Review Article

How do Survivors of Suicide Reconstruct their Daily Life?

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Abstract

Background: The turmoil that survivors of suicide experience disrupts the natural routine of daily life. Survivors are often isolated from society due to stigma, suffer intense emotional damage, and struggle to rebuild their daily lives.

Purpose: To understand how survivors reconstruct their daily lives after a suicide and the challenges they face in this process.

Method: In-depth interviews were conducted with sixteen survivors, and the data were analyzed using content analysis. In-depth interviews and content analysis are among the most suitable techniques for reaching the participants' emotions and thoughts and the concepts that can explain the data.

Findings: Life changes negatively after suicide

- Survivors are stigmatized and marginalized.
- Stigma forces changes in physical and social environments.
- Survivors tend to develop healthier communication.
- Awareness with family members.
- Anger towards the deceased serves as a source of motivation for the survivors.
- Psychological support is beneficial in coping with negative emotions.
- Social support and assistance empower survivors.

Conclusion: Solutions can be summarized under the following headings:

- Increasing Social Awareness.
- Expanding Psychological Support Services.
- Strengthening Social Support Networks.
- Developing Legal and Social Policies.

Introduction

Suicide is one of the most significant health issues for global societies [1]. It is the fourth leading cause of death among individuals aged 15-29, with over 700,000 people dying by suicide each year. It is estimated that an average of 15 extended family members are affected by each suicide. Surviving a suicide means witnessing the act and being exposed to its impacts. The degree of emotional impact and its continuity are crucial factors that affect the bereaved [2]. Being a relative of a person who died by suicide means being stigmatized, labeled, and socially excluded [3-7]. Research has shown that the grief experienced due to suicide is more related to the nature of the death itself than to the loss, and that suicide is perceived as the most stigmatizing type of sudden death [6, 8].

Forms of death not accepted by society are causes of stigmatization this stigmatization, which even reflects in funeral practices, deteriorates the mental health of suicide survivors [9-13]. Unlike expected and normal death, suicide is a sudden, unexpected, and unforeseen death [14]. The process following suicide is also different from that following an expected death; for the family members of the person who died by suicide, life encompasses a constant fear of judgment and an uncertain silence [15]. Questions about the reasons for suicide form the underlying complexity of this process [7,16]. In this extraordinary process, the physical and mental health of the suicide survivors is negatively affected [17]. The mourning process, which emerges after the pain, spiritual injury, and severe damage, leads to a break from the social environment, isolation, and a terrible confusion of meaning, making it difficult to reconstruct life [18-21]. A stigmatized identity due to closeness to the person who died by suicide avoids revealing itself distancing itself from the social environment to protect against the harm of accusations [7,22,23].

A life that spontaneously changes due to suicide is daily life itself, which surrounds the individual from emotions and thoughts to objective production and consumption [24-26]. Daily life is not just a sphere of meaning and a ground that enables new creations, but it also encompasses everything and all activities included in human life, such as the sacred, politics and economy, knowledge and technology, family, gender, body and health, education and art, and production and consumption [27-35].

Daily life is an area where knowledge, beliefs, morality accepted by society, traditions, and customs are shared by individuals, and these shared aspects emerge simply without the need for explanation [36]. The quality of life in this area, which arises through physical and social interaction where every person exists with their abilities and equipment, is related to an increase in individuals' level of awareness and a decrease in negative emotions [37-39]. Unlike situations in harmony with social integrity, situations detached from this integrity cause confusion for the individual [40,41]. Although the causes of this confusion vary by culture, the confusion of survivors in the case of suicide is similar in global societies [42]. It is clear that daily life, reconstructed during the mourning process after

suicide with various psychological risks and difficulties such as intense anger and guilt, is not a renewed or happy life [43,44].

The main goal of this study is to understand how the relatives of people who died by suicide reconstruct their daily lives. The reconstruction of daily life has been examined in various contexts, from the adversities of the Middle Ages to disasters like earthquakes and wars [41,45,46]. However, there has been no comprehensive research on how life is reconstructed after suicide, which is a complete disaster in the historical and cultural plane. It is not known what difficulties the relatives of people who died by suicide face and what ways they resort to achieve average peace and tranquility in daily life. In this regard, this study aims to fill a significant gap in the literature.

