

The Impact of Stigma on Suicide Bereavement: A Narrative Review

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Abstract:

Background: Suicide bereavement involves particular emotional and social complexities that distinguish it from other forms of grief. In contemporary society, individuals who experience the loss of a loved one by suicide are also confronted with the sociohistorically constructed stigma surrounding suicide. This stigma intensifies experiences such as silence, social isolation, and fear of judgment, directly affecting the grieving process. Therefore, this study aims to understand how suicide stigma impacts the bereavement process experienced by suicide loss survivors.

Materials and Methods: This qualitative study was conducted through a narrative literature review. The research sought to present an updated discussion on the topic by articulating the foundational theoretical framework with recent scientific literature addressing stigma and suicide bereavement.

Results: The findings indicate that stigma constitutes a predominant marker in the bereavement process experienced by suicide loss survivors. The literature reviewed demonstrates that stigma contributes to emotional suffering, social withdrawal, difficulties in expressing grief, and challenges in elaborating the loss. Furthermore, the study identifies gaps in the literature and highlights the need for broader discussions regarding psychosocial support and suicide postvention strategies.

Conclusion: The study emphasizes the importance of developing strategies focused on suicide postvention, awareness-raising, and the expansion of resources at both personal and collective levels. Such measures may contribute to reducing the social stigma associated with suicide and to promoting more supportive environments for suicide loss survivors.

Key Word: Suicide; Stigma; Suicide grief; Suicide postvention.

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I. Introduction

Suicide carries a tragic, absurd, and often inexplicable character throughout the history of Western society (Minois, 2018). Both suicide itself and the reactions surrounding suicide bereavement reveal fundamental characteristics of a society within a given historical and sociocultural context.

In this sense, the meanings socially attributed to suicide have historically been permeated by moral, religious, legal, and psychopathological conceptions, which contributed to the construction and perpetuation of stigma surrounding the phenomenon. Such stigma not only affects individuals experiencing suicidal behavior but also extends to those who survive the loss of a loved one by suicide. Consequently, suicide loss survivors frequently experience forms of social disqualification, silence, invisibility, and fear of judgment, which may intensify emotional suffering and hinder the grieving process.

According to Minois (2018), the disapproval surrounding the act of suicide, which stigmatizes both those who die by suicide and their families, persists into the twenty-first century, although its manifestations have evolved over time. Experiencing bereavement following suicide in contemporary society also entails confronting the marks of stigma that have been socially, historically, and culturally constructed around the phenomenon (Cabral, 2023).

Suicide bereavement is a potentially traumatic experience due to the additional layers of suffering resulting from social, cultural, and religious constructions that have historically stigmatized suicide as a condemnable act. Such stigma affects not only the individual who dies by suicide but also their family members,

thereby complicating the grieving process following a self-inflicted death (Bertolote, 2012; Botega, 2023; Scavacini, 2018; Silva, 2015).

In this context, although changes have been observed over recent decades toward greater understanding of the phenomenon and increased social support for those affected by it, the lingering effects of stigma remain present, significantly interfering not only with suicide bereavement processes but also with suicide prevention and postvention efforts (Silva, 2015; Casellato, 2015).

According to McKissock (2007), when death occurs by suicide, factors such as social stigma, fear, guilt, and self-blame may affect both the provision of support and the individual experience of grief. Some bereaved individuals experience feelings of loneliness and social isolation during the grieving process, and these emotions are intensified when they perceive themselves as stigmatized or responsible for the death (Clark, 2007). Due to feelings of shame and fear of judgment, suicide is often surrounded by silence, which contributes to reduced social support for bereaved individuals (Silva, 2015).

Accordingly, the first objective of the present study is to examine and understand the concept of stigma and how it shapes the experience of suicide bereavement, intensifying other distinctive aspects of this form of grief, including fear of judgment, shame, silence, and social withdrawal (Botega, 2023; Scavacini, 2018).

To this end, the sociological concept proposed by Erving Goffman (1975) will be employed. For Goffman, stigma constitutes a language of social relations and is always constructed in relation to others, or more broadly, to society itself. Stigma represents a “specific discrepancy between virtual social identity and actual social identity” (Goffman, 1975, p. 6), encompassing both the material and concrete dimensions of interpersonal relationships and the internalized perceptions and projections resulting from these relationships, which may be understood as forms of self-stigma.

