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LIFE AFTER SURVIVING A SUICIDE ATTEMPT

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How Are Subjective Accounts of Life after a Suicide Attempt Described in the Literature?
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The Experience of Life after a Suicide Attempt: An Interpretative Phenomenological Analysis
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SALOMONS
CANTERBURY CHRIST CHURCH UNIVERSITY

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Nothing is the work of one. Of course to Anne and Ian, who invited me to embark on this project and guided me thereafter. Our conversations have never been uninteresting. Always to parents and home. Evermore to Iva for her love and inspiration. To the people who participated in this work I offer the deepest gratitude. Their offerings, these stories, have humbled me, moved me, and taught me. This work is dedicated to your courage.

Summary of the MRP

Section A: Literature Review Paper

This systematic literature review aimed to answer the question: How are subjective accounts of life after a suicide attempt described in the literature? 21 pieces of literature were reviewed, including qualitative research articles and first-person accounts from non-research literature. Results were organised under five broad themes: psychological; the body; relational aspects; contexts; existential. Findings suggest that the experience of life after surviving an attempt is unique and idiosyncratic. It is suggested that further research be conducted, rooting its analysis at the level of individual experience, to elucidate the subtlties of how people find meaning in the face of being alive.

Section B: Empirical Paper

Seven adults participated in this study which used interpretative phenomenological analysis to study the lived experience of life after surviving a suicide attempt. Four themes emerged, each with subthemes: relationship to suicide (the ongoing-ness of suicide, in-between-ness), relationship to healing (proceeding differently, freedom to heal, being regarded), relationship to self (encountering oneself, authentic being), and relationship to life (living with meaning, connectedness and belonging, curiosity and uncertainty). An overall theme of transformation emerged. The opportunity for transformation may be experienced as ongoing crisis and can lead to deeper personal meaning if facilitated appropriately. This may depend on adapting existing practices.

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LIFE AFTER SURVIVING A SUICIDE ATTEMPT

Section A: Literature Review Paper

How Are Subjective Accounts of Life after a Suicide Attempt Described in the Literature?

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Abstract

There is increasing recognition that individual subjective accounts are important to understanding suicidal experiences. The specific experience of life after a suicide attempt is important in the development of prevention strategies and understanding how people go on living. This systematic literature review aimed to answer the question: How are subjective accounts of life after a suicide attempt described in the literature? A systematic database search was conducted to identify qualitative research studies that have investigated the experience of life after a suicide attempt. A search was also conducted for "grey literature" that included first-person accounts of life after surviving an attempt. 21 sources of literature met inclusion criteria and were reviewed and synthesised following a quality assessment and thematic analysis. Results were organised under five broad themes: psychological; the body; relational aspects; contexts; existential. Findings suggest that the experience of life after a suicide attempt is unique and idiosyncratic. Efforts to understand these experiences should attend to the individual-in-context, with particular attention to sociocultural and material contexts and the process of meaning-making. Clinical implications and future research is considered.

Keywords: attempted suicide; healing; qualitative research; first-person accounts; systematic literature review

How Are Subjective Accounts of Life after a Suicide Attempt Described in the Literature?

The World Health Organisation (WHO) has declared the prevention of suicide a "global imperative" (WHO, 2014). It is estimated that, worldwide, over 800,000 people die by suicide each year (WHO, 2014). There were 6,233 suicides registered in the United Kingdom in 2013; a rate of 11.9 per 100,000 (Samaritans, 2015).

Suicide Attempt Survivors

For each person who dies by suicide at least 20 people survive an attempt (WHO, 2014). Previous suicidal behaviour has been shown to be one of the biggest predictors of suicide (Hawton & van Heeringen, 2000) and studies show that approximately 10% of those who have survived a suicide attempt eventually die by suicide (Owens, Horrocks, & House, 2002). In much of the literature to date, no distinction has been made between suicidality more generally and attempted suicide, which may reflect the important focus on prevention (i.e. learning what leads to suicidality). Particular definitions of, and conceptual differences between, the terms 'suicidality', 'attempted suicide', and 'suicide' are also the topic of much debate (Goldney, 2013). Whilst it is acknowledged that all of these experiences can be the source of much distress, attempted suicide does warrant particular attention for two reasons. Firstly, attempted suicide can be considered a specific experience in its own right and research may elucidate experiences of this particular phenomenon. Secondly, such research may also help us to learn something about how people re-engage with life (as opposed to simply prevent death) and assist with the development of suitable support.

Suicidology

Suicidology, or the "scientific study of suicide" (Maris, Berman, & Silverman, 2000, p. 3.), is characterised by its use of traditional, positivist, scientific methods to explain and prevent suicide (Marsh, 2016). Epidemiological studies, which examine associations between social and demographic factors, and retrospective studies, which explore the surroundings of

a person's death are the most commonly used approaches. The latter includes the 'psychological autopsy', which "focuses on the deceased's intentions relating to his own death" (Segen, 1992, p. 592) through gathering information in reports and interviewing relevant people, such as family and friends. This research tends to emphasise correlates and risk factors for suicide, of which there are many. Among them are physical illness, availability of lethal means, childhood history of maltreatment, media representation of suicide, past history of self-harm, poverty, and unemployment (Mann, 2002). Much less attention has been paid to individual subjective accounts.

