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Encountering patient suicide: Experience from the day hospital for early intervention

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Summary
This study aimed to investigate the experiences of fellow patients following the suicide of a group member. Data were collected via a semi-structured interview conducted in a focus group, which comprised of eight patients attending therapy program in the Day hospital for early intervention. Their patients' reactions reflected the process of mourning and concern for each other and for their own well-being. They were satisfied with the post-suicide actions of the therapy team, which instilled in them a sense of community and support, and some of them even showed signs of post-traumatic growth. We hope that these experiences may serve as a foundation for the development of more effective therapeutic strategies to lessen the trauma of suicide in group therapy.

Keywords*: suicide, grief, focus group, group psychotherapy, post traumatic growth*

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INTRODUCTION

The first psychotic episode usually occurs during adolescence and early adulthood when a person gradually gains autonomy and independence. It removes all the projections into the future, visions and dreams built up until then. Coping with a serious mental illness, as schizophrenia, is a prolonged and painful process which increases the risk of suicidal thoughts and behaviors (Škodlar, 2009). Suicide is the most common cause of mortality during the early course of psychosis (Chang et al., 2014; Reininghaus et al., 2015; Courtet, 2018). It is a common estimate that 10-13% of people with schizophrenia die by suicide, and up to 50% have experienced suicidal thoughts (Sher & Kahn, 2019). The risk of suicide is even greater in the early phases of psychosis (Melle et al., 2006). Despite engagement and adherence, the majority of suicide attempts take place in regular outpatients' treatment, triggered by interpersonal or family conflict, distress due to psychotic symptoms, or a lack of perceived improvement despite treatment with antipsychotic medication (Fedyszyn et al., 2011). The most common methods of suicide attempt are self-poisoning, hanging or strangulation, and jumping from a high place, while firearms also represent an epidemiologically significant method of suicide, accounting for approximately 16% of cases in some clinical samples (Zalar et al., 2018; Tzeng & Lipson, 2005; Fedyszyn et al., 2011, Massey et al., 2025).

Early intervention programs for psychotic disorder are recognized worldwide as more effective than the usual form of treatment and have become almost a standard part of the psychiatric servise (Petersen et al., 2005; Margetić & Jukić, 2016). Since no early detection centers developed in Croatia, our Day hospital for early intervention mostly includes people who have already had a psychotic experience. It has been effective for twelve years in University psychiatric hospital Sveti Ivan. It encompasses a time-limited structured program of diagnosis, treatment and rehabilitation based on psychodynamic group psychotherapy, psycho-educational workshops, multi-family group for individuals with psychosis and their family member, cognitive behavioral therapy for psychosis, metacognitive training, art therapy, bibliotherapy, workshop with physiotherapists, socio-therapy and recreational therapy, healthy diet workshop with nutritionist, and consultations with the social worker (Authors).

Despite this comprehensive approach, a 23-year-old male patient diagnosed with schizophrenia spectrum disorder died by suicide during the second year of his active participation in the Day hospital treatment. This event had strong emotional consequences not only for his family, but also for the professionals and patients who shared the group with him for several months.

While much attention in studies conducted so far was given to prevention, suicide risk assessment, the

frequency of its occurrence, the experiences of patients who have attempted suicide (e.g. Rihmer et al., 2021; Ghio et al., 2011; Berglund et al., 2016; Berg et al., 2017), and the experiences of professionals, primarily nurses (e.g. Talseth & Gilje, 2011; Shao et al., 2021; Yang et al., 2024), there are hardly any studies about the effect of suicide on other members of the therapy group. This is because the research has been focused mostly on individual rather than group psychotherapy. Thus, with the tragedy that we experienced in the Day hospital, we set out to listen to experiences of group members, how did it affect them and their treatment, and how did they cope with this event continuing the therapeutic program. These data can help us to understand better the impact of patient suicide on fellow group members, and may serve as a foundation for the development of more effective strategies to lessen the trauma of suicide.