Thus, stigma refers both to the concrete harms inflicted upon those who experience its effects and to the ways in which these harms are perceived, felt, and embodied. For individuals stigmatized by suicide, the social world may become a potentially unreceptive environment and a source of distress, as stigma is constructed as a “deeply discrediting” attribute that renders an individual “not quite human” and consequently unfit for full social acceptance (Goffman, 1975, p. 4).

A characteristic may be considered stigmatizing when it is perceived as “a defect, a weakness, or a disadvantage” in relation to a specific individual or group. Such perceptions must always be evaluated within a particular social context. Nevertheless, certain attributes are associated with social discredit across much of Western society, and suicide, as well as suicide bereavement, constitutes one such attribute (Goffman, 1975).

Regarding manifestations of grief, the effects of stigma are evident in other conflicting reactions experienced by bereaved individuals, including social isolation, silence, guilt, and shame (Botega, 2023; Casellato, 2015; Scavacini, 2018; Silva, 2015). Reges and Franken (2023) argue that stigma functions as a factor that intensifies the complexity of suicide bereavement among family members with strong emotional bonds to the deceased, contributing to both silent and silenced grief. The authors emphasize that stigma exacerbates the grieving process and negatively affects the health and well-being of bereaved individuals.

Therefore, based on the assumption that stigma may constitute a factor that complexifies suicide bereavement, while recognizing that experiences of stigma and the ways individuals negotiate these attributes cannot be generalized, it becomes relevant to understand how this phenomenon commonly operates and, thus, to identify possibilities for intervention at both individual and collective levels. Accordingly, suicide postvention efforts must necessarily include strategies aimed at deconstructing stigma and mitigating its effects.

The guiding question of this article is: how does stigma constitute a predominant marker in the specificities of suicide bereavement? To this end, a dialectical approach to the topic was proposed, grounded in a critical perspective regarding the impacts of social stigma related to suicide on the grieving process, while establishing a dialogue between the foundational theoretical framework and the most recent scientific literature.

Thus, the general objective of this study is to understand how suicide stigma impacts the bereavement process experienced by suicide loss survivors. The specific objectives are: (a) to investigate what current scientific literature reveals about the relationship between stigma and suicide bereavement; and (b) to reflect on how stigma constitutes a significant source of suffering and difficulty in the elaboration of grief following suicide.

Furthermore, the relevance of this article lies in investigating how the topic has been addressed within the field of suicidology, identifying recent developments in studies concerning stigma and suicide bereavement in contemporary society. In doing so, the study contributes to enriching the understanding of the topic, expanding discussions regarding stigma in suicide bereavement, opening pathways for future research, promoting the deconstruction of deeply rooted social stigma, and identifying possibilities for coping with and mitigating its social impacts.

To achieve these objectives, the article was organized into four sections. The first section, Introduction, presents the theoretical contextualization of the topic, the research problem, and the objectives of the study. The second section, Methodology, describes the methodological procedures adopted in the narrative literature review. The third section, Results and Discussion, addresses the main findings identified in the scientific literature and

discusses the impacts of stigma on suicide bereavement. Finally, the fourth section, Final Considerations, presents the concluding reflections of the study, its limitations, and possibilities for future investigations.

II. Material And Methods

For the development of this article, which consists of a narrative literature review, a qualitative and exploratory bibliographic research approach was adopted. Qualitative research seeks to understand phenomena in their complexity by considering the meanings, interpretations, and social interactions involved. Rather than relying on numerical data, this approach explores discourses, perceptions, beliefs, and social practices, allowing for an in-depth analysis of subjectivity as well as cultural and symbolic dynamics (Minayo, 2014).

Bibliographic research, in turn, consists of the identification, selection, and analysis of previously published materials, such as books, scientific articles, and dissertations, which provide the theoretical foundation for understanding the object of study (Gil, 2018).

The theoretical framework of this study encompasses a bibliographic corpus on suicide, grief, suicide bereavement, stigma, and suicide postvention, considering the reference literature in the field. Regarding academic and scientific productions in Psychology, searches were conducted in the databases of the CAPES Journal Portal, the Virtual Health Library (BVS) Journal Portal, and the Scientific Electronic Library Online (SciELO), using a temporal delimitation from 2019 to 2024 in order to include the most relevant studies published within the last five years.

The descriptors used in the database searches were: grief, stigma, suicide bereavement, and suicide postvention. Based on the selected studies, efforts were made to establish dialogues among the key concepts and to understand how stigma manifests itself in the experience of suicide bereavement.

