

# Illness, Crisis & Loss

## Exploring the Subjective Experiences of Peer-Led Social Support Groups for Individuals Bereaved by Suicide

Journal:	<i>Illness, Crisis &amp; Loss</i>
Manuscript ID	ILL-23-0034.R1
Manuscript Type:	Original Articles
Keywords:	Suicide < Death, Bereavement, Grief < Bereavement, Loss < Bereavement, Trauma < Bereavement
Abstract:	<p><b>Objectives:</b> The insights of individuals bereaved by suicide who use peer-led social support groups are lacking in much of the clinical research. This review provided a synthesis of the existing knowledge base to support the development of strategies to improve peer-led social support group services.</p> <p><b>Design and Methods:</b> A systematic search was carried out on eight electronic databases. Data were extracted and a systematic qualitative meta-aggregation was undertaken.</p> <p><b>Results:</b> Key components of social support for individuals bereaved by suicide were the contribution of group dynamics to the attribution of meaning; the ways in which shared experience leads to the normalisation of feelings; and the importance of support group homogeneity, consistency and training to the participants' experience.</p> <p><b>Conclusion:</b> Peer-led social support groups can be invaluable for suicide bereaved individuals, but attention must be paid to the structure, conduct and training of group leaders and members in order to optimise outcomes.</p>

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# EXPLORING THE SUBJECTIVE EXPERIENCES OF PEER-LED SOCIAL SUPPORT GROUPS FOR INDIVIDUALS BEREAVED BY SUICIDE

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## Introduction and Background

The grief associated with suicide bereavement is considered more complex than other types of death (Begley & Quayle, 2007; Cerel et al., 2008). The experiences of those bereaved by suicide are poorly understood, at least in part because of the emphasis in most of the literature on the use of quantitative methods and the difficulty in measuring subjective lived experiences with such methods (Hjelmeland & Knizek, 2010). Previous studies have also focused on the comparison between suicide bereavement and other types of bereavement rather than understanding the grieving process following suicide (Begley & Quayle, 2007; Jordan, 2001; Jordan & McIntosh, 2011; Shields et al., 2015).

Social support has been described as “support accessible to an individual through social ties to other individuals, groups, and the larger community” (Lin et al., 1979) and is considered to be protective against negative effects of stressful life events (Peirce et al., 2000). It has been suggested that due to the complex nature of suicide bereavement, individuals bereaved by suicide require support services from highly specialised professionals (Barlow et al., 2010; Scott et al., 2020). However, in contrast to this recommendation, professional support has often been considered ineffective, dissatisfying and often leading to non-compliance and disengagement due to the bereaved individuals not feeling that the non-bereaved professional were able to understand their grief (Ali & Lucock, 2020; Hybholt et al., 2022).

Peer-led support groups are perceived to enhance the recovery of individuals bereaved by suicide due to enabling shared experiences with others who are bereaved by the same circumstances (Hybholt et al., 2022) and has been cited as a preferred option of these individuals (Ali & Lucock, 2020). Peer-led support can improve participant well-being, connectedness and hope and grief by normalizing loss, and reduce stigma and isolation (Higgins et al., 2022).

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Whilst there are few systematic reviews that have explored the general area of suicide bereavement support, there remains a dearth of research conducted on the experiences and needs of individuals bereaved by suicide who utilise peer-led social support groups. Previous reviews have focused on specific populations (Lestienne et al., 2021), more than one methodology (Abbate et al., 2022), or the grieving process of those bereaved by suicide (Shields et al., 2015). As a result, the unique perspectives of those who use peer-led social support specifically are missing from much clinical research.

This gap in the research is of particular significance because of the potential and increasing interest in peer-led social support groups as a postvention. Peer-led social support groups provide a distinctive subjective and context specific relationship, built on shared experience, circumstance and values (Ahluwalia, 2018) out of the constraints of a hierarchical relationship (Mead, 2001). They are considered to be an effective strategy offering alternative support and care where health services do not reach (Sokol & Fisher, 2016) and are among the range of suicide bereavement support services that are in the process of being rolled out across the United Kingdom (NHS Long Term Plan, 2019). However, despite the potential of these services, support services have been inconsistently offered and/or accessed in a timely and appropriate manner upon bereavement (McDonnell et al., 2022). Hence, while their increased popularity and reach is welcome, there is a need to ensure standardised, evidence-based design, implementation, and monitoring to determine effectiveness of peer-led social support groups (Schlichthorst et al., 2020; McDonnell et al., 2022).