Participants

In this study, in-depth interviews were conducted with sixteen individuals: fourteen women and two men. The interviewees included three people aged 50-55, eleven people aged 30-50, and two individuals aged 18 and 19. Ten participants were well-educated and employed, two were university prep students, and four were primary school graduates and housewives. Three participants were single, two were divorced, and the rest were married. Two of the interviewees were teachers who recounted their observations about suicide cases they witnessed in the villages where they worked (the suicides involved either students or their family members), providing information on a total of four suicide cases. There is one case example that does not fit the general characteristics of the participants: in this case, the individual who committed suicide was schizophrenic, having killed his parents before taking his own life; the interview was conducted with the cousin of the deceased. The range of participants extended from first-degree relatives (mother, child, sibling, grandchild) to cousins, aunts, daughters-in-law, and close friends.

Interviews: Each participant was interviewed twice at different times. The preliminary interview lasted about fifteen minutes, during which the participants were informed about the research. A semi-structured interview text composed of open-ended questions was prepared by a researcher who is an expert in qualitative research [47]. The interviews were conducted by the researcher, with expert support obtained regarding participant sensitivities. The interview text included the following two main questions and related sub-questions:

- Did daily life practices change after witnessing the event? How?
- What are the reasons for this change?

Interviews were conducted via Zoom with participants living outside of Izmir and face-to-face with those living in Izmir, each lasting approximately one hour. The recorded interviews were transcribed by the researcher. The data obtained were meticulously examined to reach explanatory themes, which were grouped according to their content and analyzed using the content analysis method. The study identified the following main themes and sub-themes: Reorganizing living spaces,
- Changing social environment,
- Using the photo of the deceased as a source of motivation.
- Increasing awareness in social relationships.
- Increasing awareness and sensitivity towards family members.

- Developing a reaction against the pressure that caused the suicide.
- Achieving superior success by developing a reaction against suicide.
- Losing the meaning of life.
- Living a life without meaning for the sake of children.
- Seeking spiritual treatment and gradual healing over time.
- Living according to the advice of the deceased.

Ethics: The researcher was unable to obtain an Ethics Committee Report due to being expelled from the university in 2016 for political reasons. Interview recordings were listened to only by the researcher. Written transcripts of the interviews are securely stored in a database. Quotations do not include identifiers that could reveal the participants' identities.

Data collection: The study employed in-depth interviews, a qualitative research technique. In-depth interviews allow for collecting data directly from participants about their knowledge, thoughts, and experiences related to the research problem. Described as 'more than just questions and answers', in-depth interviews enable understanding the true emotions and thoughts of participants. They also provide insight into the reasons behind behaviors and the grounds for reconciliation, no matter how complex the events [47,48]. In a secure environment created by the researcher, well-thought-out and well-prepared questions are asked, and answers are listened to with reflective focus, guiding the interviewee [49]. In this extraordinary listening process, the participant feels empowered and gains the opportunity to deeply think about and analyze the motivations of the action in question. Although a certain level of saturation regarding the research problem was reached with the data obtained from sixteen participants, it is clear that more comprehensive studies are needed on this subject [50].

Content analysis as a method

Content analysis is a method that enables reaching scientific knowledge based on visual and verbal data [51]. This method uses a series of procedures to make valid inferences from the text, with content representing the meaning present in communication [52,53]. The primary goal of content analysis is to identify concepts and relationships that can explain the data. The analysis is carried out in four stages: coding the data, finding themes, organizing the data according to these codes and themes, and interpreting the findings [52,53].

Literature Review

Content analysis

Reorganizing living spaces: The living space where the suicide occurred is filled with various threats and dangers for the relatives of the deceased. The most significant of these is the stigma associated with suicide and being blamed as the culprit of an inexplicable chaos.

Changing the social environment: Participant G-1 moved to a different neighborhood upon realizing that her children were being stigmatized because of her husband's suicide, thereby opting to create a new life in a new social environment.

