Attitudes toward Therapists who Lose Patients to Suicide
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There is a gap in knowledge between the attitudes people have concerning the
topic of suicide and the literature which explores the feelings and impacts experienced by
therapists who lose patients to suicide. Numerous studies have been conducted related to
the way the general population views suicide, suicide contemplators, attempters, and
completers (i.e., Stillon & Stillon, 1998; Deluty, 1988). Conversely, a much smaller
body of literature focuses on the personal experiences of therapists who lose patients to
suicide as well as the incidence and frequency of this event (i.e., Chemtob, Hamada,
Bauer, Torigoe, & Kinney, 1988; Goldstein & Buongiorno, 1984). The first goal of this
project is to fill the aforementioned gap in the literature. The second is to examine
attitudes toward therapists who lose patients to suicide. The two populations from which
data will be collected are the general population—in the form of university participants—
and practicing therapists.

The death of a loved one to suicide is something that a significant number of
people will experience in their lifetime (Survivor Fact Sheet, 2004). Some people who
die by suicide are in therapy at the time of their deaths, so it follows that people who lose
loved ones look to the therapists who had been working with the deceased for answers, or
to lay blame. Upon initial investigation, one study found that nearly two-thirds of
individuals who had lost a loved one to suicide—i.e., survivors of the suicide—believed
that the therapist had not done everything he or she could have in order to save the loved
one’s life (Peterson, Luoma, & Dunne, 2002). As this is the only study directly
addressing the issue, it is possible that there are many beliefs and attitudes that were not
discovered, or were simply overlooked.

First hand accounts report that the therapist commonly feels guilt or depression as
a result of the loss of a patient (Menninger, 1991). Besides the reaction of the family,
following the suicide of a patient, the therapist faces such issues as the legal implications
of the death and the psychological repercussions he or she may be experiencing. These
issues intertwine to form an easily overwhelming environment for the therapist to
continue his or her practice. Current literature suggests that therapists who lose a patient
tend to turn to fellow colleagues for advice and support (Menninger, 1991; Alexander,
Klein, Gray, Dewar, & Eagles, 2000). While the majority of therapists who experience
this loss of a patient alter or reevaluate their methods of therapy (Chemtob et al., 1988),
some experience increased anxiety when working with suicidal patients and others stop
accepting patients with a high risk for suicide altogether (Kleepsies, Penk, & Forsyth,
1993).

This study seeks to identify the attitudes the general population has toward
therapists and if the general population proves unhelpful to the therapist because of their
attitudes or if there is indication that something else is responsible (Alexander, Klein,
Gray, Dewar, & Eagles, 2000). It is hypothesized that university participants who have had more experience with suicide will have more negative feelings toward therapists than those who have less experience and exposure. It is also hypothesized that therapists will be more understanding and have less negative feelings toward other therapists who have lost patients to suicide.

The project will begin with an extensive literature review of related to the topics of attitudes toward suicide and therapists in general and the feelings of therapists who have lost a patient to suicide. Databases such as PsychInfo will be searched and articles will be collected from a “Therapists as Survivors” website’s list of references. Also, any contemporary research will be sought out and included in this review. Following the literature review, a survey will be developed. This survey will consist of two separate versions. One will be given to university participants and the other to therapists within the community (see Appendices A and B, respectively, for sample questions). This survey will ask questions to assess the attitudes each group has regarding therapists who lose patients to suicide specifically. Each of the surveys will include questions to determine the experience and exposure the individual has had with suicide. The university participants will then be categorized into those who have lost someone to suicide, those who have not lost anyone, and those who themselves have attempted suicide. Therapists, on the other hand, will be categorized into those who have lost a patient to suicide, those who have had a patient attempt suicide, and those who have not experienced either.

The university participants will include students enrolled in introductory psychology courses at this university during each of the summer class sessions. Therapist information will be compiled using known lists of contacts and the telephone directory. These participants will be contacted by way of mailings. The first mailing will include the survey itself, while the second will serve as a reminder to all respondents about the importance of their participation in the study. Similar studies have been conducted at this university using the same participant pool for the university students as well as contacting therapists in the community, so this study will use those preceding studies as guidelines on how to collect the data.

As previously stated, this project will attempt to bridge the present gap in the knowledge concerning attitudes toward therapists who lose patients to suicide. The area of suicidology, in general, is one without numerous theoretical constructs beyond the more mainstream desire to determine why people take their own lives. Without the groundwork of previous research from which it would be possible to draw and expand, this study can merely be considered the first of a succession of steps and research endeavors working toward the goal of understanding and identifying the attitudes that people have concerning the topic of therapists who lose patients to suicide.

Preliminary Reference List


**Appendix A**

University Participant Survey Sample Questions

Have you ever lost a friend or loved one to suicide?
How long ago did your friend or loved one die by suicide?
Had the person who died ever been in therapy prior to his or her suicide?
How would you characterize your feelings toward the therapist who was treating the person who died by suicide during the first weeks after the suicide?

How would you characterize your feelings about the therapist who was treating this person now?
Appendix B
Therapist Survey Sample Questions
Have you ever lost a client/patient to suicide?
How did the family and other survivors of the suicide react toward you?
How did your colleagues within the field react toward you?
Have you ever had a client/patient attempt suicide, but not die by the attempt?
How did the client/patient react toward you following the attempt?

Time Budget or Plan of Research Activities to be Undertaken
Week One: Literature review begins; surveys are finalized; IRB forms are completed and submitted
Week Two: Mailing list compiled; pending IRB approval, surveys copied; survey distribution to university participants in Summer Session I begins; literature review continues
Week Three: Survey distribution to continues; literature review continues
Week Four: Survey distribution continues; literature review continues
Week Five: IRB amendment to include therapists completed and submitted; literature review continues
Week Six: Pending IRB approval, therapist surveys mailed; preliminary analysis of university participant data; literature review continues
Week Seven: Begin receiving therapist responses; work on final write-up begins
Week Eight: Survey distribution to university participants in Summer Session II classes; therapist responses received; mail out therapist survey reminder; work on final write-up continues
Week Nine: Survey distribution continues; continued therapist responses received; work on final write-up continues
Week Ten: Completion of survey distribution; compilation of data from all participants; work on final write-up continues
Continuing work: Final data analysis of both university participant and therapist responses; complete final project write-up