20**
Cultural rituals	7
Memorialization	8
Object connection	5
Mindfulness	**10**
Meditation	4
Positive reappraisal	4
Mindfulness weekend retreat	2
Lifestyle changes	**10**
Physical/outdoor activities	8
Self-care	2
Spiritual/religious	**9**
Faith-related activities	9
Grand Total	**119**

Note: The frequency does not reflect the number of studies since studies can report multiple types of self-healing practice.

their activities were not reported (Honeycutt & Praetorius, 2016; Link et al., 2020; Wilson et al., 2022).

Most of the included studies explored the notion of peer-led support groups (Kramer et al., 2015; Krysinska et al., 2023; Mcmenamy et al., 2008; Scocco et al., 2021), emphasizing the role of these groups in providing a safe and supportive environment. Peer support groups facilitated healing through mutual aid, self-forgiveness, and engagement in growth-promoting activities (Feigelman & Feigelman, 2008). Whether conducted face-to-face or online, engaging with others who shared similar experiences facilitated the meaning-making process, with survivors using others' responses or stories to shape their narratives (Hagström, 2017; Krysinska et al., 2023; Schotanus-Dijkstra et al., 2014; Whalen & Tisdell, 2023).

However, a few of the included studies highlighted the potential risks associated with online support groups. For example, although online support groups appear to positively impact the users' satisfaction with their current psychosocial health (Westerlund, 2020); participating in a forum was also noted to increase depressive feelings because of the negative load of the topics and lack of structure (Kramer et al., 2015) and might not be appropriate for bereaved children (Krysinska et al., 2023).

Self-empowerment activities

In the included studies, participants reported engaging in activities that fostered their sense of self-empowerment, which proved beneficial for healing. A recent concept analysis (Ntshingila et al., 2016) defined self-empowerment as "taking charge of your life by playing an active role in creating the future of your dreams in order to feel secure, connected and to develop a sense of meaning and coherence." In our review, these activities predominantly took two forms: seeking knowledge and helping others. For instance, a case study of a mother bereaved by her son's death revealed that she enrolled in several bereavement and traumatic loss courses to understand suicide better (Walker, 2017). Others sought knowledge actively through reading books (Honeycutt & Praetorius, 2016; Kalischuk & Davies, 2001; Kalischuk & Hayes, 2004; Mcmenamy et al., 2008) or seeking practical self-help advice from internet forums (Bailey et al., 2017; Schotanus-Dijkstra et al., 2014). Actively seeking to comprehend death by learning more about mental health and suicide facilitated their acceptance (Adams et al., 2019).

Subsequently, many suicide loss survivors found that becoming an active advocate of suicide prevention further aided their healing (Honeycutt & Praetorius, 2016; Link et al., 2020). While not all chose advocacy, they often engaged in other altruistic actions, such as becoming a peer supporter (Barlow et al., 2010; Walker, 2017; Whalen & Tisdell, 2023) or participating in suicide-related research (Kalischuk & Davies, 2001; Kalischuk & Hayes, 2004). Personal growth was achieved by recognizing their responsibility to use their experience constructively to assist others (Adams et al., 2019) – as articulated in one study: "healing the world as they heal themselves" (Walker, 2017).

Creative expressions

Creative expressions were the next most frequently mentioned form of self-healing activities, particularly one expressed through writing e.g., poetry (Kalischuk & Davies, 2001; Kalischuk & Hayes, 2004; Scocco et al., 2019), letters to the deceased (Ross et al., 2018; Wilson et al., 2022), and various forms of journaling (Entilli et al., 2021; Hagström, 2020; Honeycutt & Praetorius, 2016; Kovac & Range, 2000). Writing helped them to comprehend the reasons behind the death, explore new perspectives on it, and provide a means to share their thoughts with others, ultimately alleviating their suicide-related grief (Kovac & Range, 2000). Some individuals also found healing through artwork and music (Honeycutt & Praetorius, 2016; Kalischuk & Davies, 2001; Kalischuk & Hayes, 2004; Schotanus-Dijkstra et al., 2014). Additionally, one study explicitly explored storytelling through a theater play, which facilitated positive meaning-reconstruction

and improved the audiences' understanding of suicide and how to counteract stigma (Hagström, 2020).