SUBJECTS AND METHODS

This study used a qualitative design and in-depth semi-structured interview to obtain a deeper understanding of the experiences. The patients´ experiences were gathered in a focus group that was held one month after the patient´s suicide, in one meeting that lasted for an hour and a half. The group was led by a psychologist, a member of the Day hospital´s professional team, who, after consulting with other team members, designed the questions for the interview. The questions covered the following areas of interest: personal reflections and experiences with suicide, the impact of the group member´s suicide, the experience of the post-suicide actions of the therapy team, and the potential for post-traumatic growth. The complete semi-structured interview can be found in the Appendix at the end of the paper.

The focus group included eight patients, members of the therapy group whose member had previously died by suicide. The interview was audio-recorded, which the patients were familiar with and gave their verbal consent for recording, as well for participating in the study. Participation was anonymous, and the participants had the option of refusing to answer the specific question or withdrawing from participation at any time. The interview was later transcribed, and any identifying information was removed at transcription. Data were analyzed by identifying patterns across the data corpus.

RESULTS

Personal reflections and experiences with suicide

As reasons why someone might decide to die by suicide, members of the focus group listed: feelings of helplessness, hopelessness, meaninglessness, loss of satisfaction, loneliness, the feeling that you are a burden to others, the feeling that you have disappointed yourself and others, and a genetic predisposition. Three members of the group stated that for these same reasons, they had thought about suicide themselves, but they had no clear intention of doing so, nor had they attempted it. One of them pointed out that her self-confidence was significantly lowered due to the negative symptoms of the disorder. One member stated that before his stay in the Day hospital, he was treated as an inpatient precisely because of suicidal thoughts. The third member who had thoughts of suicide pointed out that he would never actually put it into action because he is a believer and considers suicide a sin.

The impact of the group member´s suicide on other members

The members of the focus group first stated that suicide affects family and friends the most, who usually feel guilty, and question what they missed and where they went wrong. However, they confirmed that this suicide event of a member of their therapy group had a profound effect on them even though they were not as close to him as family and friends. This incident reminded two members of their previous experiences with suicide, because they had already experienced the suicide of a family member and of a close friend. Quote from a member whose friend died by suicide: ″Now it feels like I'm experiencing it again, only twice, and three times more intensely than last time. When someone close to you dies by suicide, it's like all those repressed emotions come out.″

All members stated shock, disbelief and anxiety as their first reactions to the news that a member of the group had died by suicide, followed by unpleasant bodily sensations (chills and tingling). Quote from one member: ″No one would have thought that this would really happen in a group like this. As if it is reserved for some other cases. When it happens, it's very abstract to grasp and understand, and then when it happens, I think people get really scared.″ They tried to help themselves in different ways,

by talking, walking, taking tranquilizers, and one member went into self-destruction (he spent a large amount of money in the betting shop).

Later, anger and rage and a feeling of hurt appeared in one member. His quote: ″To me, it's an act of cowardice, not an act of courage. The brave act is when you're all the way down, when you hit rock bottom, to do some things and change some things and come out stronger because that's life. People don't think about what the consequences are for those who are already mentally unstable. I have flashbacks in my head every day.″ The others feel sadness and that they miss their lost member (quote: ″As we spent a lot of time outside the hospital in such a friendly way, it is still unreal that someone could get under your skin in such a short period of time and fly away just as quickly without the last words.″). They often remember him (″I see images flashing in my mind every day, I often see him passing by me.″), especially when they touch on topics they had in common with him in the therapy program or when they go to places they used to go with him during breaks (for example, to the local cafe). Three members stated that they sometimes dream of him. Two of the members admitted that they felt guilty and wondered if they could have noticed something about him ("Maybe I neglected those micro expressions in his face.", "Then you wonder a bit, maybe he started to refuse going with us for a cup of coffee for a reason."), and if they could have done something about it ("Maybe I could have said more, done more, shown more, maybe I was too focused on myself.", "I'm just sorry that I didn't talk to him more, that I didn't get closer to him and communicate with him.").