'The most important factor that kept me going was my children. That incident (the gossip) was like a whip for me, pushing me to live a better, more correct, and beautiful life... To prevent my children from experiencing those things, the first thing I did was change neighborhoods, and the second was enrolling them in summer boarding courses, explaining our situation to the teachers... I did this so they could be with other boys. They stayed at boarding schools for a while and commuted daily for a while. I didn't hold them back from social activities; for example, they frequently went to play soccer, and I took them myself despite being very tired. I would park the car by the field, sleep inside the car while they played for an hour or two, and then bring them back home. We managed to get through this with close supervision, thank goodness.' (G-1)

In G-1's experience, social exclusion became a source of motivation (a whip). The first step to escape the intense chaos the family suddenly found themselves in was to change the social environment. Other steps included taking appropriate measures for the social and physical development of her three sons (such as introducing them to male teachers to compensate for the absence of their father) and organizing various activities (like sports). The participant's use of the first-person singular pronoun to describe her struggle indicates her loneliness in this fight, while her use of the third-person plural pronoun to describe the current situation implies the unity in their recovery.

The photo of the deceased as a source of motivation: Participant G-1 harbors anger towards her husband who chose suicide, leaving the family in intense chaos. According to her narrative, her son shares the same sentiment.

'My middle son has hung a pencil-drawn picture of his father at his workplace... I told him, 'If possible, take it down, I don't want to see it.' My son replied, 'Do you know why I hung it there, Mom? Because I argue with him every day.' (Crying) He questions him, asking why? Those questions never end, but... life goes on.' (G-1)

For the middle son, the anger felt towards the deceased has become a source of motivation. While the photo disturbs the mother, it serves as a driving force for the son. Hanging the picture at his workplace instead of keeping it in a more private space is significant. The photo acts as both a symbolic attempt to prove something to the father who abandoned them and a motivational push when work motivation wanes.

Increased awareness in social relationships

The suicide of someone with whom there is emotional closeness causes survivors to reassess their social relationships.

Increased awareness and sensitivity towards family members: The suicide of a family member functions as a catalyst for measures aimed at preserving family unity. The pain and grief felt after the loss heighten awareness and sensitivity towards other family members, prompting parents to become more protective, supportive, and understanding towards their other children and spouse.

'Back then, my father wasn't very attached to his family. He had a life outside with women and such. He wasn't religious even though he knew about it. My father started focusing on these things more. He became more attached to us, turned to religion. He's much better to my mother. He still cries sometimes. We are from the East, so we don't express love and affection much. After that, he would say

things like 'If you have a boyfriend, tell me...' Things like that. 'Don't hide anything from me.' That kind of thing.' (G-2)

In this narrative, G-2 describes her father's life before and after the suicide. According to her statements, before the suicide, her father's life included experiences and inclinations that were not in line with familial and religious norms (He had a life outside with women and such...). G-2's use of the past tense suggests that she was young (seven years old) when her brother committed suicide. Her father's behavior and different inclinations were perceived negatively and codified with pejorative meanings. Her statements about the post-suicide period indicate her direct experience and observations (My father started focusing on these things more...). G-2's remarks also imply her father's increased religious inclination during this period (He became more attached to us, turned to religion...). The foundation of this change and transformation is attributed to the grief caused by the suicide (He still cries sometimes.). G-2 rationalizes her father's lack of tangible expressions of love and affection with cultural constructs (We are from the East...). She is aware of the expanded social space and understanding towards them. These statements suggest that the gender-based restrictions in cultural construction have relaxed and the thought system has developed in favor of the children. The parent, who witnessed a child choosing suicide over enduring heartbreak, displays a stance aimed at protecting the remaining children from a similar fate.

Developing a counter-reaction to the pressure leading to suicide: Surviving after a suicide means constructing a new life; this reconstruction cannot be independent of the impact of the suicide. The construction of a new daily life occurs in direct opposition to the factors that led to the suicide.

'Once, I went through a very angry period. It was a time when I felt intense anger towards everyone and everything. Because I realized that the reason for this event was repression. This feeling made me a very rebellious woman, and now, even at 41, whenever I feel even a slight repression, whenever I feel someone is controlling my emotions, thoughts, or actions, I react extremely. For the past six months, I have been practicing a meditation program to suppress and control my anger. In our lives, as women, there is more (anger) because there is more repression. I was a rebellious personality, and society can tolerate you because of this personality. The idea is, 'She's crazy, so she can do whatever.' I have never been seen as a normal person since childhood; I was always an outlier. Therefore, using this craziness, I managed to deflect pressures. But I know that millions of women around the world are subjected to verbal and non-verbal repression. And now I try to raise my son... without repressing my children, my students... to be someone who allows them to express themselves freely and to develop their creative personalities, because I realize it's in me too... You can easily confuse being authoritative with being oppressive in the classroom environment or at home, in our motherhood.' (G-3)