Individual Subjective Accounts

It has been argued that the bias towards quantitative methodology in suicide research "has to a large extent taken the suicidological field into a dead-end of repetitious research" (Hjelmeland & Knizek, 2010, p. 74) and by using alternative methodologies, suicide research might become more robust (Range & Leach, 1998). Indeed, Rogers (2001) has noted that whilst research efforts have identified many correlates of suicide, it has done little to understand individual experience. Studying individual experience may enable researchers to better understand relational, contextual, and historical factors that traditional, positivist, methodologies are less-equipped to achieve (Fitzpatrick, 2011; White, 2016). Further, it has been argued that researchers must consider the individual subjective accounts of individuals who have lived the experiences in question (Cutcliffe, 2003; Rogers; 2001). As Shneidman (1998) has suggested, "It is the words people say – about their psychological pain and their frustrated psychological needs – that make up the essential vocabulary of suicide" (p. viii).

Qualitative Research

Accordingly, in the last ten years there has been an increase in the amount of qualitative research undertaken in suicide studies. Research has included studies on the experience of suicidality (Everall, Bostik, & Paulson, 2006), attempting suicide (Biddle,

Donovan, & Owen-Smith, 2010), and accessing mental health services (Paulson & Worth, 2002). Findings have an important role in the development of suicide prevention strategies and interventions (White, 2016). There have been three reviews of qualitative suicide research with those with lived experience as participants. Lakeman and Fitzgerald (2008) reviewed research which studied recovery from suicidality. They identified that moving on from suicidality was characterised by: experiences of suffering; struggle between living and dying; the need for connection; turning points; and the development of ways of coping. Han, Grodniczuk, & Oliffe (2013) reviewed qualitative research on suicide in East Asia and identified three themes within the literature: the influence of cultural beliefs; the importance of the role of caregivers; and the impact of specific sociological contexts. Winter, Bradshaw, Bunn, & Wellsted (2014) reviewed literature on psychotherapy for the prevention of suicide. Emergent themes were: therapist qualities; therapy components; theoretical framework; and therapy techniques. It was reported that many people at risk of suicide perceive psychotherapy as helpful and it should be made available.

However, to date, no review has been undertaken of the qualitative research literature specifically on the experience of life after a suicide attempt.

Non-Research First-person Accounts

Another source of individual subjective accounts is the growing number of published accounts that are not a part of the research literature. This includes books (Hines, 2013; Miller, 2012; Webb, 2010), shorter contributions to collected memoirs (Grant, Haire, Biley, & Stone, 2013), and online projects (American Association of Suicidology (ASS), 2014; “Live Through This” 2016; “Talking about Suicide”; 2016). These sources of literature have many aims in common, including educating the public, reducing stigma, and instilling hope. It has been noted that the accounts that service users/survivors share are often commonly different to those given in mainstream mental health literature and have often been excluded

(Rose, 2008). Issues concerning interviewer technique and the experience of power relations between researcher and participant can lead to certain accounts being neglected (Karnieli-Miller, Strier, & Pessach, 2009). Further, a lack of reflexivity on the researcher's part can often lead to significant bias at the point of interpretation (Newton, Rothlingova, Gutteridge, LeMarchand, & Raphael, 2011). Research may also suffer from the 'clinician's illusion' – the misrepresentation of a phenomenon that might occur from accessing primarily clinical populations (Mordock, 1997). Also, a particular characteristic of psychological research is its natural tendency to be psyche-focussed; something which may lead to certain experiences being neglected or under-reported. Therefore, this body of literature may provide helpful knowledge that is not captured in research settings. Further, there is a professional obligation to attend to such experiences as the opinions of service users have an important role in shaping service planning (Department of Health (DoH), 2015).

To date, no review of non-research first-person accounts of suicidal experiences has been undertaken.

Rationale and Aim

As noted, the study of individual subjective accounts provides an opportunity to develop a deeper understanding of suicidal experiences. Given the need to better understand the specific experience of life after surviving a suicide attempt it is appropriate to review literature that describes this experience. To date, no review of qualitative research literature concerned specifically with life after surviving an attempt has been undertaken. Individual accounts are also available in the growing body of survivor literature outside of research literature and through describing different experiences may deepen our understating. No review of this literature has been undertaken before. Accordingly, accounts specifically regarding life after surviving a suicide attempt, from both bodies of literature, will be

reviewed to answer the following question: How are subjective accounts of life after a suicide attempt described in the literature?

Method

Literature Search

Qualitative research.

An electronic search of PsycINFO, MEDLINE, Web of Science and ASSIA databases was completed using the search terms ("attempted suicide" OR "suicide attempt" OR "suicidal behavio*") AND ("recove*" OR "surviv*" OR "healing" OR "following" OR "after") AND ("first person" OR "lived experience" OR "narrativ*" OR "exper* by experience" OR "qualitative").

Following the database search duplicates and research articles whose titles suggested that they were unrelated to this area, and articles written in languages other than English[1], were discarded. Reference lists were then hand-searched for relevant articles. Abstracts of the remaining articles were then read and discarded if not relevant. The remaining articles were read in in full. Articles that were not relevant were discarded (see Figure 1 for search strategy; see Appendix A for list of articles discarded after reading).

Research articles were included if: data gathered were first-person suicide attempt survivor accounts; and it had an explicit focus on the experience of life after surviving a suicide attempt. Articles were excluded if: it was unclear if all participants had attempted suicide (e.g. "suicidal behaviour", "suicidal crisis"); the primary focus was on what led to an attempt or the experience of being suicidal. All research articles were scored for quality using the Critical Appraisal Skills Program (CASP) tool for qualitative research (Public Health Resource Unit, 2006) to explore the range of quality, identify any significant gaps, and

[1] Free translation services would not be suitable for academic articles and professional translation services could not be accessed.

identify studies for exclusion on this basis. To enable a useful comparison of studies each quality criterion was scored 0-2 (maximum score of 20) (see Appendix B).