This study therefore aims to consolidate and synthesise the key insights from the existing high quality qualitative studies exploring the unique experiences of individuals who use suicide bereavement peer-led social support groups. It is intended to inform the development, implementation and evaluation of existing and future evidence-based peer-led social support groups for individuals bereaved by suicide. To the researchers' knowledge, this

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is the first systematic qualitative meta-aggregation that has been conducted regarding suicide bereaved individuals' experience of using social support groups. Meta-aggregation is particularly of use to synthesise qualitative studies aggregating information to provide informative and practical recommendations (Lockwood et al., 2019) and to identify where further research is required. Research in this area can aid the development of evidence-based peer-led social support groups and improve the health and well-being of suicide bereaved individuals, while the knowledge gaps identified serve as a catalyst for future research and high-quality qualitative reviews.

For Peer Review

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### Methods

The protocol for this systematic review was guided by the standards of the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) Statement (Figure 1). It was registered on PROSPERO and can be accessed at: [https://www.crd.york.ac.uk/prospero/display\\_record.php?RecordID=323377](https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=323377).

### Search strategy

Google Scholar was used to perform an initial scoping search prior to the formal search of databases to identify relevant search terms and databases. Searches were undertaken in 8 electronic databases with no date restriction: MEDLINE (MEDical Literature Analysis and Retrieval System), PubMed, PsycINFO, CINAHL (The Cumulative Index to Nursing and Allied Health Literature), Web of Science, Scopus, Embase (Excerpta Medica database), and Cochrane Library. The initial search was designed for MEDLINE and was later adapted to suit the format of other databases. To maximise the number of relevant articles identified from the databases, truncation (\*) and Boolean operators 'AND/OR' were applied. The full search strategy is available in Appendix A. The reference lists of the articles included in the final synthesis were also manually searched for further relevant articles. See Figure 1 for full selection.

### Study selection

In total 884 studies were identified using the search strategy. All papers from databases were added to EndNote library and the duplications ( $n = 427$ ) were manually removed prior to the selection of studies. The authors then reduced the remaining articles ( $n = 412$ ) by applying inclusion and exclusion criteria as follows:

### Inclusion

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- Qualitative studies (including the qualitative data from mixed methods studies)
- Explored the lived experience of individuals who were currently or had previously attended bereavement by suicide support groups
- Not led by healthcare professionals
- Published in English
- Peer reviewed

### *Exclusion*

- Not suicide bereavement specific support groups
- Not qualitative, (protocol, systematic review, narrative review, scoping review, discussion papers, and books)
- Non-peer reviewed articles

The title and abstracts of studies were first screened against the inclusion and exclusion criteria by the first author, these were then checked by JR to ensure agreement. This resulted in the removal of 361 references ( $n = 51$ ), one report was not retrieved. Next, the full text of all remaining studies were checked against the inclusion and exclusion criteria by CA and JR who compared their findings (agreement was 100%). This resulted in the removal of a further 40 studies.

Finally, the remaining studies ( $N = 10$ ) were assessed for quality. To assess quality, the Joanna Briggs Institute (JBI, 2022) Critical Appraisal Tool was used. The tool consists of 10 questions leading the reviewer to a conclusion (include, exclude, or seek further information). Although the same review processes of appraisal and verification of findings as in the software was followed, we did not use the JBI-QARI software. Quality was assessed independently by two reviewers (CA and JR). Studies were included if both reviewers concluded it should be included, with disagreements resolved by consensus after reviewing the criteria and definitions.

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Due to poor methodological quality 6 papers were excluded. A third reviewer (PK) reviewed the final sample and agreed on the final total of 4 (see Figure 1).