Continuing bond

Activities to maintain a continuing bond with the deceased were mentioned as frequently as social activities. This bond was nurtured through treasuring objects and mementos associated with the departed (Hunt et al., 2019; Kalischuk & Davies, 2001; Kalischuk & Hayes, 2004; Wilson et al., 2022), employing memorialization strategies like reminiscing about positive memories, conversing with the deceased, and creating online memorials (Adams et al., 2019; Bailey et al., 2015; Entilli et al., 2021; Honeycutt & Praetorius, 2016; Maple et al., 2013; Ross et al., 2018; Wood et al., 2012), and participating in cultural rituals as part of death ceremonies (Adams et al., 2019; Entilli et al., 2021; Kalischuk & Davies, 2001; Kalischuk & Hayes, 2004).

Mindfulness

Mindfulness activities primarily involved meditations (Kalischuk & Davies, 2001; Kalischuk & Hayes, 2004; Scocco et al., 2019). Two studies explored mindfulness weekend retreats and found that they improved mood states, provided support, encouraged acceptance, and fostered positive changes in mindfulness and self-compassion among suicide loss survivors (Scocco et al., 2019, 2021). Other individuals sought to be mindful of their thoughts processes, actively striving to maintain a positive attitude through practices like gratitude and positive sense-making (Entilli et al., 2021; Hunt et al., 2019; Ross et al., 2018; Schotanus-Dijkstra et al., 2014).

Lifestyle changes

Engaging in physical and outdoor activities such as exercise, gardening, and walking, helped facilitate reintegration to daily life (Kearns et al., 2017; Machado & Swank, 2019; Scocco et al., 2019; Walker, 2017). One study revealed that gardening was a "distraction from- and a cure for- the suicide loss survivors' pain" (Machado & Swank, 2019). In addition to physical activities, self-care activities (Entilli et al., 2021; Ross et al., 2018) were also noted to aid their healing process.

Spiritual/religious

A few suicide loss survivors have emphasized the role of engaging in faith-related activities for their healing (Entilli et al., 2021; Kalischuk & Davies, 2001; Kalischuk & Hayes, 2004; Link et al., 2020; Ross et al., 2018; Wilson et al., 2022). One study explained that practicing religious prayers aided in reevaluating life and finding support within the religious community, leading to renewed enthusiasm and a sense of solidarity (Goulah-Pabst, 2021). Others sought answers about the afterlife to find peace of mind regarding the deceased (Wilson et al., 2022).

In what settings and populations have these studies been conducted?

Figure 2 depicts the mapping of kinship type, population age group, and cultural context covered by all the