The loss of a member affected the group's dynamic. The remaining members observed that since the time of the suicide, they find it difficult to talk about their problems that brought them into the therapy program because they seem insignificant in comparison with what happened (″I somehow feel that people talk less, as if they are more in their heads.″). They also expressed concern that other members of the group, especially those who do not come regularly, might also die by suicide. One member stated that he felt that not all patients who came to the Day hospital were ready for this form of treatment and that they might be safer in an enclosed ward. Two members of the focus group expressed fear for themselves that they too would one day end up like this. This event affected their families as well. Three members said their mothers were worried about them, that they would have suicidal thoughts, and one member said that his sister had panic attacks after learning of the suicide of a group member.

The experience of the post-suicide actions of the therapy team

All members of the focus group expressed satisfaction with the way the staff handled the news of the group member's suicide. It was important to them that all the team members came, they felt a sense of community and empathy, and it was important to them to hear that the team members were available whenever they needed to talk and that they could turn to anyone ("They all came together, both doctors and the psychologist and the nurses and they were there with us. We were in this together. They stood at our disposal, saying that if we needed anything, some conversation, or anything at all, they were at our disposal.″). They also expressed empathy for the therapy team, for example: "As traumatic as this experience was for us, it was identical for all of you.″ . After learning about the news, they felt they had space to process it further in groups. The groups were dedicated to share the last contacts group members had with the deceased, to reconstruct circumstances related to death, to imagine how he felt, and to share informal support. Many questions were raised that could be expressed in a non-punitive manner. The patients were satisfied with the availability of the Day hospital staff for their needs ("I think the availability of the therapy team with the patients is excellent. Any problems that bother me, I feel that I can turn to anyone. You always find a few minutes for me and we try to solve it together.″). One member of the focus group expressed a desire for an even richer therapeutic program, he is bothered by the breaks between individual groups, while the other members like the breaks for informal socializing and are satisfied with the structure of the therapeutic program.

The potential for post-traumatic growth

All members of the focus group expressed their belief that it is possible to experience positive changes after trauma and to draw something good for themselves from that experience. They were convinced of the same when they saw the parents of the deceased member of the group, who attended family therapy after his suicide. The first contact with the parents was painful because of their need to release blame and anger, but the other meeting was quite healing, and proved to be source of support to other patients and to therapy team members. It was a significant source of instilling hope and meaning (″His parents were extremely brave for showing up for family therapy, for giving us comfort and supportive thoughts

at the end.″). One member of the group stated that after this event he began to appreciate his own life more, and three of them said that they felt more motivated to fight their own difficulties ("It strengthened my view in this direction. To never allow myself to think that something is impossible to correct, that there is no way out of something.″, ″I believe that everything, no matter how hard it is, will pass. You just need to be patient and to work on yourself and that's it.″, ″You know that he (the patient who died by suicide) would want you to go in the best possible direction when he has already gone to the absolute extreme."). Also, all the members agreed that within the group they started to care more for each other, which strengthened the group cohesion.

DISCUSSION

Main findings

The purpose of this qualitative study was to investigate the experiences of members of the therapy group following the suicide of a group member. In the focus group, four areas of interest were explored via a semi-structured interview: personal reflections and experiences with suicide, the impact of the group member´s suicide, the experience of the post-suicide actions of the therapy team, and the potential for post-traumatic growth.