\*Insert Figure 1 here\*

### Figure 1

*Search Strategy Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart*

#### Level of credibility

It is important for the credibility of qualitative research to only consider high quality papers, however, variation in the interpretation of qualitative findings creates challenges in gaining a deep understanding of included studies. All studies included in this systematic review were graded as credible by the authors using the JBI credibility criterion, which is defined as the congruity between the research question and findings of the studies based on the theoretical frameworks (JBI, 2011).

#### Data extraction and synthesis

Meta-aggregation does not involve a re-interpretation nor re-conceptualisation of evidence. Instead, it focuses on the combination of findings from across the included studies. To achieve this, it follows a three-step approach (Lockwood et al., 2015) which first involves the extraction of all findings from included studies. Data related to authors, title, study population and participant demographics, study methodology, details of the intervention and control conditions where relevant, and key findings were extracted from the final sample of studies by CA and JR through a process of repeated reading of the text. Next, categories were developed by JR and CA which combined at least two findings; this involved repeated the detailed

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examination of the assembled data to identify groups based on similarity in meaning. Finally, synthesised findings were developed containing at least two categories. In meta-aggregation, a synthesised finding is an overarching description of a group of categories that are nuanced to the perspectives of the authors and evidence but are still able to be used to inform policy or practice (Lockwood et al., 2015). These were identified collaboratively by JR and CA and reviewed by PK to ensure the resulting aggregated synthesis remained broadly representative of the included studies; any discrepancies were resolved via consensus. Although synthesis statements in meta-aggregation can reflect specific clinical recommendations (Hannes & Lockwood, 2011), this review instead used synthesis statements to reflect the experiences of individuals who use suicide bereavement social support groups as the included studies did not focus on clinical outcomes; this approach has been adopted in other meta-aggregation reviews (Rouhi et al., 2019; Johnson & Woodgate, 2017).

### **Results**

#### *Study Characteristics*

Table 1 summarises the characteristics of the included studies. Studies were conducted over a 11-year period from 2011 to 2022 and were conducted in the United States ( $n = 2$ ), England ( $n = 1$ ), and Norway ( $n = 1$ ). All studies were qualitative and collected data via individual or group interviews ( $n = 4$ ). Two also used observations ( $n = 2$ ).

\*Insert Table 1 here\*

#### **Table 1**

*Characteristics of the included studies*



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The experiences of individuals who use suicide bereavement social support groups were aggregated to three synthesis statements: Group Dynamics Facilitate Attribution of Meaning; Shared Experience leads to the Normalisation of Feelings; and Homogeneity, Consistency and Training enhance Group Benefits.

### *Synthesis statement 1: Group Dynamics Facilitate Attribution of Meaning*

This synthesised statement draws on the widespread finding that bereaved individuals are seeking to attribute meaning to the suicide. This may involve the need to be able to attribute causation of the suicide following the immediate shock and disbelief of discovering or being informed of the suicide taking place (Supiano, 2012). Sense may be made by reference to a range of factors, including the personal (what the survivor did or did not do), external (another individual, the deceased or another reason outside the control of the individual), inexplicable or destiny (inevitable circumstance). Supiano (2012) found where individuals were able to make sense of the death, it enhanced their capacity to grieve deeply and achieve personal and spiritual growth and self-acceptance.

The process of attribution of meaning may be enhanced by the sense of permission that the individuals received from being part of a peer-led social support group. This includes permission to feel and express the emotions necessary to attribute meaning to the suicide (Dyregov et al., 2013). Peer-led social support groups can facilitate individuals in constructing meaning and identity following bereavement that could make it more tolerable for the individual. Facilitators of these groups emphasise the potential that the individuals bereaved by suicide are traumatised and stigmatised by their encounter and as such there was a need to

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encourage these individuals to become narrators of their own life (Feigelman & Feigelman, 2011).

### *Synthesis statement 2: Shared Experience leads to the Normalisation of Feelings*

Suicide is stigmatised within many societies and cultures and is considered a socially undesirable topic of conversation. This can result in those bereaved by suicide experiencing feelings of isolation (Adshead & Runacres, 2021; Supiano, 2012) suggested to be due to inadequate support within existing social networks (Adshead & Runacres, 2021). Men bereaved by suicide may be particularly reluctant to display emotion, opting instead to comply with social norms of masculine emotional expression (Adshead & Runacres, 2021). Peer support groups provide a space exempt from the stigma imposed by society and enable those bereaved by suicide to discuss their feelings openly with those who had experienced the same type of loss (Adshead & Runacres, 2021; Feigelman & Feigelman, 2011; Supiano, 2012).