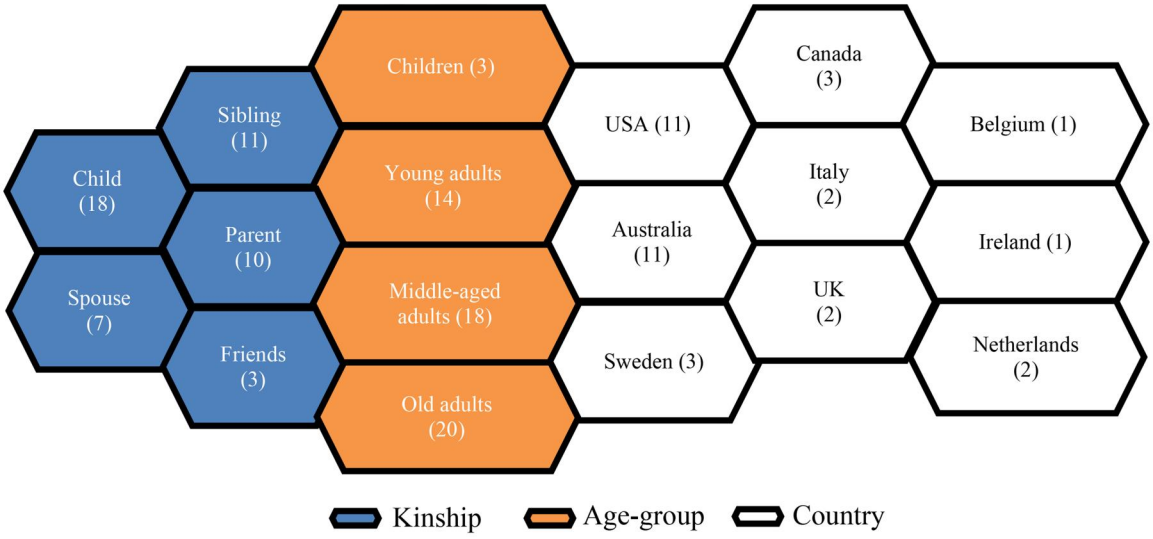

Figure 2. Included studies' population & setting coverage.

included studies. Most of these included studies have not imposed restrictions on the kind of population concerning their relationship with the deceased, thus resulting in a broad scope of loss coverage. Nevertheless, most studies have included family members, and only three studies have delved into the experiences of bereaved individuals by a friend's death (Mcmenamy et al., 2008; Schotanus-Dijkstra et al., 2014; Westerlund, 2020). Similarly, only some studies examined self-healing practices for bereaved children (Kalischuk & Davies, 2001; Kalischuk & Hayes, 2004; Wood et al., 2012). Study locations were dominated by developed Western and European countries. Additionally, no studies have been conducted on the self-healing practices of minorities, including indigenous people and communities.

What methodologies have been used in these self-healing studies?

There were 21 qualitative studies, with 15 relying on in-depth interviews (Adams et al., 2019; L. Bailey et al., 2015; Entilli et al., 2021; Goulah-Pabst, 2021; Hunt et al., 2019; Kalischuk & Davies, 2001; Kalischuk & Hayes, 2004; Krysinska et al., 2023; Link et al., 2020; Maple et al., 2013; Powell & Matthys, 2013; Ross et al., 2018; Whalen & Tisdell, 2023; Wilson et al., 2022; Wood et al., 2012), 3 observation (Feigelman & Feigelman, 2008; Machado & Swank, 2019; Walker, 2017), 2 textual data from online forum messages (Hagström, 2017; Schotanus-Dijkstra et al., 2014) and 1 open-ended survey (Hagström, 2020). The qualitative studies involved diverse analytical approaches, among others, interpretative phenomenological analysis (Adams et al., 2019; Powell & Matthys, 2013; Wood et al., 2012), thematic analysis (Entilli et al., 2021; Link et al., 2020; Ross et al., 2018), grounded theory (Hunt et al., 2019; Kalischuk & Davies, 2001; Kalischuk & Hayes, 2004), case study (Machado & Swank, 2019) (refer to the online supplementary materials for full list). Overall, the epistemological perspective in the majority of included qualitative studies centers on constructionism to explore survivors' experiences.

There were eight quantitative studies, with six being survey-based (Bailey et al., 2017; Honeycutt & Praetorius, 2016; Kearns et al., 2017; Mcmenamy et al., 2008; Scocco et al., 2021; Westerlund, 2020) and two experimental (Kovac & Range, 2000; Scocco et al., 2019). Survey findings shed light on strategies used by suicide loss survivors, while experiments explored the effectiveness of programs. Three studies utilized mixed methods (Barlow et al., 2010; Kramer et al., 2015; Peters et al., 2015), combining interviews and online surveys with varying data analysis strategies, including content analysis, cross-sectional analysis, and thematic analysis.

What outcomes have been measured?

In ten studies that reported on measurement tools, as many as 26 different measurement tools were employed. They primarily measured: (1) grief-related outcomes, (2) clinical-related outcomes (e.g., depression, distress, suicide risk), (3) wellbeing-related outcomes (e.g., well-being, self-compassion, mindfulness), (4) evaluation-related outcomes (e.g., engagement, utilization, perceived helpfulness, perceived barriers).