Anger is the most prominent emotion in the participant's emotional world. The intense anger towards those responsible for the suicide has spilled over into other areas of daily life. In societal life, the repression exerted by the strong over the weak has no defined boundaries, and a parent's behavior towards their child is culturally legitimized. The participant, who painfully experienced the effects of cultural habitus, shaped her emotional world on this sensitivity (I react extremely...). G-3, who defied societal rules based on gender perceptions, accepted the abnormality associated with her identity to counteract pressures (Using this craziness, I managed to deflect pressures). In her narrative, an identity opposing the current order is constructed, and the social roles assumed by the participant (mother/teacher) are fulfilled within the context of this identity. The

participant places an anti-social pressure lifestyle at the center of the new life she has reconstructed.

Achieving superior success by developing a counter-reaction to suicide: There are instances where developing a counter-reaction to the act of suicide leads the survivors to achieve superior success. G-4, who is the sibling of the deceased by suicide, described the transformation in their student as follows:

'Of course, there was disappointment, an incomprehensible suicide there. So, she didn't want to search for meaning in anything anymore. Even in this class, she didn't want to search for meaning in every aspect of life. Then, with a little attention, we tried to keep this student in shape. She was very smart, ultra-smart. Therefore, after her sibling's suicide, she said, 'Since she committed suicide, we were two siblings, one is gone, then I have to prove that I am the best.' She rose to a very good place in Turkey' (G-4).

In this example, we see a perspective and action orientation rarely found among survivors. The detachment from meaning in the sibling left behind is closely related to the ambiguity of suicide and unanswered questions. This orientation, which is a direct challenge to the stigma and marginalization faced after suicide, is the fundamental motivation for the social actor's success. Based on this example, it can be said that resisting cultural perceptions of suicide and increasing the quality of life are indeed possible outcomes. This narrative underscores the resilience and determination of individuals affected by suicide to transform personal tragedy into a driving force for achieving remarkable success.

Living a meaningless life for the sake of their children: For some individuals affected by the suicide of a loved one, life has lost its meaning. However, individual effort can help improve this situation.

'Now we are better compared to the early days. I don't dress up and go out like everyone else. I am constantly cleaning. I mean, I am constantly working. Or if I go outside, I work in the garden. I work constantly. Life doesn't really have much meaning for me; I live for my children' (G-5).

One of the greatest fears experienced by those affected by suicide is the possibility of other family members also contemplating suicide. The social actor, who shares similar concerns about her husband and children, has made providing a more peaceful and secure life for her family members an ideal. However, she feels somewhat detached from this ideal herself. G-5 has placed the desire to live at the core of her family members' survival and happiness. This excerpt highlights the profound impact of children on the surviving parent's will to live, even in the face of personal despair and a sense of meaninglessness.

Psychological treatment orientation and healing over time: Suicide leaves behind emotional devastation for those left behind [19,20]. This devastation can be healed through psychiatric treatment.

'Of course, over time, I learned. I attended therapies and went to psychologists. I love observing people around me. I observed people who are fathers, but none of them are like my father... You inevitably compare. When you compare, none of them are like my father... It's not like this, I couldn't accept it. It took me a long time to get used to it. But I also realized that to be a good father, one needs to have a good understanding of the concept of family. In the past three years, I realized that I am a father. It's been two years since we got married, we were together for a year before that. In these three years, I realized that I am a father. My wife supports me a lot in this regard, strengthening the bond with my daughter' (G-6).

G-6, who was eight years old at the time of his father's suicide, underwent psychological and psychiatric treatment; the need for treatment emerged after he gained the strength to question life. The participant observed fatherhood behaviors in his social environment (I observed people who are fathers...), comparing their attitudes and behaviors with those of his father. Awareness of the uniqueness of his father and the irreplaceability of his role compounded the emotional trauma in the social actor. It is clear that G-6 has experienced prolonged trauma due to anger and rejection towards fatherlessness and the manner of his father's death. The participant rejects the current emotional presence of answers he gave on a conscious level (I couldn't accept it), navigating conflicting paths as he grows older (Anger lasted a limited time, then it diminished with age.). However, factors facilitating a better understanding of the concept of family in daily life have enhanced the level of therapy.

Living according to the advice of the deceased: It is difficult for the loved ones of a suicide victim to adjust to their new lives. However, for the survivor, some advice from the deceased can serve as guiding principles.