Peer-led social support groups can provide external support and provide the sense of normalcy craved by the bereaved individuals (Adshead & Runacres, 2021). They provide those bereaved by suicide with a safe and accepting space to discuss non-socially desirable feelings associated with death by suicide and/or suicide bereavement. For example, individuals raised feelings of shame and anger towards the individual who had died by suicide (Supiano, 2012). Some participants expressed a desire to die which was framed as the death should be one's own death instead of the deceased's, a desire for death to join the deceased, or death as self-punishment for the suicide (Supiano, 2012). Those bereaved by suicide felt comfortable sharing such non-socially desirable feelings with the peer support group as they did not feel they were judged by those with a shared experience and their

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feelings were validated, consequently they were able to normalise their grief, and as such lead to increased acceptance (Adshead & Runacres, 2021).

### *Synthesis statement 3: Homogeneity, Consistency and Training Enhance Group Benefits*

This synthesis statement encompasses the structure and leadership of peer support groups. Those bereaved by suicide report attending groups to acquire a sense of routine, consistency, and normalcy (Adshead & Runacres, 2021). For this reason, group membership needs to remain relatively consistent (closed groups) to support members in developing connections with other attendees and in feeling safe in disclosing their feelings and experiences (Dyregrov et al., 2013; Feigelman & Feigelman, 2011). The size of the support group is also considered to be important, with 5-8 being seen as the ideal number to facilitate bonding between members (Dyregrov et al., 2013). When groups become larger, it is reported that the group can lose the feeling of familiarity and can result in dominant members taking up much of the discussion time (Feigelman & Feigelman, 2011).

Homogeneity is considered an important aspect of peer-led social support groups (Dyregrov et al., 2013). Creating groups containing members who are similar in age, have been bereaved for a similar amount of time, or have the same relationship to the deceased, are more likely to facilitate a sense of familiarity and shared experience (Dyregrov et al., 2013; Supiano, 2012). It is also important to consider the needs of the individual, addressing the grief experienced by the newly bereaved may be considerably different to longer-term survivors of suicide who may or may not have diminished need for grief support. If these needs are not adequately considered members may opt to discontinue attendance due to lack of usefulness to their specific circumstances (Feigelman & Feigelman, 2011).

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As suicide bereavement can result in feelings that those without personal experience may not be able to comprehend, it is suggested that peer-led support groups led by individuals with personal experience of the suicide bereavement can be invaluable (Dyregrov et al., 2013). However, it is important for the leader of the support group to be able to sign post individuals experiencing difficulties beyond the scope of a peer-led support group and identify those who require psychological support from a trained professional (Dyregrov et al., 2013). Group members highlight the importance of competent and empathetic group leaders, who have the skills required to steer the group when needed and prevent monopolisation (Dyregrov et al., 2013; Feigelman & Feigelman, 2011).

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### Discussion

#### *Summary of findings*

This systematic review consolidates the experiences of individuals bereaved by suicide regarding their use of peer-led social support groups, summarised in three key statements relating to the attribution of meaning, validation of emotion and group dynamics. These will be further examined in turn.

Attribution of meaning is considered to be particularly difficult and complex for those bereaved by suicide (Begley & Quayle, 2007; Cerel et al., 2008) with constant reappraisal required between the suicide event and stories of the deceased (Begley & Quayle, 2007). As such, they differ considerably from other types of bereavement (Jordan, 2001; Jordan & McIntosh, 2011; Shields et al., 2015). Social support was thought to be essential to attribution of meaning according to a similar systematic review (Shields et al., 2015). They suggest that individuals bereaved by suicide have a tendency to feel guilt and blame due to death by suicide being viewed as an act of punishment and rejection, leaving the bereaved feeling responsible (Dunn & Morrish-Vidners, 1987). Another study suggests these complex emotions derive from the inability to attribute meaning to the event and as such, leaves the bereaved to search for clues as to how they are to blame for the event (Sand & Tennant, 2010). The group process may help the bereaved to acquire the ability therefore to reconstruct the story of the deceased death, instead finding a meaningful explanation of the traumatic event that can contribute to feelings of positive growth and ability to move forwards letting go of feelings of blame, guilt, and stigma (Fielden, 2003; Kalischuk & Hayes, 2003; Sands & Tennant, 2010; Smith et al., 2011). This process can open up the ability to positively remember the deceased (Fielden, 2003; Sands & Tennant, 2010).