Five measurement tools measured grief: Grief Recovery Questions (GRQ; α=.83) (Kovac & Range, 2000), Grief Experience Questionnaire (GEQ; α=.89) (Kovac & Range, 2000), Complicated Grief Scale (ICG; α=.90) (Scocco et al., 2021), Hogan Grief Reaction Checklist (α=.90) (Barlow et al., 2010), and Inventory of Traumatic Grief (ITG; α=.94) (Kramer et al., 2015). Six measurement tools were employed to measure clinical-related outcomes: Beck Depression Inventory (BDI; α=.89) (Scocco et al., 2021) and Center for Epidemiological Depression Scale (CES-D; α=.94) (Kramer et al., 2015) measured depression; Positive and Negative Affect Schedule Short Form (PANAS; α=.82) (Kearns et al., 2017) and The Profile of Mood States (POMS; α=.63 − .96) (Scocco et al., 2019) were used measure mood states; Kessler Psychological Distress Scale (α=.93) (Bailey et al., 2017) was used to assess distress; and MINI International Neuropsychiatric Interview was employed to measure suicide risk (Kramer et al., 2015).

Several studies focused on measuring the positive impact that the intervention has on suicide loss survivors. For instance, Scocco et al. (2019) utilized the Five Wellbeing Index (WHO-5; α=.87) to measure well-being and the Five-facet mindfulness questionnaire (FFMQ; $\alpha = 0.70 - 0.93$) to measure mindfulness. Kramer et al. (2015) employed the self-compassion scale (SCS; $\alpha = 0.71 - 0.88$) to measure self-compassion.

The remaining measurement tools were primarily intended to aid the evaluation of the healing program. For instance, Westerlund (2020) developed a measurement tool to assess participants' engagement in online support groups (α=.89), engagement in memorial website activity (α=.93), perceived helpfulness of the program (α=.69), reasons for engaging in an online support group (α=.91), and perceived

psychosocial consequences (α=.84). Similarly, Bailey et al. (2017) created their own tools to measure forum use and perceived benefit and limitation, as well as using the General Help Seeking Questionnaire (GHSQ) to assess help-seeking intention. However, they did not report the reliability of these tools. Peters et al. (2015) developed the Participants' Evaluation of Quilt (PEQ-16; α=.92), Kovac and Range (2000) used the Impact of Event Scale (IES; α=.87), and Kearns et al. (2017) measured participants' identification with the crowd (α=.97). Another study explored suicide loss survivors' need through a 5-Likert scale measuring their level of difficulties, helpfulness of support, utilization of healing resources, and barriers to finding support (Mcmenamy et al., 2008). However, no information regarding the reliability of the tool was provided.

Quality appraisal

In the context of 32 studies, a variety of study designs were employed, including qualitative (n = 21), randomized-controlled trial (n = 1), non-randomized controlled trial (n = 2), quantitative descriptive (n = 5), and mixed-method (n = 3) approaches (see the online supplementary materials). Most of the included qualitative studies demonstrated a high level of quality, with only one study lacking some details regarding their data collection and analysis processes (Walker, 2017). The quality of the quantitative studies displayed more variation. The sole randomized-controlled trial (RCT) study made considerable efforts to ensure group comparability at baseline and the blinding of assessors; however, it omitted information concerning the process of randomization and the reasons for missing outcome data (Kovac & Range, 2000). In the case of non-randomized controlled trials, both studies exhibited relatively good quality but lacked a comprehensive account of confounding factors in their designs (Kearns et al., 2017; Scocco et al., 2019). Within the quantitative descriptive studies, the primary omission pertained to explanations for potential non-response bias (E. Bailey et al., 2017; Honeycutt & Praetorius, 2016; Mcmenamy et al., 2008; Scocco et al., 2021; Westerlund, 2020). Another significant issue was the representation of the sample, with only one study providing adequate clarification in this regard (Scocco et al., 2021). In the case of mixed-method studies, the predominant concern across all studies was the absence of information regarding how quantitative and qualitative data were integrated during the analysis or interpretation stages (Barlow et al., 2010; Kramer et al., 2015; Peters et al., 2015).