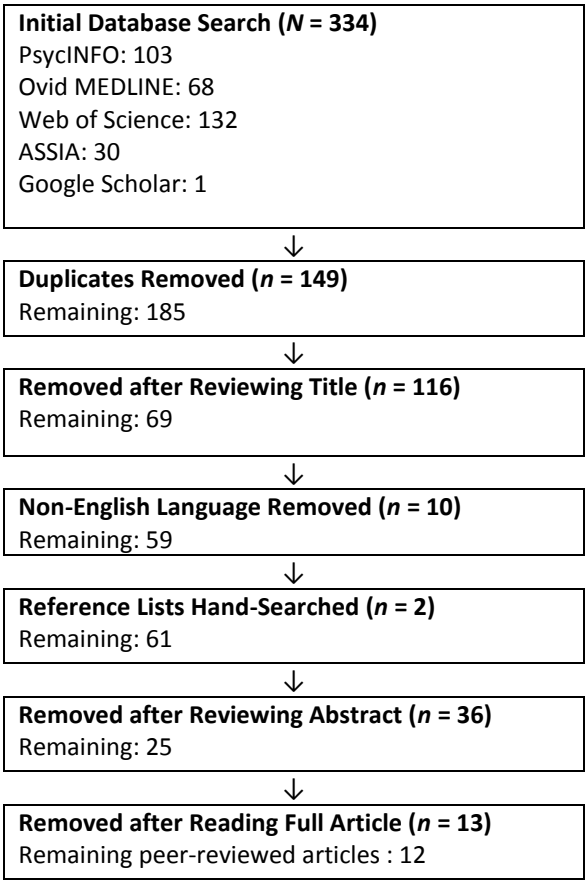
Grey literature.

Grey literature was considered in order to access first-person accounts that may be unavailable in mainstream research literature (Rose, 2008).

Remaining research articles were hand-searched for mention of literature produced outside of mainstream research journals, or "grey literature", which might include first-person accounts of life after surviving a suicide attempt. An online search was also completed of the British Library catalogue (https://bl.uk) and various online bookseller databases using the search terms: "attempted suicide"; "suicide attempt"; "suicide recovery"; and "after suicide". Books whose titles suggested that they were clearly unrelated to this area were discarded. Abstracts of the remaining books were then read and discarded if not relevant. Contents pages and book chapters were then checked and books were then discarded if not relevant.

Grey literature was included if: it was published in printed written format, and; it had an explicit focus on the experience of life after surviving a suicide attempt. Titles were excluded if: the author had not attempted suicide (e.g. "suicidal crisis"); the primary focus was on what led to an attempt or the experience of being suicidal (i.e. there was not a specific section of writing that addressed life after surviving a suicide attempt); the book was primarily a text providing guidance for recovery. Electronic sources (e.g. blogs) were excluded.

Figure 1. Peer-reviewed article selection.



Synthesis

Synthesis was guided by the thematic synthesis method outlined by Thomas and Harden (2008). Individual sources of literature were analysed using thematic analysis (Braun & Clarke, 2006). Firstly, grey literature was read in full to develop a whole sense of the material and then upon re-reading, initial ideas were noted down. Interesting features of the text that appeared to be related to the review question were then classified by meaning and content and thus organised into codes. For research articles, the "results" sections of studies were analysed line-by-line to develop codes. This process enabled the translation of codes across studies, forming part of the synthesis. Secondly, codes were then explored for patterns and connections, and new codes were created to capture the meaning of groups of initial

codes. This was an iterative process with continued checks against the data. Finally, broader analytical themes were developed to organise these codes and the reporting of results.

Results

The results of this review are presented as a description of the literature characteristics, followed by a summary of the literature (Table 1), and a description of themes that were generated by the thematic analysis.

Literature Characteristics

The search yielded 21 sources of literature, sampling 187 people. This included 12 peer-reviewed qualitative research articles, 7 books chapters, and 2 book sections.

The 12 qualitative research articles had sample sizes ranging from 4 to 35 (n = 161). Five of these studies were conducted in Taiwan, two in Canada, two in Sweden, one in New Zealand, one in South Korea, and one in the United Kingdom (UK). Three studies focussed on “younger adults” aged 18-25, seven on adults generally, and two on “older people”. Six studies were focussed on understanding healing, or “recovery” and three focussed on life experiences following the attempt more generally. Of these latter three, two were with older people and one was with brokered brides in Taiwan. The remaining three studies focussed on the experience of psychiatric inpatient care, returning to employment, and the experience of shame. Two studies repeated analyses with data from previous studies (see Table 1 for details). Four studies used grounded theory, two used content analysis, two used descriptive phenomenological analysis, one used discourse analysis, one used interpretative phenomenological analysis, one used thematic analysis, and one used thematic narrative analysis. 10 studies met “all or most” CASP quality criteria. Two studies met “some” (see Appendix B). No studies were excluded on the basis of these scores.

