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The Lived Experiences of Suicide Attempt Survivors

This review article discusses the experiences of suicide attempt survivors around the world. It begins by briefly defining what qualitative research entails. Further it goes on to explaining what suicide and what attempted suicide encompasses. A few recent studies have been reviewed in this article that focus on the subjective, lived experiences of those affected by suicidality and about the consequences of both mental illness stigma as well as suicide stigma among a diverse population.

The process of collecting, analyzing, and interpreting non-numerical data is called qualitative research. It can be used to comprehend people's beliefs, experiences, attitudes, behaviors, and interactions as well as how an individual subjectively perceives and gives meaning to their social reality. In a qualitative study, there are many different methods. For the purpose of data collection, analysis, and interpretation, each methodology has specific criteria. Phenomenology was founded and developed by the German philosophers Edmund Husserl (1859) and Martin Heidegger (1889). By delving into the meaning of a phenomenon, phenomenological research seeks to comprehend the distinctive lived experience of each individual. It enables the researcher to comprehend and describe a phenomenon's universal essence. It looks at lived experiences to learn more about how people interpret those experiences.

Suicide is a complex, multidimensional phenomena that has been studied from philosophical, sociological, and clinical perspective. Suicidal behaviour can be conceptualized as a continuum ranging from suicidal ideation to suicide attempts and completed suicide. A profound sense of hopelessness is frequently the root cause of suicide. People may think that taking their own life is the only way to get out of a situation that is only temporary because they can't see a way to solve problems or deal with difficult life circumstances. However, most people who have attempted suicide go on to live full, fulfilling lives. Depression is a major factor that can lead to suicide; Substance abuse, chronic pain, a family history of suicide, and a previous attempt at suicide are additional factors.

A potential act of self-injury with a nonfatal outcome for which there is evidence, either explicit or implicit, that the individual intended to kill himself/herself is considered an attempted suicide. Injuries may or may not result from the action. There are significantly more suicide attempts than actual suicides. Suicide attempts and ideation are strong predictors of suicide deaths and can cause harm like injury and hospitalization. A suicide attempt in the past greatly increases the likelihood of a subsequent attempt and suicide. Suicide attempt survivors may be distressed by stigma related to mental health, which may increase their risk of suicide.

3 qualitative studies have been reviewed in this article for which the following search engines were resorted to - PubMed and Google Scholar.

The following researches reviewed have been selected as they further explore the actual lived experiences of suicide attempt survivors in diverse populations to give us a comprehensive understanding on the topic.

Suicide prevention: The experiences of recurrent suicide attempters (A phenomenological study)

One of the major challenges faced by healthcare providers in Iran and other countries is attempted suicide and suicide prevention being given less attention. Keyvanara et al. (2010). carried out a study to understand the experiences of recurrent suicide attempters and suicide prevention. Researchers used purposive sampling method for selecting participants with a history of suicide attempt and admitted to a hospital for the same. 12 participants were chosen for the study. Data collection was done via semi-structured, in-depth interviews ranging in duration from 30 to 70 minutes. Data analysis was carried out using Colaizzi's phenomenological analytic method. Then, participants' experiences were categorized into groups after combining repetitive codes and development of new strategies. 667 descriptive codes were generated in total which were narrowed down to 36 interpretive codes that were further reduced to 8 explanatory codes. The least number of suicide attempts was 2 and most were 4. The most common methods used were hanging, gas poisoning, drug overdose, etc. Some of the participants were influenced by movies, media or books for the suicide attempt. Family, personal and socio-economic contexts played a significant role in the participants'

suicide attempts. Fundamental constructs such as structural factors, personal factors, caring institutions and social networks were identified that were composed of a combination of experiences comprising of suicide attempt and suicide prevention.

Further, this study could act as an function important tool for strategies to prevent suicide, considering the lack of research on suicide prevention in Iran. In conclusion, prevention of suicide needs to focus on structural factors and planning in order to improve national and local factors since the main contexts of suicide attempts lie in family, economic and social contexts.

Stigma and suicidality among suicide attempt survivors: A Qualitative study (Phenomenological)

Oexle et al. (2018) in their paper use a qualitative method of study to investigate the effects of mental illness stigma and suicide stigma on a diverse German sample of suicide attempt survivors. According to previous research, stigma reduction may contribute in preventing suicide among people with mental illness in general and suicide attempt survivors in particular. Field researchers require additional information regarding the connection between mental illness stigma, suicide stigma, and suicidality in order to develop suicide prevention programs, and hence, a phenomenological study was conducted here as the data is collected and analysed simultaneously , before developing a theory.

Individual in-depth interviews with suicide attempt survivors were conducted. Purposive sampling was used in this phenomenological study, so that the subjects found can give new information about the variables being studied. In this study, eligible participants were at least 18-years-old, diagnosed with a mental illness (self-report: “Were you ever diagnosed with a mental illness?”), and had a history of at least one suicide attempt (self-report: “Did you ever attempt suicide?”). As stigma experiences can differ depending on socio-demographic and clinical characteristics, the researchers aimed to include the diversity which was done through different methods such as providing leaflets among participants of a quantitative survey, in- and outpatient mental health clinics, a newspaper ad, and a self-help group. Interviews were conducted by one researcher (NO) in a private room at the clinic or university until no new themes emerged.

The interviews were divided into two parts. First, they were started with encouraging a narrative (Schutze, 1983 as cited in Oexle et al., 2018) of the personal perspectives of the subject regarding the suicidal process. The participants were told to freely choose a starting point and talk about their experiences before and after a suicide attempt, as well as what they believed led to the suicide attempt. The interviewer used a timeline (Rimkeviciene et al., 2016 as cited in Oexle et al., 2018) to make notes and inquired about relevant themes in more detail after participants finished their narratives. The second step included the interviewer using a semi-structured interview guide based on a previous literature and input from one suicide attempt survivor in recovery to collect detailed information on the following themes: (a) perceptions of mental illness stigma and suicide stigma; (b) experienced discrimination; (c) self-stigma; and (d) implications/consequences of stigma.