Discussion

Our review aimed to examine how self-healing strategies for suicide loss survivors have been addressed in the suicide bereavement literature. This encompassed a comprehensive exploration of various facets, including the specific self-healing practices under investigation, the diverse study settings, the encompassed demographic groups, the methodologies employed, and the spectrum of measured outcomes. However, it is imperative to acknowledge that we cannot draw definitive conclusions regarding the effects of various self-healing practices due to the diverse methodologies used and the variable quality of the studies.

Activities that foster social support was the most frequently mentioned form of self-healing strategies. Establishing a sense of connection with fellow survivors of suicide loss was identified as particularly significant within these activities. This connection was often fostered through participation in peer support groups and engaging in self-disclosure to others, with several of these interactions occurring within online support groups (Kramer et al., 2015; Scocco et al., 2021; Westerlund, 2020). A previous systematic review highlighted the contribution of professionals and other social support toward the effectiveness of a suicide bereavement intervention (Andriessen et al., 2019). However, a few studies highlighted that online group participation could make participants feel more depressed due to reading negative messages shared by other participants (Kramer et al., 2015; Schotanus-Dijkstra et al., 2014; Westerlund, 2020). This suggests that some control or adequate facilitation is needed in online communities for suicide loss survivors, as supported by a study by Higgins et al. (2022).

The next frequently mentioned healing strategies was engaging in activities that promote self-empowerment, particularly by helping others. This finding is consistent with prior meta-analysis demonstrating that assisting others boosts happiness (Curry et al., 2018). However, it is essential to note that not all helping activities are necessarily beneficial (Aknin & Whillans, 2021). The examples provided by participants indicated that the altruistic actions perceived as healing were primarily connected to endeavors fostering a sense of purpose or facilitating positive meaning making. This trend aligns with a comprehensive investigation into helping and happiness, which identified three key components—autonomy, competence, and

relatedness—contributing to the well-being induced by acts of assistance (Aknin & Whillans, 2021). For suicide loss survivors, engaging in self-empowering activities, whether by aiding others or seeking knowledge, instills a sense of personal agency (autonomy). Decisions to support fellow suicide loss survivors also underscore a degree of competence derived from acquiring knowledge and lived experience. Moreover, these activities create opportunities to connect with others who share similar experiences, fostering a sense of belonging and relatedness (Barlow et al., 2010).

Another rationale for the positive effects of self-empowerment activities can be elucidated within the framework of meaning-making. According to Neimeyer (2006), meaning making in the context of grief work comprises three integral components: accepting the reality of the death, deriving benefits from the loss, and integrating the event into one's personal narrative. Actively seeking knowledge, especially in addressing questions related to suicide, may expedite the acceptance process. Additionally, being involved in advocating for initiatives like the promotion of mental health on a broader scale and the prevention or postvention of suicide allows survivors to alleviate negative perceptions of the deceased by actively addressing societal stigma associated with suicide (Bottomley et al., 2019).

Different types of continuing bond activities may have different impact on the bereaved. A study conducted by Field and Filanosky (2009) revealed that the manifestation of an externalized continuing bond, such as illusions and hallucinations of the deceased, exhibited a positive correlation with various adverse grief outcomes. Conversely, an internalized continuing bond, exemplified by the utilization of the deceased as a secure base, demonstrated a significant association with positive indices of adjustment. Within the studies incorporated, the type of continuing bond that bereaved individuals found to be conducive to healing predominantly aligned with the internalized category. Notably, these individuals frequently engage in the creation of online memorials as a means to connect and reminisce about positive memories of the deceased with others. Additionally, they sometimes leverage the platform as a vehicle for raising awareness, a practice that may contribute to the process of positive meaning-making (L. Bailey et al., 2015; Maple et al., 2013). This observation concurs with the findings of a systematic review which indicated that continuing bonds appear to confer benefits upon the bereaved by offering comfort, facilitating the integration of the circumstances of the death into a coherent narrative or story, supporting the reconstruction of meaning, facilitating the transformation of self-identity, and affirming spiritual beliefs (Hewson et al., 2023).