Also included in this literature review is non peer-reviewed grey literature with sample sizes ranging from 1 to 19 (n = 26). This includes seven book chapters, which are all

first-person accounts of surviving a suicide attempt. They come from the book Our Encounters with Suicide and are collected and themed by the section title "surviving suicide" (Grant, Haire, Biley, & Stone, 2013). Six were written by attempt survivors in the UK and one in the United States of America (USA). Also included is material from Waking up Alive: The Descent to Suicide and Return to Life (Heckler, 1994). The two sections dealing with life following a suicide attempt were included. "The Return" presents the experiences 12 attempt survivors in the USA had immediately after the attempt. "The Anatomy of Recovery" includes a thematic presentation of the experiences of 19 attempt survivors (7 from the 'The Return' section) as they moved through 'recovery', and a proposed stage model for recovery.

Literature Appraisal

Overall qualitative research studies were of high quality. Aims were stated clearly and appropriate methodologies were adopted. Rigourous data analyses were undertaken and findings were reported clearly. Ethical issues were also given due attention. A notable absence in almost all studies was thorough commentary of the relationship between the researcher/s and the participants and further evidence of reflexivity. There was also significant variation in the amount of participant transcript data that was reported. First-person accounts in the grey literature, though shorter in length than the research studies reviewed, were notable for their depth and extended treatment of the topic of focus. Whilst the broader project (e.g. book) may have had an overarching aim, individual accounts were diverse, suggesting they were not constricted by this.

Table 1.

Reviewed Literature

Author/s, Year, Title	Literature type	Location	Sample (people, age, location, time since attempt)	Aim(s)	Methodology	General findings	CASP score
Bennett et al. (2002). Young people's pathways to well-being following a suicide attempt	Qualitative research article	New Zealand	27 young people (age 15-24)	Explore young people's recovery following a suicidal attempt	Discourse analysis	Help-seeking, problem solving abilities, thinking positively and rediscovering "will to live" were identified as helpful in transitions towards recovery	13 (+)
Bergmans, Carruthers, et al. (2009). Moving from full-time healing work to paid employment: Challenges and celebrations	Qualitative research article	Canada	Four experts by experience (EBE) who participated in an intervention for People with Recurrent Suicide Attempts (PISA)	Explore returning to work following a suicide attempt	Thematic narrative analysis	Stigma, disclosure, accommodations, maintaining wellness and coming to re-define a sense of self were consistent themes	16 (++)
Bergmans, Langley, et al. (2009). The perspectives of young adults on recovery from repeated suicide-related behavior	Qualitative research article	Canada	16 young adults (<25) who completed at least one cycle of intervention for people with repeated suicidal attempts	Understand how young people transition away from high-risk suicide related behaviours	Grounded theory	Pathway away from suicide related behaviour included three elements: "living to die", ambivalence and turning points, and recovery in small steps	13 (+) 18 (++)

Chi et al. (2013). Healing and recovering after a suicide attempt: A grounded theory study	Qualitative research article	Taiwan	14 individuals who attempted suicide more than 12 months prior the interview	Explore the healing process following a suicide attempt	Grounded theory	Healing involved five phases: self-awareness, inter-relatedness of life, cyclical nature of human emotion, adjustment, and acceptance.	
Crocker et al. (2006). Giving up or finding a solution? The experience of attempted suicide in later life	Qualitative research article	United Kingdom	15 older people (aged 65-91) with a diagnosis of depression at the point of suicide attempt	Describe experiences of older adults who had attempted suicide	Interpretative phenomenological analysis	Three broad themes: struggle, control and visibility	17 (++)
Han et al. (2014). New start: The life experiences of recovering suicidal adolescents	Qualitative research article	Taiwan	6 outpatient young adults recovering from suicide attempts	Explore young people's recovery following a suicidal attempt	Descriptive phenomenology analysis	Main dimension identified was "new start" with 5 themes: conversion of suicidal thoughts, awareness of change, loving attachments, emotional regulation, and future prospects	17 (++)
Kim (2014). Understanding the life experiences of older adults in Korea following a suicide attempt	Qualitative research article	South Korea	35 older adults (aged 64-89) who attempted suicide	Describe experiences of adults following a suicide attempt	Content analysis	Four categories: facing additional hardship, having more sadness, deepening dependency on tranquillizers, and seesawing between despair and hope	19 (++)
							17 (++)

Lin et al. (2009). The lived experiences of brokered brides who have attempted suicide in Taiwan	Qualitative research article	Taiwan	12 brokered brides who attempted suicide	Describe experiences of adults (brokered brides) following a suicide attempt	Descriptive phenomenological analysis	Three themes: being a chrysalis (abusive experiences, loss of support, loneliness), death of a chrysalis (loss of hope, seeking salvation), and birth of chrysalis (regaining hope and sense of self-worth)	
Samuelsson et al. (2000). Psychiatric care as seen by the attempted suicide patient	Qualitative research article	Sweden	23 hospital patients recovering from suicide attempts	Describe perceptions of inpatient psychiatric care following a suicide attempt	Content analysis	Three central categories: being a psychiatric patient, patients' perceptions of the caregivers and the care provided, and important aspects of the psychiatric care received.	18 (++)
Sun and Long (2013). A suicidal recovery theory to guide individuals on their healing and recovering process following a suicide attempt	Qualitative research article	Taiwan	14 hospital patients who survived a suicidal attempt	Develop a theory of recovery following a suicide attempt	Grounded theory	Core category: "striving to accept the value of self-in-existence". Further themes: becoming flexible and open minded, re-building a positive sense of self, endeavouring to live a peaceful and contented life	16 (++)
Sun et al. (2014). The healing process following a suicide attempt: Context and intervening conditions	Qualitative research article	Taiwan	14 hospital patients who survived a suicidal attempt	Explore the healing process following a suicide attempt	Grounded theory	A sheltered, friendly environment and support system helped suicidal healing process. Lack	16 (++)