III. Results and Discussion

According to authors such as Bowlby (2015), Parkes (1998), and Worden (2013), grief is a psychosocial, natural, and expected process following the rupture of a significant bond. In this study, the term is used to designate a reaction to loss, particularly the death of a loved one (Parkes, 1998; Worden, 2013). Grief is understood as a complex human experience marked by social and cultural factors and associated with emotional, physical, behavioral, and cognitive consequences, requiring not only emotional but also social and economic adjustments in the bereaved individual's life for the elaboration of grief and adaptation to life after loss (Worden, 2013).

Stroebe and Schut (1999), in proposing the Dual Process Model of grief, conceptualize grief as a dynamic process characterized by oscillation between loss-oriented and restoration-oriented coping. In this model, bereaved individuals move fluidly between these two dimensions, at times confronting one while avoiding the other, without the predictability of sequential stages. For Franco (2021), grief is "a process of meaning construction resulting from the rupture of a bond. It is a process because it implies change, elaboration, movement forward, backward, and sideways. It implies being dynamic rather than static" (p. 24).

In addition to being socially and culturally shaped, grief is experienced in a singular manner. According to Worden (2013), no grieving process is identical, and its intensity may vary considerably due to mediating factors such as the nature of the relationship, the age of the deceased person, social role, and type of death. Violent and unexpected deaths, such as suicide, are considered strong predictors of a complex, and at times prolonged and persistent, grieving process.

Because suicide is a complex and multifactorial phenomenon, it is considered a major public health issue (Scavacini, 2022). A self-inflicted death conveys the social meaning of a violent, unexpected, and unacceptable death. For those left behind, namely the survivors, the grieving process acquires additional specificities, as the loss becomes accompanied by prejudice, taboos, and stigma that compromise the resignification of the loss (Silva, 2015; Scavacini, 2022; Botega, 2023).

In the specialized literature, including the works of Clark (2007), Botega (2023), Kovács (2015), Scavacini (2022), Bertolote (2012), and Silva (2009; 2015), the characteristics that may aggravate the devastating experience of suicide bereavement are clearly defined. Feelings of guilt, fear, shame, helplessness, anger, and abandonment may affect the availability of support networks and adequate spaces for dialogue and listening, as well as influence bereaved individuals' reactions, resulting in social isolation and silence.

According to Scavacini et al. (2019)

many issues are associated with the grieving process experienced by suicide loss survivors, such as social stigma leading to silence and isolation, guilt and shame in the face of others' judgment, difficulties in symbolizing the loss due to the lack of recognition and validation of grief, in addition to other emotional, economic, or legal difficulties (p. 211).

As demonstrated by Botega (2023) and Scavacini (2022), the impact of suicide bereavement occurs both directly and indirectly. Although suicide results from an individual act, it affects an entire social body. For each suicide, it is estimated that between 5 and 10 individuals are directly and significantly affected (Bertolote, 2012; Botega, 2023), while up to 115 people may be indirectly affected (Kreuz & Antoniassi, 2020). Other studies

indicate that as many as 135 individuals may be impacted by a suicide death (Scavacini, 2022). These estimates may vary according to social mediators; nevertheless, suicide may affect not only family members, but also friends, coworkers, classmates, and professionals with whom the deceased established meaningful bonds (Ruckert et al., 2019).

Individuals bereaved by suicide are referred to as “survivors,” a term coined by Shneidman (1973). Scavacini (2022) defines bereaved survivors as individuals who have lost someone to suicide. Dantas et al. (2022) state that

individuals who experience the loss of someone close are referred to as bereaved survivors and may include family members, friends, teachers, school or university colleagues, coworkers, that is, the network of individuals who maintained some form of bond or relationship with the person who died by suicide (p.02).

Clark (2007) states that “many people experience such intense emotional pain after the suicide of a loved one that they question whether they will be able to survive” (p. 37). Rocha and Lima (2019) argue that, because suicide constitutes a sudden and unexpected death, it produces intense suffering and demands substantial psychic energy from survivors for the elaboration of grief.

According to Dantas et al. (2022), some individuals bereaved by suicide may experience more traumatic grief than those bereaved by nonviolent deaths, due to the unexpected, violent, and often inexplicable nature of the suicidal act. Beyond the pain of the loss itself, suicide loss survivors carry additional layers of suffering related to guilt for not having perceived warning signs, resentment, and the impact of the act itself (Feijoo, 2021).