The exploration of healing through creative expressions has garnered considerable attention, particularly in the context of art-based therapy for trauma. Prior systematic reviews have illuminated the potential of creative outlets in alleviating post-traumatic symptoms among adults (Schouten et al., 2015) and children (Cohen-Yatziv & Regev, 2019). Furthermore, art and narrative therapy studies have demonstrated noteworthy therapeutic efficacy, particularly in aiding individuals navigating the process of grief and bereavement (Nelson et al., 2022). Narrating experiences of loss and sorrow facilitates a comprehensive understanding and acknowledgment of emotions for those grappling with past traumas. This externalization of diverse emotions creates avenues for suicide loss survivors to reframe their experiences of grief and, subsequently, fosters opportunities for transformative healing (Levi-Belz et al., 2021)

The role of religiosity in suicide bereavement is occasionally a subject of debate. Suicide is deemed an unforgivable sin in numerous religious traditions (Islam et al., 2023; Potter, 2021), and it serves as a potent source of meaning that can significantly shape individuals' perceptions regarding suicide (Knizek et al., 2021). In contexts where suicide attempts are legally condemned and traditional values view suicide as an abomination, coupled with the influential condemnation of suicidal behavior by religion, individuals bereaved by suicide may face challenges in seeking help. However, religiosity, on the flip side, can serve as a pathway to healing. One study revealed five positive patterns of religious and spiritual coping: (1) finding meaning, (2) gaining mastery and control, (3) increasing comfort and closeness to God, (4) enhancing intimacy with others and closeness to God, and (5) achieving life transformation (Pargament et al., 2004). Our included studies indicate that suicide loss survivors often find that their religious beliefs provide a framework that enables them to make positive appraisals or assert control over their contemplations concerning the afterlife. It also helps them to reconnect with religious communities and seek insights into the afterlife to attain peace. Thus, the role of faith-related healing after the loss of suicide may be contingent on the openness of one's religious community in viewing suicide, irrespective of traditional religious perspectives on it.

Overall, the healing activities that participants found helpful do tend to encompass several aspects of healing identified in quantitative studies. For instance, assisting fellow suicide loss survivors in their journey turns loss into something positive and meaningful, contributing to cognitive restructuring and facilitating the rediscovery of life purpose and personal growth (Goulah-Pabst, 2021; Kalischuk & Davies, 2001; Kalischuk & Hayes, 2004). This aligned with the meaning-making model, where individuals who can alter their understanding of why a situation occurred (i.e., situational meaning-making) or adjusted their beliefs about the world and personal goals (i.e., global meaning) are more likely to experience positive recovery following trauma (C. L. Park, 2022). This also aligns with Neimeyer's concept of meaning reconstruction, emphasizing the importance for those bereaved by suicide to accept the reality of the death, derive positive outcomes from the loss, and incorporate the event into their personal narrative. Similarly, other self-healing activities, such as engaging in physical activities, reconnecting with religious groups, and participating in cultural-related rituals, might accommodate different healing aspects like reintegration into life and social circles (Wilson et al., 2022). However, it is essential to consider that participants briefly mentioned most of these activities as examples. Further studies would need to investigate the effectiveness and impact of these various activities and in which situations it is used.

Studies on suicide bereavement have consistently shown that type of relationship does not modify the associations between suicide bereavement and adverse outcomes (Pitman et al., 2016). Individuals bereaved by the death of a friend could experience the same distress and negative effects as bereaved family members. However, it is important to note that most research in this area has been focused on the experience of suicide-bereaved family members, and there is a scarcity of research on self-healing practices for children who have experienced suicide loss. This scarcity may be attributed to the complexities of conducting bereavement studies with minors (A. E. S. Park et al., 2022). Nevertheless, there is a need to investigate and understand what healing practices could benefit bereaved children.