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The second finding suggests that a shared experience can lead to the normalisation of feelings. Shields et al. (2015) suggest that following bereavement by suicide, individuals do not feel they have permission to discuss their loss and had often felt unable to talk due to lack of perceived support, inability to relate to the type of bereavement, pressure to stop grieving and social awkwardness associated with the death by suicide (Bartone et al., 2017; Dunn & Morrish-Vidners, 1987; Feigelman et al., 2008; Maple et al., 2010). Individuals' difficulty communicating their loss coupled with awkwardness and judgement of others led to isolation and a lack of adequate support within the community and this ensures individuals bereaved by suicide are left with inadequate traditional social support. As such, peer-led support groups are considered invaluable postvention services (Dunn & Morrish-Vidners, 1987; Feigelman et al., 2008; Smith et al., 2011). Similar studies (Ali & Lucock, 2020; Cipolletta et al., 2022) indicate individuals bereaved by suicide have discussed the value of peer-led social support groups that allow individuals to share their experience with likeminded individuals normalising the grieving experience, enhance coping and reduce adverse outcomes associated with suicide bereavement.

Bartone et al. (2017) also observed that peer support can provide a shared experience between the bereaved and peer supporter stating that the collective experience can facilitate a reduction in grief symptoms including reduced isolation and depression as well as increased personal growth and wellbeing. Bereavement by suicide was considered unique in regard to social context following suicide compared to the bereavement process of family members of cancer patients (Lev & McCorkle, 1998), where social support received following suicide appears to be less apparent and more problematic.

The third finding suggests support group homogeneity, consistency and training are all essential components to a successful peer-led support group. This is in alignment with a

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similar systematic review conducted by Abbate et al. (2022) assessing the evaluation of suicide bereavement postvention services finding that tailored and flexible support services are the most appropriate for this target group (Ali & Lucock, 2020; Andriessen et al., 2019). Within the same systematic review (Abbate et al., 2022), it is suggested that to improve pre and postvention support services for bereavement by suicide, there was a need to plan for training and delivery (Ligier et al., 2020) and for community-based services to receive adequate training on the resources available for these individuals (Tiatia-Seath et al., 2019).

The needs of individuals bereaved by suicide are considered paramount to the success of peer-led support groups as well as to be able to address any barriers to providing support within the wider community. Traditionally, support groups have often been facilitated by highly skilled professionals (Abbate et al., 2022). Whilst it remains that professionally led support groups can be considered helpful to certain individuals bereaved by suicide, for instance where participants have found it distressing to listen to others experience of grief (Higgins et al., 2022). However, this review suggests~~The needs of bereaved individuals are considered paramount for the success of future peer-led support groups as well as to be able to address any barriers to providing support within the wider community. Some bereavement support groups are operated by highly skilled professionals, as highlighted in the review by Abbate et al. (2022). It can be argued however~~ that such expertise is not always required, and that peer-led support services may offer a cost-effective and client centred alternative to these professional services which is in alignment with previous research ((Ali & Lucock, 2020; Barlow et al., 2010; Hybholt et al., 2022).

### *Strengths and Limitations*

This is the first review to aggregate the qualitative study findings to present commonalities of the perceptions and experiences of individuals who have used peer-led social

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support groups for suicide bereavement. The meta-aggregation methodological approach was a particular strength as the technique enabled the researchers to synthesise the findings of the studies and showcase useful statements for future practice and further study within this area of interest. However, this is considered a pragmatic approach to research, which may also be considered a limitation as the goal of this methodology is not to generate new theory.