Three members of the group admitted that they used to have suicidal thoughts, but without clear intentions or attempts. The suicide of a group member had a strong impact on other group members. The reactions they described reflect the process of grieving after the experienced loss. After the initial shock, disbelief and anxiety, accompanied by unpleasant bodily sensations, one member noticed the feelings of anger, rage and hurt, while others felt sadness and that they were missing a deceased member. Everyone remembered him often, and some even dreamed of him. Some remembered previous losses, when their loved ones had died by suicide, and some verbalized a feeling of guilt. The loss of a member also affected group dynamics, making it more difficult for group members to talk about their problems, and they expressed more concern for each other and for their own well-being. It also affected their family members who learned of the tragic event.

All members of the group expressed satisfaction with the manner the therapy team informed them of the suicide. It was important to them that at that moment all the team members were present, and they felt a sense of community and empathy. Also, it was important and valuable to them that in the following groups they could work through this painful event, and that they could turn to the team members at any time.

All group members expressed their belief that it is possible to experience positive changes after such event, which they became aware after seeing the parents of the deceased member, who instilled them hope and encouraged them. Some noticed that they began to appreciate their own life more, and were more motivated to fight their own difficulties. They also noted that group cohesion had strengthened.

Comparison with previous literature

In the rare papers that examined the effect of the suicide of a therapy group member on fellow patients, similar reactions were described, which actually reflect the process of mourning and concern for group survival. For example, Kueppenbender & O´Neill (2012) described the effects of suicide in psychoanalytic groups in a private setting: shock, anger, empathy towards the therapist, the need to connect with each other more, and frequent flashbacks of the deceased. The suicide also affects group dynamics. Kibel (1973) stated the expected group responses after the suicide of a group member: increased dependency and regression, increased potential for acting out, such as absences and lateness, and anger at the therapist, which may represent displaced anger at the member who died by suicide. Kueppenbender & O´Neill (2012) indicated that their patients feared that the groups will fall apart, they struggled to regain a sense of safety, had several drop-outs, and that it was very challenging to integrate new members.

Seeman (2015) pointed out that event though patients with serious mental illnesses have poor social relationships, they do form meaningful relationships over time due to proximity and shared activities in therapy programs. Even though some group members may not have known the person who died by suicide, they also feel the impact because of identification with the deceased. They feel vulnerable, the psychotic symptoms may intensify, as well as the substance abuse, and the symptoms of depression and anxiety. There is also a greater need to stay close to sources of comfort, including therapy team members.

In addition to reactions of mourning and/or fear for oneself or for other group members, it is possible to expect positive effects in the longer term, and a positive reframing of the trauma, as shown by some members in our therapy group. The group members may become more revealing, and feel connected as survivors of a common adversity (Kibel, 1973). People who face, endure,

and overcome a common tragedy forge strong ties to one another (Seeman, 2015). Successfully overcoming a difficult experience increases self-confidence and encourages growth. The concept of posttraumatic growth refers to greater appreciation of life, changed sense of priorities, recognition of new possibilities, more intimate relationships, and a greater sense of personal strength (Tedeschi & Calhoun, 2004).

The post-suicide interventions of our therapy team were similar to the recommendations by Seeman (2015), who stated that the goals after a suicide are to facilitate the process of mourning while keeping everyone in the therapy program safe. Provision of a safe environment, immediate response and support have a crucial importance to prevent further trauma and isolation. This includes answering the questions, expressing sympathy, offering further care and support, and listening to suggestions that may improve the care of other patients. However, the author emphasizes that in the longer term, it is important to not maintain overvigilance and overprotection, and that the program routines should return to normal after a few weeks.

Strengths and limitations

The strength of this study is a thorough examination of in-depth interview that addressed different behavioral, cognitive and emotional aspects. Also, the interviewer was a psychologist, a member of the therapy team, and the group members seemed to feel safe and free to express their experiences.

The limitation of this study is that the data was collected on a very small, specific sample, and it is not possible to generalize the findings to the entire population of patients with psychotic disorders. Further research should include larger and more diverse samples across different clinical settings to examine both the immediate and long-term impact of a patient's suicide on therapy group members. Studies comparing different postvention approaches, as well as those including the perspectives of therapy team members, would help inform more effective support strategies.