There is also a critical need for studies investigating self-healing in low- and middle-income countries (LMICs). Most studies on suicide bereavement and healing practices have been conducted in high-income and Western-European countries, which may not fully represent other regions' diverse cultural, social, and economic contexts. There were also no studies that investigated self-healing practices for suicide-bereaved individuals who are part of the indigenous community. There is a greater need for research into self-healing strategies in minority groups and LMICs given that they often face challenges in accessing mental health services and frequently exhibit a greater inclination toward complementary practitioners or spiritual and faith healers as avenues of support (Rathod et al., 2017).

Using interviews as a research method is highly advantageous, as it enables the discovery of extensive and detailed data that fosters a comprehensive understanding of self-healing processes. Nonetheless, our analysis reveals that most findings concerning self-healing among suicide loss survivors are reported incidentally as secondary outcomes. For example, many studies explored suicide loss survivors' experience regarding their grief process, but self-healing strategies were naturally brought up by participants (Powell & Matthys, 2013; Ross et al., 2018; Walker, 2017; Whalen & Tisdell, 2023). Thus, to gain deeper insights into self-healing, it would be beneficial to conduct interviews with a primary focus on exploring self-healing itself, investigating its utilization, and identifying factors that facilitate or hinder its implementation.

The comprehension of this review must be contextualized within its inherent limitations. The absence of universally accepted definitions surrounding self-healing introduces the potential for misidentification of certain activities. None of the studies under review explicitly provided a clear definition of self-healing. The closest approximation was found in two studies that referred to it as "individual healing," which leaves room for ambiguity and inconsistency in its interpretation (Kalischuk & Davies, 2001; Kalischuk & Hayes, 2004). Furthermore, the scope of this review was confined to studies reported in English, possibly contributing to the predominance of studies conducted in Western nations. Consequently, a broader inclusion of studies from diverse regions might unveil a more comprehensive spectrum of strategies, potentially encompassing approaches less prevalent in Western contexts. The mixed quality of the included studies and the heterogeneity of methodologies used also prevented us from making firm conclusions about the effects of various self-healing practices.

Future studies should aim for a more robust integration of qualitative and quantitative methodologies. This harmonious blend promises a more profound comprehension of the strategies employed by suicide loss survivors and their efficacy in fostering healing. Expanding the scope to include studies from diverse global regions holds the potential to unveil a more comprehensive array of strategies, some of which may

be less prevalent in Western contexts. To this end, conducting interviews with a dedicated focus on exploring self-healing, delving into its definition, and application, and elucidating the facilitating and inhibiting factors is imperative. Furthermore, addressing the dearth of self-healing studies among younger populations is essential. Lastly, ongoing endeavors to assess and enhance self-healing programs stand to provide invaluable support to individuals grappling with the aftermath of suicide loss.

Ethical statement

Ethics approval was not required for this scoping review.

Author contributions

AKP conceptualized the study, conducted the searches, contributed to the initial and full-text screening of the included studies, data extraction, screening for the updated search, quality appraisal, and drafted the manuscript.

GA conceptualized the study, contributed to initial and full-text screening, and contributed to the final manuscript.

DS contributed to reviewing results of the categorization and the final manuscript.

KA conceptualized the study, contributed to the initial and full-text screening, data extraction, quality appraisal, and contributed to the final manuscript.

Disclosure statement

The authors report there are no competing interests to declare.

Funding

AKP is a recipient of Beasiswa Pendidikan Indonesia Kemdikbud Ristek (Indonesian Education Fund Scholarship) (#202101120026) by Pusat Layanan Pembiayaan Pendidikan (Puslapdik) and Lembaga Pengelola Dana Pendidikan (LPDP).

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Data availability statement

Data availability is not applicable to this article as no new data were created or analyzed in this study.

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