						of the above and re-emergence of stressors impeded the healing process	
Wiklander et al. (2003). Shame reactions after suicide attempt	Qualitative research article	Sweden	13 patients who attempted suicide	Explore shame reactions following a suicide attempt	Thematic analysis	Feelings of shame were accompanied by impulses to hide or flee. Survival was perceived as failure. Patients were sensitive to the attitudes and behaviours of professionals	16 (++)
Anonymous (2013). Suicide – my story. In Grant et al. (Eds.), Our encounters with suicide	Autobiographical book chapter	United Kingdom	1 adult				
Willis (2013). The secrets of suicide. In Grant et al. (Eds.), Our encounters with suicide	Autobiographical book chapter	United Kingdom	1 adult				
Sen (2013). The suicide not is not my story (or the suicide note does not play my song). In Grant et al. (Eds.), Our encounters with suicide	Autobiographical book chapter	United Kingdom	1 adult				
De Merteuil (2013). Phoenix to ashes. In Grant et al. (Eds.), Our encounters with suicide	Autobiographical book chapter	United Kingdom	1 adult				

Stennett (2013). The day I went to the meadow. In Grant et al. (Eds.), Our encounters with suicide	Autobiographical book chapter	United Kingdom	1 adult	
Kathryn (2013). 'Con hearse'. In Grant et al. (Eds.), Our encounters with suicide	Autobiographical book chapter	United Kingdom	1 adult	
Skinner (2013). 'The silence of suicide'. In Grant et al. (Eds.), Our encounters with suicide	Autobiographical book chapter	United States of America	1 adult	
Heckler (1994). The return' In Heckler (1994). Waking up alive: The descent to suicide and return to life	Book section using a thematic structure	United States of America	12 for this section	"Participatory research" (no explication provided)
Heckler (1994). The anatomy of recovery. In Heckler (1994). Waking up alive: The descent to suicide and return to life	Book section using a thematic structure and stage model	United States of America	19 for this section (7 from previous section)	"Participatory research" (no explication provided)

Note. Wiklander et al. (2003) re-analysed data from Samuelsson et al. (2000). Sun et al. (2014) re-analysed data from Sun & Long (2013).

Thematic Summary

The analysis resulted in five broad themes, with subthemes: psychological, the body, relational aspects, contexts, and existential.

Psychological.

All authors made reference to psychological experiences. Their findings can broadly be organised into experiences that primarily regarded attempt survivors' feelings and those that were concerned with engaging with change. These two subthemes are reported here as feelings and coping.

Feelings.

All authors reported on attempt survivors' emotional experiences. The range of emotional experiences reported was complex and varied.

Four authors reported on how some people felt thwarted by having survived. Crocker, Clare, and Evans (2006) reported that this was a response to the "failure" of the attempt. De Merteuil (2013) stated that her response to this "failure" was "utter loneliness and despair" (p. 145). Kim (2014) described how some people reported having more sadness and loneliness than before the attempt. It was reported that they "felt sorry for themselves" (p. 1395), considering the times they had suppressed their suicidal feelings.

Stennett (2013) described the anger she experienced at people trying to keep her alive following her attempt, and her attempts to prevent this: "I was so tired but every now and then I would awake and try and remove the needles, wires, oxygen, anything I could get hold of… I was angry because I knew I would be in this situation again." (p. 149).

A common experience was the feeling of shame, being reported by seven authors. Wiklander, Samuelsson, and Åsberg (2003) reported that feelings of shame pervaded survivors' experiences immediately after the attempt, both when alone and when with others. Attempt survivors reported that feelings of shame could be increased, or lessened, through

contact with mental health professionals. Anonymous (2013) described how for them, the psychological injuries were far more sustained than the physical ones:

> The internal injuries have taken far longer to heal. To even be writing this story is such a huge step for me. For years I have felt so ashamed of what I tried to do and of the pain and suffering I could have caused my children. (p. 130)

Similarly, Skinner (2013) described how for him, shame from the attempt, presented something more to work through, in the context of existing suffering. He mentioned how this can take time:

> Avoidance, denial and fear come to mind in why it took me so long to finally address the grief, the sadness and the losses I experienced, not to mention the fear of working though my own pain and sorrow from my suicide attempts and the deep-held shame that I felt because of those experiences. (p. 158)

Two studies also reported on the experience of fear. Chi et al. (2013) described attempt survivors developing an increasing fear of death as well as the fear of attempting again and failing. In contrast, some found that following the attempt they immediately felt they did want to live: *"*From the moment I came round in intensive care, I knew that I wanted to be alive*"* (Anonymous, 2013, p. 130).

Six studies reported on the emergence of feelings of hope and optimism. Hope and optimism were reported to be experienced as fleeting experiences that 'seesawed' with feelings of despair (Kim, 2014). Similarly, Chi et al. (2013) noted the "cyclical nature" of survivors' experiences of emotions. Heckler (1994) highlighted how healing took time and

proposed a series of stages that characterise recovery: “dissolving the suicidal trance”, “rebuilding the self”, “reaching out”, “allowing others in”, and “giving back”.

Coping.