It is difficult to dissociate stigma from suicide bereavement. As emphasized by Silva (2015), suicide is a complex and stigmatized act marked by social and religious taboos, rendering grief even more painful and traumatic. The incessant search for explanations, the conjectures surrounding “what if” scenarios, guilt for not having prevented the act, the search for someone to blame, and the need to frame suicide within a rational logic become intertwined in a complex web in which silence and concealment also play significant roles (Gomes & Constantinidis, 2023).

One of the most immediate effects of stigma in suicide bereavement involves the different forms of silence and social isolation experienced by survivors. It is common for those close to the bereaved individual to avoid the subject or even avoid contact altogether because they do not wish, or do not know how, to deal with the situation. In other instances, the bereaved individual withdraws due to shame, avoidance of embarrassment associated with the topic, the feeling that no one can truly understand them, or implicit or explicit suggestions of guilt or responsibility for the death. According to Botega (2023), “social stigma, shame, and embarrassment seal the isolation of pain and silence the subject. Suicide becomes a pain that cannot be shared. In personal terms, it is a silent and silenced tragedy” (p. 252).

This silence is closely associated with the loneliness experienced by suicide loss survivors. Such dynamics also occur because, within this relational system, stigmatized individuals begin to understand themselves through the gaze of others, which also constitutes them. In other words, “others come to define them in terms of their stigma” (Goffman, 1975, p. 15), and this isolation contributes to making the individual “suspicious, depressed, hostile, anxious, and confused” (ibid., p. 14).

Social stigma therefore extends to survivors, directly affecting their grieving experience. Silva (2009) highlights that family members of individuals who died by suicide experience intense stigma, which may lead to isolation and self-blame, intensifying suffering. The author emphasizes that these families are frequently labeled as maladjusted or dysfunctional and become targets of unfair judgment. Likewise, Casellato (2015) points out that, despite advances in some areas of care, suicide bereavement continues to be socially ignored or devalued.

The World Health Organization (WHO, 2014) warns that stigma and taboo surrounding suicide continue to prevent many individuals from seeking help, thereby highlighting the suffering experienced by family members who require adequate support to cope with the loss. According to Scavacini et al. (2019), stigma imposes restrictions and punishments upon individuals bereaved by suicide, since it generates difficulties in symbolizing the loss as a consequence of the lack of social recognition and validation of death by suicide.

For Fine (2018), “suicide survivors feel that they are intentionally rejected and deliberately abandoned” (p. 14). Fontenelle (2008) corroborates this perspective by referring to those who avoid the subject, ignore it, or respond with prejudice and insensitivity. Thus, in addition to dealing with the pain of the loss itself, bereaved individuals must also confront the unpreparedness of others.

Not without reason, suicide bereavement has been described by some authors as a form of “disenfranchised grief” (Casellato, 2015; Silva, 2015), referring to losses in which the suffering of bereaved individuals is minimized, devalued, or invalidated by society due to the nature of the death. As Casellato (2015, p. 12) argues, “disenfranchised grief is frequently observed in stigmatizing situations, and one of the most complex examples refers to losses by suicide.” Similarly, Silva (2015) states that “due to stigma, there is a failure in the social support offered to the bereaved, generating sorrow related to being unable, unwilling, or incapable of expressing one’s feelings” (p. 118).

Even when social isolation does not occur explicitly, the subject of suicide often remains socially prohibited, as though a tacit agreement surrounding silence still exists. At times, this silence manifests through pre-established narratives about suicide, disguised as accidents or inserted into causal explanations intended to appease unanswered questions (Botega, 2023). The attempt to conceal suicide may be understood either as denial or as an effort to protect oneself from stigma, guilt, and shame (Silva, 2015).

Nevertheless, adverse effects may emerge at social, psychological, and legal levels, since, in addition to the tension of maintaining a personal or familial secret, an aura of mystery may develop around the death, favoring interpersonal conflicts and impairing the elaboration of grief (Cabral, 2023). Oliveira et al. (2024) further emphasize that suicide bereavement may generate distressing effects such as frustration, guilt, fear, and feelings of uselessness, which may stem from persistent questioning regarding the possibility of having prevented the suicide.