Implications

These data can help us to better understand the experiences of therapy group members who have lost a member of the therapy group due to suicide, and may serve as a foundation for the defining guidelines for further therapeutic work with them, for the purpose of more efficient processing and integration of the loss, and the eventual achievement of post-traumatic growth.

CONCLUSION

The purpose of this study was to investigate the experiences of therapy group members following the suicide of a group member. Their reactions reflected the process of mourning and concern for each other and for their own well-being. They were satisfied with the post-suicide actions of the therapy team, which instilled in them a sense of community and support. We hope that these experiences may serve as a foundation for the development of more effective therapeutic strategies to lessen the trauma of suicide in group therapy.

Ethical considerations: Does this study include human subjects? YES
Authors confirmed the compliance with all relevant ethical regulations.
Conflict of interest: No conflict of interest
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Authors' contributions: Daniela Šago conceived the study, assisted in the literature review and supervised the project. Ena Ivezić performed the literature review, analyzed the data and interpreted the results. Dominik Šmida developed the research design, collected the data and contributed to the interpretation of the results. Vladimir Grošić assisted in drafting the manuscript and contributed to critical revisions. All authors read and approved the final version of the manuscript.

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APPENDIX

A guide to the semi-structured interview

We are conducting a study that aims to examine the experiences, reactions, and needs of patients at the Day hospital for early intervention, whose member died by suicide. The aim is also to examine ways of improving the therapeutic services in the face of the suicide. Everything we're going to talk about today is anonymous and confidential, and the data collected will be used exclusively for research purposes. Please answer the questions as honestly as you can. At any time, you may refuse to answer the question or discontinue the investigation altogether. As it is extremely important to us that all information is accurately recorded and remembered, I am asking your permission to record this conversation.

First, we will discuss the topic of suicide in general.

- When you hear the term suicide, can you state what you think could be the factors that influence a person to die by suicide or attempt suicide?
- Can you give your own experiences about the same if you have any? (Motives, events that lead to the idea of suicide, emotional experiences...)
- When you think about someone who has died by suicide, can you state what you think about whom and in what ways such an event affects?

Now I will ask you specific questions about your experience of participating in a day hospital program after a group member died by suicide.

- When you think about your experience of participating in the day hospital program during the period when a member of your group died by suicide, can you name the consequences that you noticed that this event caused in you? If yes, please list and describe these consequences and the way in which you express them (emotional experiences, thoughts, bodily sensations, behavior...)
- If we take into account the commonness of the appearance of various forms of feelings of guilt, helplessness, shame and similar emotional reactions due to the suicide of close people, can you list and describe your own experiences with the mentioned emotional reactions, if there were any?
- How satisfied are you with the manner in which the day hospital staff handled the news of the suicide of a member of your group?
- How satisfied are you with the way the group's program and content has been maintained following the announcement of the suicide of a member of your group?
- How satisfied are you with the availability of hospital staff for your needs following the announcement of the suicide of a member of your group?
- When you think about the period of participation in the program following the suicide, can you name some positive and negative consequences of the said event on the group dynamics?
- When you think about the treatment in the day hospital program after the suicide of a member of your group, can you name some factors that were helpful or are currently helpful in the process of grieving and dealing with the loss of a member of your group?
- When you think about the participation in the day hospital program after the suicide of a member of your group, can you indicate, if any, changes in your own suicidal thoughts, their frequency and changes in attitudes regarding these thoughts?

The next set of questions will focus on potential positive changes following the suicide of a member of your group.

- What do you think, is it possible for some people to experience growth and positive changes after experiencing trauma? What are the symptoms, signs and characteristics underlying this change?
- Do you notice any of these symptoms, signs and/ or traits in yourself?
- After everything that we just went through in the focus group, are there any questions or comments that you'd like to ask or say that we haven't touched?

Thank you for your participation!