Eleven authors reported that survivors began to develop a number of coping strategies, ranging from those relating to thoughts to those concerned more with behaviour. Han, Chou, Liu, Rong, and Shiau (2014) reported that attempt survivors developed an “awareness of change” and after this, began to do things differently, for example seek support. One participant reported the following realisation: “the only thing that I can do is (pause)… to change myself” (p. 93). Similarly, Bennett, Coggan, and Adams (2002) reported that participants described being proactive in problem solving, having “inner-strength”, and on the importance of positive thinking to develop a “can-do attitude”. They reported that such changes in thinking could function as an “effective barrier to suicidal behaviours” (p. 30). Heckler (1994) reported on the role of “taking responsibility”. He emphasised that this came not as a result of being “lectured to”, but rather because as attempt survivors healed they discovered hidden internal resources and eschewed feelings of victimisation like “old clothing that no longer fits” (p. 186). Many survivors stated the importance of solving problems as they arose, thus preventing things from worsening. It was also reported that the use of positive thinking was complicated and sometimes problematic. Bennett et al. (2002) quoted Greg:

> At the moment I’m just thinking of my job and that’s basically it. I don’t want to think about anything else just in case I get back into that circle. I’m thinking, trying to think, of positive things even though it’s pretty limited but thinking positive helps, yeah it does. (p. 30)

Practical approaches included reading, writing, listening to music, excessive eating, crying, talking to other people, sleeping, meditation, and exercising. Bergmans, Langley, Links, and Lavery (2009) reported that participants went through a process of "gaining awareness" and then used a "buffet" of concepts, insights, skills, and connections to cope. They also commented that developing an awareness of one's diagnosis and symptom management was important.

The body.

Three authors described experiences relating to the body. These have been organised under three subthemes: after-effects, harm, and substances.

After-effects.

Six authors reported that some survivors described feeling weakened and suffering physical pain from the after-effects of the attempt. Some reported that this had made life worse. Wiklander et al. (2003) reported that some survivors wanted to hide their bodies from others. Kim (2014) described how for many older people this was also compounded by overall deteriorating physical health.

For many, physical recovery was a long process, and for some, one that offered an opportunity for reflection: "The big focus was on my physical injuries for several months... There were many hours of reflection whilst I was on the ward in the seven weeks I spent there." (Anonymous, 2013, pp. 130-131).

Kathryn (2013) described how the physical after effects led to her having to create "no less than 27 different explanations" (p. 150) for her injuries to avoid disclosing the attempt. She described how the subsequent change in her physical appearance led to changes in how people responded to her.

Harm.

Five authors reported on repeated attempts. Willis (2013) focussed on her first suicide attempt which occurred many years prior to writing. She wrote: “there have been times when the symptoms have been so unbearably difficult to cope with that I have tried desperately to take my own life.” (p. 135).

Some participants reported using their failing health as a way to bring about further harm, or death. Kim (2014) described one participant who reported on not taking insulin prescribed for diabetes in an attempt to die. It was also reported that some attempt survivors harmed themselves during their stay in (psychiatric) hospital (Samuelsson, Wiklander, Åsberg, & Saveman, 2000; Wiklander et al., 2003).

Substances.

Substances, including prescribed drugs, were mentioned by three authors. Kim (2014) highlighted the use of alcohol and tobacco, by older people, to manage feelings of despair. It was reported that many older people were prescribed tranquilizers. Survivors felt that these medications would not solve their problems. One person reported feeling the prescription was the doctor’s way of avoiding talking about the possible causes of their distress. It was reported that many older people became dependent on these drugs, leading to an increased feeling of hopelessness. Skinner (2013) noted how for some people prescribed drugs may be helpful, however for him they “were not helping me with these feelings and thoughts; they only kept me numb, confused and concerned with the side effects.” (p. 165).

Relational aspects.

All of the studies reviewed identified the role of contact with others in survivors’ experiences. These experiences are organised by the subthemes family and friends, and professionals.

Family and friends.

All literature made reference to contact with family and/or friends. Both having, and not having, contact with family and friends was reported to be of significance.

Sun & Long (2013) reported on the important role family members played in providing emotional support and attending to the physical needs of survivors. They noted that family members listened to them, 'forgave' them for their "stupidity", and ensured they ate and slept well. Chi et al. (2013) described how family members listening non-judgementally helped survivors to feel they were not alone and altered perceptions that they were a "burden". Many survivors described how soon after the attempt they began to focus on living for other family members. This was often described as a responsibility after witnessing the pain family members had experienced (Bennett et al., 2002; Chi et al., 2013; Lin, Huang, Chen, & Shao, 2009; Sun & Long, 2013).

In contrast, some attempt survivors reported that at times, contact with family was unhelpful, for example when family members expressed anger and were judgemental (Kim, 2014; Willis, 2013). Wiklander et al. (2003) described how some attempt survivors considered trying to prevent family members discovering they had attempted suicide. Some reported that distancing themselves from family members was a helpful decision in the time after an attempt (Bennett et al., 2002). Skinner (2013) noted how suffering affected the whole of his family and they soon "despised" him, which only led to him experiencing further suffering.

The theme of "visibility" was prevalent throughout many of these accounts. Kim (2014) made reference to not being noticed as a significant source of sadness for some survivors. One participant described how she awoke three days later to find no one had noticed she had attempted suicide. Similarly, Crocker et al. (2006) reported that some participants described how being noticed mobilised them and their support systems. One lady

reported, “Yes and when I… tried to commit suicide, that response I got, had from people, staggered me, staggered me!... I mean I was just overwhelmed by it.” (p. 644). Mattie, interviewed by Heckler (1994), noted how being seen came to form an important part of recovery:

> I think what comes to mind is not words so much; it’s being seen by people – the moments when I’d feel really seen. It started in therapy and then, as I let it happen more, it started with close friends. (p. 212)

Professionals.