To ensure trustworthiness throughout this review, the researchers followed systematic procedures, using the practice of reflexivity to ensure the influence of the researchers was considered. The first and second authors conducted the majority of the research with a third reviewer overseeing the process from start to completion. One of the included articles was published by the first and second authors of this review, so it was important to have a third reviewer to ensure the final inclusion was not biased. None of the researchers had professional experience of working with individuals bereaved by suicide, ensuring objectivity of the findings.

There are however several limitations to consider in this study. The inclusion criteria in particular the inclusion of support groups that were peer-led only meant many studies were excluded from the final selection. On the one hand, this indicates highlights there are few limited studies that investigate peer-led social support and explore the qualitative experiences of the individuals who attend such groups. On the other hand, this meant that the review is based on a total of four studies. All four studies were conducted in English and conducted in the Western countries. Whilst this limitation could not have been mitigated with the existing inclusion criteria, it is important to understand that the findings of this review cannot and should not be generalised. Additionally, the studies included had to have been accepted by peer-reviewed published journals and as such it is important to consider publication bias. Future



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studies may wish to compare peer-led support groups to professionally facilitated groups to compare the differences and the advantage and disadvantages of both types of groups.

The inclusion criteria of this review did not account for demographics of the participants. However, given that only 4 studies met the criteria for social support groups not led by professionals, demographics were discussed in more detail by the researchers. For future reviews, it is recommended to account for demographic mapping regarding the length of time since the bereavement, how long participants have attended peer-led social support groups for, and the relationship between the participant and the deceased.

While none of the articles included in the current review were excluded based on quality criteria, there are several factors related to the quality of the articles which should be considered when drawing conclusions from the current review. All articles except for Feigelman and Feigelman (2008) used a self-selecting sample, and it is possible that those who volunteered to take part in the research were qualitatively different than those who did not. Dyregrov and Dyregrov (2013) recruited from a broad range of suicide bereaved individuals from a variety of grief support groups across Norway including non-governmental organisations (NGOs), churches, private organisations including homogeneous and heterogeneous groups (Johnsen et al., 2011; 2012), whereas the remaining included studies recruited from one suicide bereavement support group (Adshead & Runacres, 2022; Feigelman & Feigelman, 2008; Supiano, 2012). All studies in the review provided limited information concerning reflexivity.

Studies outlined within the current review contained participants who had been bereaved for varying lengths of time. Supiano (2012) specified an inclusion of participants who were at least 1 year post-loss and had been enrolled into the group for at least 6 months prior to their participation; Dyregrov and Dyregrov (2008) stated at least 7 months post-loss; whereas Feigelman and Feigelman (2008) conducted observations across 4 years and as such

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bereavement length varied across this time period and Adshead and Runacres (2022) did not capture nor exclude participants based on length of time since bereavement. This highlights several expected variations within these studies. With this in mind, it is advised to utilise this review with caution when considering transferability as well as the generalisability of findings.

### *Recommendations for practice and future research*

This meta-aggregation identifies three areas that each hold considerable importance for those bereaved by suicide who use peer-led social support groups. While presented separately, similarly to findings of suicide bereavement grief research (Shields et al., 2015), it is important to remember that these areas also interact. Future peer-led suicide bereavement support groups should focus on ways of helping the bereaved to find a meaning behind the suicide encouraging interaction with each other within small homogenous groups, providing the space and the means to find out how others may have attributed meaning to the suicide event, whilst also allowing individuals to share their experience openly and honestly without fear of judgement.

This paper highlights there is a considerable lack of research investigating the lived experiences of individuals attending peer-led social support groups for suicide bereavement and is in need of further study. In order to add to the lived experience of this population, further qualitative research is required to improve the understanding of various populations. Once there is a wider selection of studies, the researcher suggests replication of this methodology with the addition of comparison between demographics such as age group, gender, stage of loss, and relationship to the individual who has died. Meta-aggregation as a research method is relatively underutilised, future research could utilise this format in producing useful action statements. Longitudinal studies could also be conducted to assess the impact of peer-led support groups over a longer period of time, with recommendation to control for recency and nature of death (Bartone et al., 2017).