Not infrequently, attempts to silence suicide also result in concealing or depersonalizing the individual who died by suicide. Both the deceased person and the bereaved family members may become reduced to the event itself, which assumes the role of a defining characteristic. As Silva et al. (2015, p. 424) state, “the suicidal event comes to constitute, for the subject, the most representative point of their personal history.” Consequently, difficulties emerge in perceiving the deceased beyond the suicide itself and even in preserving their memories.

This, too, constitutes an effect of stigma. This attempt to distance oneself from suicide is also reinforced by the judgments directed toward bereaved individuals. Society appears compelled to assign a cause or identify someone to blame for an act that leaves so many unanswered questions, and such a search is frequently conducted at the individual rather than the collective or structural level. As responsibility becomes personalized, feelings of guilt are intensified.

Although suicidal behavior is multifactorial and embedded within a complex network of predictive and predisposing factors (Bertolote, 2012), common sense still frequently interprets it as an individual failure on the part of the deceased person and/or their family in managing emotional difficulties. This affects family members in different ways: on the one hand, the deceased may be blamed, with the act attributed to weakness, deviance, cowardice, or vanity; on the other hand, blame may be directed toward the family due to supposed familial instability, interpersonal conflicts, negligence, failure to perceive warning signs, or failure to intervene in time (Gomes & Constantinidis, 2023).

According to Fontenelle (2008), “it is practically impossible not to question what could have been done to prevent the suicide of someone close” (p. 144). Fine (2018) describes the obsessive search for neglected clues and the questions that only the deceased person could answer. Ashton (2020), in turn, shares the shame and embarrassment she experienced as a physician upon recognizing the lack of knowledge surrounding suicide and the stigma associated with it, particularly after the death of her husband.

There are numerous sources and manifestations of guilt in suicide bereavement, including those arising from other conflicting emotions experienced during grief: guilt for lack of knowledge about suicide; guilt for feeling shame; guilt for concealing the true cause of death; guilt for blaming the deceased person; guilt for experiencing relief that may unexpectedly accompany death in certain cases; and even guilt associated with continuing life and eventually experiencing happiness again (Sheehan et al., 2018).

Alpe and Cruz (2022) argue that suicide produces psychic trauma for those left behind, becoming a socially prohibited subject, while the very word “suicide” becomes the signifier of overwhelming pain, rendering it unspeakable. The authors further affirm that suicide bereavement is marked by feelings of guilt, whether implicit or explicit, and by persistent questioning concerning the motivations underlying the act, thereby reinforcing self-recrimination.

For researchers such as Corrigan (2004), the association between “social stigma” and “self-stigma” or “internalized stigma” is common. Both dimensions mutually constitute and influence one another, encompassing processes ranging from awareness of public stigma to self-application of stigmatizing beliefs and self-inflicted harm resulting from them (Qin et al., 2023).

Among the authors analyzed, there is a recurrent understanding that suicide remains a socially prohibited subject, affecting not only bereaved individuals but also the family system as a whole. Internalized stigma is closely related to shame. As Silva (2015) notes, “because prejudice and judgment remain strongly present, as previously discussed, many families conceal the event, and their members may be overwhelmed by feelings of shame, embarrassment, or guilt (p. 113).” Bereaved families also tend to be blamed for the deaths of their loved ones due to alleged abuse, negligence, denial, or failure to provide adequate help; in other situations, they are perceived as victims of suicide or as somehow contaminated by their association with it (Sheehan et al., 2018).

Suicide stigma affects not only bereaved individuals but also those around them. Frequently, people do not know how to act: should they offer help and risk invading the other person’s space, or avoid the subject and appear indifferent? As Goffman (1975) observes, relationships become sources of mutual discomfort: the stigmatized individual perceives the uneasiness present in the interaction and recognizes that others perceive it as

well. This dynamic leads to the need to manage stigmatizing information, deciding when, how, and to whom the secret should be revealed or concealed (Goffman, 1975).

In the case of individuals bereaved by suicide, there is no visible sign that condemns them. Nevertheless, it is common for them to perceive themselves as carrying a mark, even when they choose silence. It is as though something impossible to conceal accompanies them constantly. This occurs because suicide bereavement becomes a transformative and disruptive biographical category, imposing upon the bereaved an experience of grief marked by a significant identity dimension and by a rupture in the apparent linearity of temporal experience (Cabral, 2023).