Samuelsson et al. (2000) emphasised that many survivors experienced shame at initial contact with a health professional. The authors reported that attempt survivors felt making a return to (psychiatric) hospital, following an attempt, was a source of shame. However, it was also reported that feelings of shame were alleviated when they were shown kindness. Participants in this study reported a heightened sensitivity to professionals’ attitudes towards them. They reported that they found it helpful when professionals were non-judgemental, tactful, and encouraged them to be responsible for themselves. Unsympathetic, disrespectful, authoritative, and punishing ways of relating were experienced as unhelpful, leading to withdrawal and feelings of anger. Similarly, in a study by Bergmans, Langley, et al. (2009), helpful professionals were described in the following ways: ““Sincere . . . open,” “just having them listen,” “understanding,” “always up front and… completely consistent.”” (p. 123). Seeking help from professionals when in the position of an outpatient was reported on by Chi et al. (2013). They described survivors’ experiences of professionals who were responsive to their needs, including listening, changing medication, and offering inpatient support. Bennett et al. (2002) also reported that some attempt survivors found accessing mental health support

helpful. One young person expressed: “All those facilities that are open to me and I know they are, it’s just a matter of helping myself: picking up the phone.” (p. 30). Han et al. (2014) reported that attempt survivors found it helpful when professionals encouraged them to think of their long-term possibilities and helped them to feel loved.

Visibility was also a prevalent theme in these accounts. Participants in the Wiklander et al. (2003) study reported feelings of being exposed when with a health professional and the experience of wanting to hide or flee. Crocker et al. (2006) highlighted the worries some older people had in medical settings, of “becoming visible as a burden” by doctors who took a “dim view” of attempting suicide (p. 644).

Contexts.

The context in which attempt survival occurred was referred to by many authors. These accounts are organised under two subthemes: society and culture, and material.

Society and culture.

Eleven pieces of literature made direct reference to the wider community or sociocultural context. Sun & Long (2013) described the role other patients played in providing support to outpatients in Taiwan. Similarly, Crocker et al. (2006) described the role of a “re-integration into society”. Some survivors who had contact with other members in the community described a growing sense of “connectedness”. Feeling society accepted them and being with people who did not judge was reported to be helpful (Sun & Long, 2013).

In contrast, participants from the same study also described experiences of society holding negative attitudes towards suicide and feeling judged negatively for attempting it (Sun & Long, 2013). Bennett et al. (2002) made reference to the stigmatisation younger people experienced following an attempt. In a study by Bergmans, Carruthers, et al. (2009), one participant recalled:

> When I naively disclosed (about suicide attempts) in my college mental health-related classes, I was shocked at classmates reactions which split between the morbidly curious and the physically repulsed. (p. 391)

Interestingly, whilst not reported in themes or discourses emerging from participant data in qualitative studies, references were made in discussion sections to the marginalisation older people felt in a changing South Korean culture (Kim, 2014) and the negative stereotypes of brokered brides in Taiwanese culture (Lin et al., 2009). References to the societal context were more prevalent in first-person accounts. Sen (2013) wrote about how the social context influenced her thoughts on suicide:

> I have made huge positive strides in my life, but has suicide lost its seduction? No, I still think about it daily. We live in harsh, cynical times, where meaninglessness and pain are the ghosts that haunt our times, and I sometimes feel hopeless about myself and the world around me. (p. 141)

Wiklander et al. (2003) reported that one participant felt they had transgressed a social boundary.

A number of studies made reference to comparisons to others as being prominent features in survivors' accounts. Lin et al. (2009) quoted one participant: "We are better than some poor people. We should not be saying we are worthless." (p. 3416)

Skinner (2013) discussed how societal/cultural views about suicide and emotionality in general impeded recovery:

> Sadness and grief can be a very difficult journey to embark upon – especially when we get the signals and the message from the greater part of society that we need to move on with our lives – to just 'get over it'. How do we just get over it when loss, sadness and grief are such difficult subjects to deal with? (p. 158)

Material.

Eight authors directly referred to material factors. These included employment, financial circumstances, and the physical environment. Lin et al. (2009) reported that accessing employment opportunities was pivotal in attempt survivors' regaining hope. Sun & Long (2013) reported that difficulties in the place of employment and financial difficulties were common stressors reported by participants. Sun, Long, Tsao, & Huang (2014) reported that sheltered, friendly environments helped healing. Han et al. (2014) reported that employment and education opportunities were also pivotal in recovery.

Financial circumstances were referred to in four studies. Notably, Kim (2014) reported that many of the attempt survivors were poor and the hospital bills they were confronted with (both for general health and medical support following the attempt) were the sources of significant worry. One participant shared: "They [doctors] have been telling me I need surgery since last year. But why should I? To live longer? I don't have the money anyway. It would have been great if I had just died. This is more painful." (p. 1394). Improving financial circumstances were reported as being very helpful. Bennet et al. (2002) described teenagers accessing financial support as being pivotal in facilitating positive changes and brokered brides interviewed by Lin et al. (2009) reported that it was the economic benefits of employment that increased the respect others showed them.

The physical environment was also emphasised. Sun et al. (2014) reported on the importance of a protective environment for recovery. Many survivors reported that the

(psychiatric) hospital environment was a safe place to begin recovery. In contrast, many reported that they longed to leave the hospital and return to their homes (Wiklander et al., 2003).

Existential.

A number of themes emerged that might be considered existential in nature. These have been organised around three subthemes: ambivalence, or struggle; perspective and meaning; and spirituality and religion.