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### Conclusions

This meta-aggregation presents three synthesised findings related to the experiences of individuals bereaved by suicide who describe the benefit they have experienced from attending peer-led social support groups. These findings include attribution of meaning to their loss; a shared experience which leads to the normalisation of feelings; and the importance of support group homogeneity, consistency and training. These findings can be used to enhance existing peer-led social support services and improve support offered by new up and coming peer-led groups who wish to better understand the needs of individuals bereaved by suicide.

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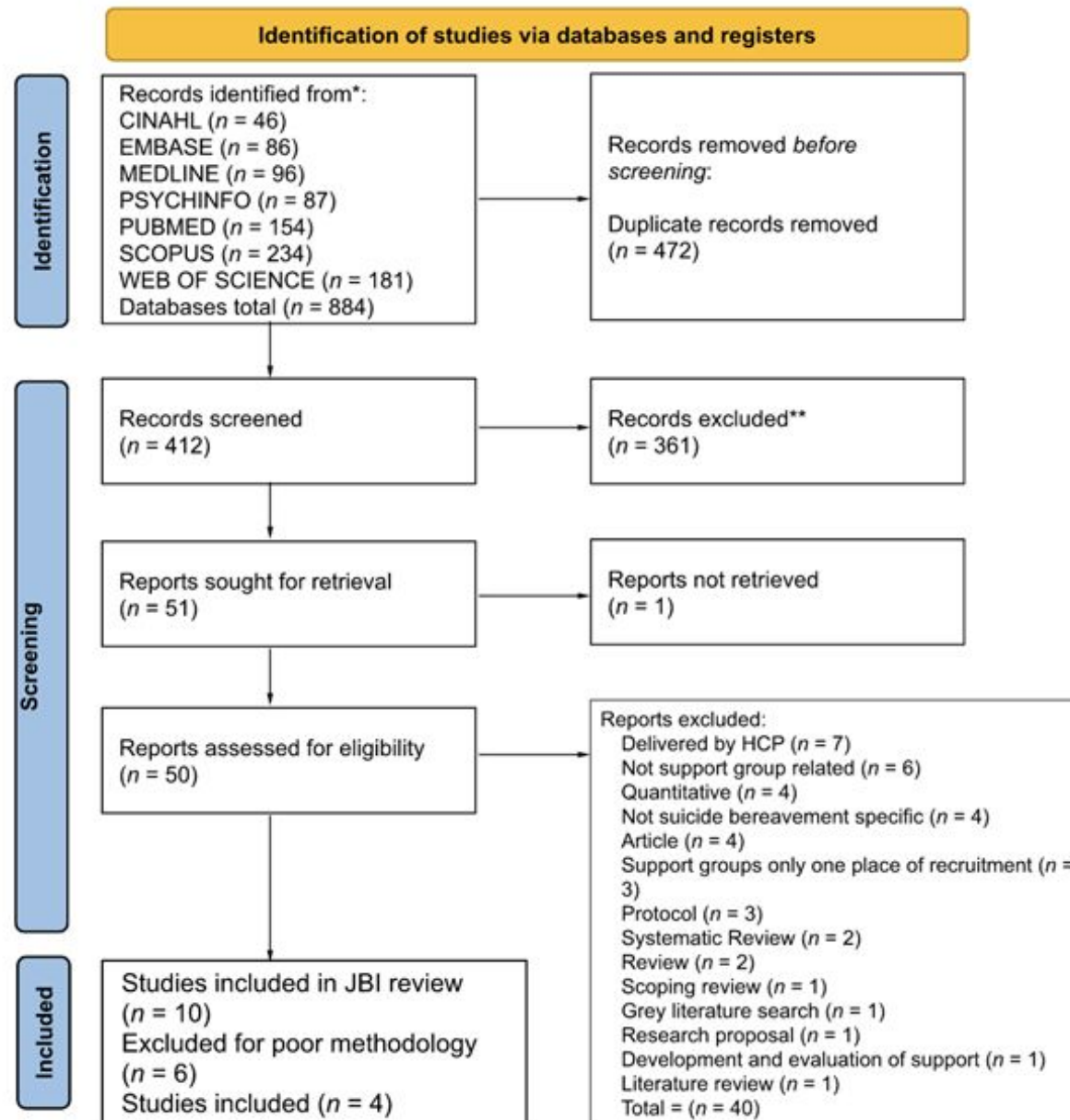
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Author	Year	Country	Aims	Methodological and Sampling Approach	Participant Characteristics	Data Collection and Analysis Methods
Adshead, C., & Runacres, J.	2022	England	To understand the experiences and perceived impact on the wellbeing of individuals attending a suicide bereavement social support group.	A qualitative study guided by a realist evaluation framework in which context-mechanism-outcome configurations were explored. Purposive sampling was used to recruit participants.	Participants (N = 6, 3 males and 3 females), met the following inclusion criteria: over the age of 18, currently attending a bereavement social support group, spoke English and did not have neurological or developmental disorders or learning difficulties.	Qualitative data were collected using individual online semi-structured interviews conducted virtually. Data were analysed using a realist approach to thematic analysis informed by CMO configurations.
Dyregrov, K., Dyregrov, A., & Johnsen, I.	2013	Norway	To generate a phenomenologically based understanding from bereaved adults of good or ideal grief groups.	Qualitative research in which participants were recruited from grief groups by the leaders who had participated in the first part of the study (Johnsen, Dyregrov, & Dyregrov, 2011).	21 adults who had lost a close person. Ages varied (M = 46; SD = 12.55), and the majority were women (81%). All attended bereavement groups led by peers.	Eight group interviews were conducted face-to-face. Data were analysed according to Kvale's (1996) stepwise analysis for qualitative data.