Qualitative content analysis (Mayring, 2000) within MAXQDA 12 was used. The interviews were transcribed verbatim. In addition to the inductive categories that emerged from the data, potential theoretical categories were defined based on prior research.

It was identified that five stigma-related factors that contribute to suicidality are (a) stereotype awareness, (b) lack of understanding from others, (c) avoidant behavior, (d) internalization of stereotypes and (e) emotional strain. According to the findings of this study, people who had attempted suicide said that they were subjected to numerous stereotypes about mental illness and suicide, which led to unfair treatment and limited opportunities. Participants displayed avoidant behaviors, such as withdrawing from social situations and not seeking assistance (related to mental illness and suicidality), in order to avoid negative reactions from others. Due to internalizing stereotypes, participants eventually felt unsupported and devalued themselves. They stated that their feelings of hopelessness and loneliness as a result were the primary factors that led to their suicidal behavior.

Due to the limited sample size, the results of the study may not be comprehensive. According to the study, nearly two-thirds (n 1/4 8) of the participants were currently unemployed and were primarily discussing limited employment opportunities. Not identifying as a person having a mental illness and responding rationally to suicidal experiences may also have prevented self-stigma, a major stressor for other participants.

In summary, both the stigma of mental illness and the stigma of suicide at the public and personal levels may increase the risk of suicide among people with current or previous suicidal experiences. Regarding public stigma, programs aimed at families and close friends, and interventions in workplaces and employment agencies may have the greatest impact on suicide prevention. In addition to medical care, survivors of suicide attempts should be supported in coping with stigma to reduce emotional distress and improve help-seeking for future suicidal tendencies.

Exploring the lived experiences of the suicide attempt survivors: a phenomenological approach

Shamsaei et al. (2020) used qualitative method in their study to investigate the lived experiences of suicide attempt survivors. According to previous research, suicide attempters have shown significant associations between mental pain and suicidality.

Researchers found out that in order to study suicide, it is important that it is studied with a variety of approaches. As a result, a phenomenological study was carried out here as it can be useful for understanding and examining the lived, subjective experiences of individuals in which individual, detailed cases are used to develop more general claims (Paley, 2018). It can help to understand the social and cultural context of suicidality and individuals affected to make meaning of their experiences.

Individual semi-structured, in-depth and face-to-face interviews were conducted to understand experiences of suicide attempt survivors. The researchers made use of purposive sampling to select participants for this study. Hence, Adults of above 18 years of age, attempted suicide one or more times and admitted for the same, individuals who were Persian speaking were included. The exclusion criteria were those individuals deemed emotionally unstable either during inpatient stay or after discharge and those with a history of psychotic or other cognitive disorders.

16 participants between the ages of 19 to 57 were chosen for the study from the Psychiatric ward of Farshchian Psychiatric Hospital, Iran. The interview started with an open-ended question - 'Tell me about your experience of suicide attempt'. This was followed by question

such as 'What was that like', 'Tell me more about it', etc. The interviewer closely observed and listened to the participants' and noted their body language and tone of voice as well.

The results of the study were analyzed using the six steps of the analytical techniques given by Van Manen (1997). It was seen that all of the participants' experiences had different dimensions such as the need to be understood, need to be loved and social, family and emotional factors.

Three themes along with eight subthemes were identified through the interviews conducted which helped to understand the participants' experiences. Mental pain was one of the main themes that is characterized through levels of high hopelessness, mental suffering and grief. Living through grief, internal conflict and the world is better without me were the subthemes identified. The second theme that emerged was social challenges which included subthemes of lack of social connection, social support services and financial problems. The third theme was need for love and belonging including subthemes of need of empathy and feeling understood.

The findings of this study primarily related to improve treatment experiences of suicide attempt survivors. It was also found that mental health disorders played a role in the risk of suicide with an estimated 90% individuals who took their own life suffered from some type of psychiatric disorder (Phillips, 2010).

Regardless of whether this is the predominant narrative, suicide cannot be understood solely from one perspective, of suicide attempt survivors, clinicians and policymakers must maintain an open mind. This crucial information can assist in the development of strategies to prevent adult suicide and offer support to people who have attempted suicide. The findings of this study can be used by counselors and mental health professionals to assist adult suicide survivors in an efficient manner. Mental health professionals can provide suicide survivors with effective psychoeducation, interventions, and well-informed support if they have a thorough understanding of their experiences. The generalizability may be limited because interpretive hermeneutic phenomenology necessitates smaller sample sizes for in-depth data collection on lived experience and the intricate contextual factors that shape it. However, the findings only apply to Iranian adults, and attitudes might differ in other nations or even in different parts of Iran.

In conclusion, all the research papers mentioned above clearly mention that people who had attempted suicide were subjected to a variety of mental illness and suicide stereotypes, resulting in unfair treatment and limited opportunities. Family, social, and financial factors dominated attempts at suicide. More research is needed to compare and integrate perspectives from a variety of countries because the sociocultural environment has a significant impact on suicidal behavior. It is necessary to conduct research to determine whether or not effective coping strategies among those who have survived a suicide attempt, such as the use of disclosure rather than secrecy, can mitigate the negative effects of stigma. Another important topic that could be investigated in future studies is the possibility of overdiagnosis among those who have survived suicide attempts. Knizek and Hjelmeland, 2017).

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