Thus, the visibility and invisibility of stigma, closely related to the silencing of grief, depend on the situation and on the bereaved individual's willingness to disclose the loss. Goffman (1975) suggests that it is more appropriate to speak in terms of "perceptibility" or "evidentiality." At times, information regarding the suicide precedes the bereaved individual's own decision to reveal it, forcing them to confront the visibility of stigma. In other circumstances, the information remains confined to a restricted circle, allowing the bereaved person to determine how to manage it. Nevertheless, these seemingly small everyday interactions may produce profound consequences, deeply affecting the grieving experience.

A major contradiction of this stigmatized, marginalized, and silenced grief is that death by suicide leaves an indelible mark upon a family. It is as though the very act of silence becomes uncomfortable in the face of the impossibility of concealing what is being silenced. Many bereaved individuals describe this paradox, reporting the sensation of carrying an accusatory sign upon their foreheads, from which others attempt to avert their gaze, although this very avoidance only reinforces the uncomfortable presence of the event (Ashton, 2020). Consequently, individuals bereaved by suicide carry a lifelong mark, which is often that of secrecy and, at other times, that of the impossibility of secrecy itself.

It can be observed that the very need to deal with multiple conflicting emotions during grief not only diverts attention away from the pain of the loss itself and from the work required to elaborate the trauma, but also generates additional feelings arising from this impossibility, such as anger and a sense of injustice (Ashton, 2020). Anger constitutes another common emotional consequence of suicide bereavement and is frequently directed both toward the deceased individual and toward oneself or other family members (Fontenelle, 2008).

Such experiences generate emotional ambivalence, characterized by simultaneous feelings of love and frustration toward the deceased person (Worden, 2013). Fine (2018) argues that "the stigma of suicide presents a profound dilemma: should we tell the truth to demonstrate that we are not ashamed, even though by doing so we may condemn ourselves to social ostracism?" (p. 64).

Studies indicate that suicide may have a hereditary component, increasing the risk among first-degree relatives by two to three times (Botega, 2023). Thus, the mark of suicide accompanies the family, which becomes the target of guilt regarding the past and fear regarding the future. Fontenelle (2008) highlights that the question "Will I one day kill myself?" haunts many bereaved individuals, including herself, as she describes the constant vigilance among family members following her father's death.

According to Fine (2018), "the idea that suicide is a family inheritance or 'curse' reinforces its stigma, especially in relation to children" (p. 65). A sense of imminent risk appears to surround the family. It is important to emphasize that suicide bereavement is, in fact, a risk predictor, which may both draw attention to the need for support and care and simultaneously distance those who do not feel capable of dealing with such responsibility. Feijoo (2021) emphasizes the evident risk of contagion of suicidal behavior within families. Similarly, Reges and Franken (2023) argue that the family experiences a form of stigmatizing contagion due to the bond maintained with the individual who died by suicide.

The notion of a contagion effect is also related to the historical association between suicide and mental disorders. Minois (2018) argues that, since the seventeenth century, suicide has increasingly been associated with mental illness, such as "madness" or "melancholy." Reges and Franken (2024) analyze how suicide, previously treated as a crime or sin under religious influence, gradually became incorporated into psychiatric discourse. Although scientific knowledge has contributed to the deconstruction of part of the stigma surrounding suicide, new layers of stigma have also emerged, reinforced by prejudice associated with mental disorders.

As Silva (2015) points out, "survivors should not feel ashamed, but society forces them to feel this way by, at times, avoiding, accusing, or blaming them, repeatedly asserting that the person who died by suicide was mentally ill and that those belonging to that family are as well" (p. 121). Fine (2018), in turn, states that "denying the true cause of death, due to shame and fear of judgment, is extremely common among survivors, often as a means of protecting themselves and preserving the reputation of the loved one who died by suicide" (p. 65).

Another important perspective reinforces that stigma is also sustained by the predominance of an individualistic approach to discussions surrounding mental health rather than a social one. Mental health is a public health issue deeply intertwined with structural problems of society and highly sensitive to social, economic, and political conditions (WHO, 2014). Consequently, because there are no exclusively individual solutions to collective problems, interpreting mental disorders solely as personal or familial issues to be treated only through

individual psychotherapy, psychiatric intervention, or practices of “self-care” is not only ineffective but also counterproductive and harmful to society as a whole. Once again, responsibility for care falls exclusively upon the individual, who is expected to “seek help” and, through personal willpower, “overcome” the illness. Consequently, when the individual “fails” and is “defeated” by the illness, the family is likewise perceived as having failed. According to Silva et al. (2015, p. 423),

for contemporary society, finitude and death are closely associated with failure; therefore, they are not accepted and become interpreted as signs of weakness. In this context, aspects that denote fragility, such as suicidal behavior, are not only rejected but also contribute to the persistence of uncomfortable labels, of which stigma is an example.