Feigelman, B & Feigelman, W.	2011	United States	Examines survivors' needs and poses questions about their support group departures, are these the result of dissatisfaction with the group, the facilitator, or environmental constraints? Or a reflection of differing healing pathways?	Qualitative research in which participants were purposively sampled from those who departed a suicide bereavement group.	Participants ranged greatly in the time since their loss; approximately a third were newly bereaved, having sustained their losses less than 2 years earlier, but the majority were longer-term bereaved, having suffered losses 5 or more years beforehand.	Drew upon participant observation data collected over a 7-year period from more than 300 suicide survivors observed at monthly group meetings and from follow-up telephone interviews with 24 respondents who withdrew from groups. Qualitative analysis was undertaken.
Supiano, K. P.	2012	United States	To explore the impact of participation in suicide loss grief support groups on participants' sense-making of the loss and changes in self-reported symptoms of grief distress.	A qualitative hermeneutic phenomenological inquiry. Non-probability purposive sampling of persons enrolled in an ongoing study of change in self-reported symptoms of grief distress.	Nine participants, of whom four were male and five females. Eight participants survived the death of an adult child, and the ninth participant survived the death of a spouse.	Semi-structured and open-ended interviews were undertaken face-to-face. Qualitative phenomenological analysis was undertaken.

## Appendix

### Appendix A Search Strategy

[https://www.crd.york.ac.uk/PROSPEROFILES/323377\\_STRATEGY\\_20220422.pdf](https://www.crd.york.ac.uk/PROSPEROFILES/323377_STRATEGY_20220422.pdf)

#### **Suicide bereavement**

“Suicide bereav\*” or “bereaved by suicide” or “suicide loss”

AND

#### **Individual**

Family or parent or child or relative or partner or spouse or friend or bereaved or survivor or individual

AND

#### **Support Group**

Support\* or “social support\*” or “emotional support\*” or “social network\*” or “social contact” or “social relation\*” or “social interact\*” or “perceived social support” or “subjective social support” or “social activ\*” or confiding or confide or “personal recover\*” or experience\* or attitude\*

AND

#### **Qualitative methods**

Qualitative\* or “lived experience” or experience or interview\* or “focus group\*” or IPA or interpretive\* or “grounded theory” or narrative\* or Discourse\* or Thematic\* or Content Analysis or Ethnograph\* or Phenomenolog\* or Hermeneutic or semistructured\* or semi-structured or unstructured\* or “guided interview\*” or “guided discussion\*” or “group discussion” or transcribe or open-ended or “mixed method” or mixed-method or “framework approach”