'I couldn't delete his number from my phone for a long time... I kept calling, hoping he would pick up, but he never did. But I know this, he did what he wanted to do. He used to say to me, 'These past days will never come back, go live.' He would say to me, 'Go do what you want, you won't come to this world again.' My sister used to say she wanted me to do what she couldn't do' (G-7).

The emotional connections individuals establish with actors in their social lives contribute to their daily lives and self-contribution. In this regard, there is no compensation for the void in G-7's life after his sister's suicide. Despite refusing to accept the loss, the person may be driven to irrational behavior, but the truth is evident (You're calling, hoping he would pick up, but he never did.). The expression of irrational behavior due to trauma with the second person singular shows the generalization of the trauma effect. However, the subsequent sentence (But I know this, he did what he wanted to do) indicates the deceased's personal choice and awareness in the decision to commit suicide. Over time, accepting the absence of the deceased, their advice becomes a roadmap for the surviving sibling, giving them strength to live.

Coping efforts of a family who lost one of its members and the positive impact of social support: When likened to an organism, the family, when one of its members commits suicide, can be likened to an organism becoming disabled.

'We're trying to somehow get through the grieving process. I kind of compare this to a traffic accident, you know, where you lose both your legs and become paralyzed, and that's how you live... It's a bit like that, like having had an accident as a family. Like losing an organ... My son is aware of this, even though we've traveled and gone abroad, he feels that absence and says, 'I miss our old days.' Because, you know, they say 'having a taste in your mouth'... I really wish I could be very poor, with straw pillows and straw mats, but my family, my children around me, healthy and well, I really wish that' (G-8).

The depiction of the family's experienced loss by the social actor highlights the destructive impact of suicide on family cohesion. Being like an organism that has lost two legs and is paralyzed, the family has largely lost its ability to engage in vital activities.

However, regardless of how great the loss and how deep the damage, the surviving child remains the fundamental factor in reconstructing life. Despite seeming economically comfortable and personally well, the family's present conditions fail to secure the peace and happiness of their past (I wish I could be very poor, with straw pillows and straw mats, but my family, my children around me, healthy and well...).

The greatest sorrow apparent in G-8's statements is the longing for the deceased child (I just miss my daughter). Despite the stigma and exclusion, the participant greatly emphasized the support received from their environment in constructing their daily lives after the suicide.

'Surrounding people are very mature, understanding, and have a high level of consciousness, they gave me very sweet consolations. I received very nice support. And this support really made me happy, my surroundings gave me strength. I received a lot of support from my environment, not being branded' (G-8).

G-8's statements indicate that the stigmatizing approach to suicide in social habitus can change. The social environment consisting of people who evaluate events and facts independently of cultural memory (very mature, understanding, and have a high level of consciousness), is a consolation and support for the survivor's family. Based on this example, it can be said that value judgments and approaches rooted in social memory can be changed through education and awareness-raising programs.

Findings

The difficulties faced by the survivors in rebuilding their daily lives after a suicide and the strategies they developed can be summarized as follows:

Negative life changes and need for new measures: Following suicide, all participants' lives changed negatively, necessitating the adoption of new measures. (My son's friends said, 'We won't play with you because your dad was a thief, that's why he committed suicide.')

Stigmatization due to suicide: Out of sixteen participants, fifteen were stigmatized due to suicide, while one was not and received support and help from their social circle.

Changing physical and social environment: Some participants changed their physical and social environments due to stigmatization and directed their children towards sports activities. (I heard this accusation, and the next day I moved neighborhoods, which turned out to be one of the smartest things I've done.)

Improved communication and awareness with family: Participants tend to establish healthier communication with family members and develop awareness towards them after suicide. (Back then, my dad wasn't very attached to his family, he had a life outside with women and such. He became more attached to us, turned to religion. It was much better for my mom.)

Anger towards the deceased as motivation: Anger towards the deceased has served as a source of motivation for the survivors. (Being able to go from a very serious bad result to a better one has been a very serious driving force for me... To put my foot down more firmly... Proving oneself. After temporary memory loss, I seriously reconnected with life...)

Emotional responses like anger guilt and disappointment: Intense emotional responses such as anger, guilt, and disappointment are common after suicide. Methods like meditation and psychological support are used to cope with these emotions. (I came to this situation over time, learned new things, I went to therapies, saw psychologists... For example, I only realized I've been a father for three years.)