Gomes and Constantinidis (2023) corroborate this perspective by emphasizing the emotional complexity surrounding grief within this context. What can be observed, even within the field of healthcare, is the internalization of this moral prohibition of suicide within both individual and collective consciousness. As Cabral (2023, p. 84) argues, “the imposition of life as a supreme value transformed it into more than a right; it became a duty to live, thereby intensifying the suffering experienced by those bereaved by suicide.”

Thus, it becomes evident how challenging it is to address the stigmas surrounding suicide and, consequently, suicide bereavement, even when such efforts are well intentioned and aimed at deconstructing stigma.

This once again highlights the need to understand how death acquires, within the modern world, the status of something prohibited. In this regard, death becomes something that must be hidden, especially when it results from suicide, since shame and guilt emerge prominently in such cases. Scientific discourse, therefore, begins to position life as a supreme good and death, conversely, as evil. Society then begins searching for someone to blame for the occurrence of death (Feijoo, 2021, p.06).

Due to stigma, bereaved individuals often face significant barriers in seeking, receiving, or benefiting from suicide postvention strategies (Oliveira et al., 2024). Lavoratti et al. (2024) indicate that social stigma produces adverse effects on postvention practices, insofar as the reproduction of social censorship manifests through social withdrawal, restriction of interpersonal contact, and obstacles to both social support and help-seeking behaviors. In this context, stigma not only intensifies the emotional suffering associated with suicide bereavement, but also compromises the development of support networks and psychosocial care strategies capable of assisting survivors in the elaboration of grief. Consequently, the persistence of stigmatizing attitudes surrounding suicide reinforces processes of silencing, isolation, and emotional invalidation, making postvention initiatives even more challenging and, at the same time, increasingly necessary within both clinical practice and public health policies.

IV. Final Considerations

Suicide exposes fundamental characteristics of a society within a given historical time and social context. Historically, it has been treated as an offense against God and society, being subjected to religious, political, moral, and legal punishment. Even today, suicide remains a socially prohibited and morally deviant subject, which also directly affects the bereavement experiences of those left behind.

In seeking to understand how suicide stigma impacts the bereavement process experienced by suicide loss survivors, this study confirmed that stigma constitutes a predominant marker within the specificities of this type of grief, rendering it potentially traumatic. Reactions such as fear of judgment, shame, guilt, the search for someone to blame, and feelings of helplessness are closely associated with the fact that one of the most immediate effects of stigma in suicide bereavement involves different forms of silencing and social isolation. Stigma manifests itself through perceptions about both the bereaved individual and the person who died by suicide, becoming a source of suffering and difficulty in the elaboration of grief, while also hindering access to social support.

Throughout the development of this research, it became evident that, despite advances in the debate surrounding suicide and mental health, the impact of stigma on suicide bereavement remains insufficiently explored within the scientific literature. Most of the studies identified in the literature review focused primarily on suicide prevention and postvention in broader terms. Although stigma is frequently mentioned as a significant adverse factor that intensifies the complexity of suicide bereavement, a substantial gap remains regarding scientific productions that specifically and comprehensively examine the relationship between suicide bereavement and stigma.

Thus, although theoretical and scientific productions have increasingly contributed to mitigating suicide stigma and transforming perceptions surrounding bereavement, attenuating the effects of the phenomenon on the lives of suicide loss survivors and fostering, to some extent, empathy and social support, the present study identified the ongoing need to broaden and deepen discussions on this topic. Such expansion is essential for generating knowledge capable of supporting the development of suicide postvention strategies at universal, selective, and indicated levels.

By understanding stigma as a language of social relations, it becomes essential to expand public and academic discussions as a means of promoting awareness and contributing to the deconstruction of the stigma associated with suicide.

Therefore, this study sought to contribute to a consistent and in-depth understanding of suicide-related stigma, fostering a necessary and urgent critical dialogue on the subject. Furthermore, it aims to provide theoretical and scientific resources for the development of updated investigations capable of expanding knowledge in the field and contributing to the construction of new understandings within academic, scientific, and social contexts.

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