Importance of social support: The study emphasizes the importance of social support. One participant expressed that they became stronger as a family thanks to the support they received from their environment. (My surroundings gave me strength, people with a high level of consciousness gave me very sweet consolations, I received a lot of support from my environment, not being branded.)

These findings highlight the diverse challenges faced by those left behind after a suicide and underscore the crucial role of social support in their coping strategies and rebuilding of life.

Conclusion

Stigma remains the most significant concept shaping the lives of suicide survivors in society. Following suicide, they face various adversities and experience loneliness while struggling to rebuild their daily lives. This finding has been confirmed in this study. According to the literature, death by suicide profoundly affects the lives of suicide survivors, leading to their isolation. Efforts to rebuild daily life after suicide aim at improving the current negative situation rather than genuine renewal. This information is supported by the research. Based on existing literature, individuals with a stigmatized identity due to their proximity to suicide often fear constant judgment, avoid exposing themselves, and distance themselves from their social circles to protect themselves from unanswerable questions and baseless accusations.

These findings are supported by the research. One participant moved to a different neighborhood immediately after their spouse's suicide and kept the information hidden in their new social environment. Existing literature has shown that situations that disconnect individuals from social cohesion lead to confusion. This confusion directly affects individuals' mental satisfaction, creativity, and happiness levels. This research supports these findings; suicide survivors struggle immensely in rebuilding their lives due to deep pain, sorrow, and stigmatization. Their efforts aim to make life less negative, with the presence of remaining family members, especially children, being their most significant sources of motivation. The study has uncovered some results rarely encountered in existing literature. One participant, supported and helped by their social circle, expressed that they found it easier to hold onto life. Existing literature emphasizes that suicide survivors can more easily recover with environmental support and compassionate approaches. This information is supported by the research.

Despite intense anger towards the deceased, the suicide survivor can serve as a source of motivation for other survivors. Developing a counter reaction to achieve superior academic success has been a primary goal for some participants after their sibling's or father's suicide: one participant hung their father's photo on the wall of their workplace, while another achieved outstanding academic success in defiance of their sibling's suicide. Another participant used advice from their deceased sister about 'living life freely' as a guiding principle.

This research highlights the challenges faced by suicide survivors in rebuilding their daily lives after suicide and the coping strategies they have developed. The findings demonstrate that stigma profoundly affects suicide survivors' social lives and emotional well-being, but these challenges can be overcome with societal support and individual coping strategies.

Limitations of the study

The most challenging aspect for the researcher was reaching out to suicide survivors' families. Due to stigma and intense grief, these individuals prefer to avoid intrusive inquiries from society and are reluctant to participate in scientific research. Convincing them to participate after reaching them proved to be very difficult for the researcher.

The sixteen participants we were able to reach underscore the limitation of qualitative research in making general claims. Additionally, the sample skewed towards females limited the diversity of the findings.

Another limitation was the emotional strain on the researcher exposed to the intense emotions of suicide survivors. While the researcher sought professional support to manage this issue, it did extend the study duration.

Directions for future research

Future studies should expand the sample size to include more participants classified by variables such as gender, marital status, financial status, and education level. This will enhance understanding of the topic.

Research has addressed the challenges of urban life in rebuilding the lives of suicide survivors. Similar studies in rural areas dominated by traditional culture and in populations with high economic means would contribute to the literature.

Authors' contribution

Current literature lacks sufficient research on the challenges faced by suicide survivors in rebuilding their daily lives and how they overcome these challenges. This study thus makes a significant contribution to the literature.

Solutions and recommendations

Increasing social awareness: Raising social awareness about suicide and its aftermath can contribute to reducing stigma. Media campaigns and educational programs can serve this purpose.

Widening access to psychological support services: Free and accessible psychological support services should be provided to survivors. Psychotherapy and counseling services can support emotional healing processes.

Strengthening social support networks: Community centers and civil society organizations can establish support groups for survivors. These groups can help individuals find emotional support by sharing their experiences.

Development of legal and social policies: Protective legal regulations and social policies should be developed for suicide survivors within the framework of a social welfare state. These policies should aim to reduce stigma and promote social integration.

Key Message

Despite the severe impact of their experiences, individuals should strive to continue their lives. A social welfare state bears significant responsibility in empowering citizens to continue their life.

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