Ambivalence, or struggle.

Nine pieces of literature reported the experience of life after an attempt as being characterised by ambivalence, with the survivor feeling in some way between life and death. Bergmans, Langley, et al. (2003) suggested the theme "living to die" and described participants' "seductive relationship with death", "the mistress" (p. 122).

Many attempt survivors reported that they felt too afraid to attempt suicide again, however they also did not want to remain alive. Kim (2014) described how participants felt they were then left with a "meaningless" life, being unable to commit to neither life nor death. Bennett et al. (2002) described how for many young people the feeling of wanting to die did not disappear and feelings of conflict could arise when they discovered a desire to live. It was acknowledged that over time this was still a common experience and that change is not linear (Sun & Long, 2013).

Heckler cited "letting go of dying" as a central theme. He reported finding that for some attempt survivors the decision is firmly made never to make another attempt. For others the option recedes and seems unlikely, however it always feels a possibility. He quoted Karen: "I wouldn't recommend suicide. There are so many other ways to wake up. I think it's good just to know you can leave if you want to – a back door, if the pain in life gets just so incredible." (p. 175)

For Karen this actually enabled more living: “I risk more and I can tolerate more because I know I’m not trapped” (pp. 175-176).

Perspective and meaning.

A prevalent theme in much of the literature was looking back and making sense of experiences. de Merteuil (2013) described her learning:

> But then again there are those beautiful, simple moments of joy: a sunny day, a beautiful piece of art, an interesting book, a smile from a loved one. I have learned to cherish those moments and I try to remember them when I feel the darkness rise in me again. For if the force that could destroy me is within me, the force that can save me is also. That is what we learn when we confront utter despair. We can rise again, like the phoenix from the ashes. (p. 146)

Sen (2013) described the importance, for her, of writing her “own story”:

> Writing was cathartic, but it was in reading my story where I felt empathy for myself for the first time… I had no choice in how the story started but I have a choice in how it ends. Ending it in suicide was my abusers writing my story. (p. 140)

Several studies reported that survivors took new perspectives or found new meanings in life following a suicide attempt. Chi et al. (2013) suggested the themes “facing the reality of life” and “investing in life”. One participant commented, quite philosophically: “I know I lost my house and my money but it did not kill me” (p. 1756). Similarly, Han et al. (2014) suggested the theme “accepting reality” to describe such new perspectives. They quoted a participant who said: “Because I had realized something that I had never thought of before, a

lot of people say, a boyfriend is nothing!" (p. 95). Similarly, Crocker et al. (2006) reported how some older people began to accept changes they were experiencing and how, somewhat paradoxically, this brought a sense of control.

Others described how new endeavours brought a sense of meaning, for example volunteering (Chi et al., 2013) and poignantly, using the experience of having been suicidal to support others (Han et al., 2014).

Kathryn (2013) described how she had discovered what mattered most to her:

> The permanence I would carry on my shoulders for the rest of my life. I didn't care, for I was alive, I was here too for my family and I was here for my friends, the only things that mattered. For me, contrary to what others were thinking and feeling about me, my own life was looking fairly good. (p. 154)

Spirituality and religion.

Five authors reported on the role of spirituality and religion in the time after attempting suicide. Skinner (2013) described how he developed the belief "that something greater and more powerful than me was keeping me on this earth" (p. 165).

Han et al. (2014) described the belief some survivors held that the failed attempt was an opportunity to "start over", given from God. One participant reported: "God is testing me, and decides to let me continue, only to go through this death experience." (p. 92). Heckler quoted an attempt survivor named Rennie:

> It seemed like some kind of spiritual experience. After I woke up, what I realised strongly was that there was some sort of purpose to me being on this planet and that I'd better damn well find out what it was. (p. 150)

Sun et al. (2014) reported that some survivors felt their spiritual beliefs helped them to reduce suicidal thinking. Though some religions did not sanction suicide, survivors found healing occurred through prayer and connection with a congregation. Kim (2014) noted that the endurance of suffering is a common theme in the spiritual traditions of Buddhism and Confucianism, of which many people are followers in Taiwan.

Discussion

Summary

This review brought together the reported subjective experiences of life after surviving a suicide attempt of 187 people. Attempt survivors' experiences have broadly been captured by the five themes: psychological, the body, relational aspects, contexts, and existential. This suggests that surviving a suicide attempt is likely to be something that affects most, if not all, aspects of life. However, within these broad themes there was also much difference, suggesting that the experience is very unique and idiosyncratic.

Ongoing distress is experienced in diverse ways following a suicide attempt. Emotional responses included shame, fear, anger, and hope. Many attempt survivors felt thwarted at surviving and wanted to make another attempt. In contrast some survivors strongly felt they wanted to continue living. This suggests that it may be helpful to understand survival in the context of the person's individual life, rather than understanding surviving an attempt as a homogeneous experience. It may also be important to attend to how people make individual psychological meaning out of such experiences, in order to understand the subtleties of these differences.

A number of studies focussed specifically on recovery and reported that developing an "awareness of change" (Han et al., 2014) was central to healing. This was thought to enable the use of a number of coping strategies, which in themselves were very diverse. These

accounts tended to reflect an individualistic approach to healing and it is noteworthy that such impressions were less apparent in the first-person accounts. Potentially, this speaks to an important difference in the perceived role of the attempt survivor and how this is reported in research interviews compared to first-person accounts. Further, it reinforces the importance of considering first-person accounts to develop a broader understanding of people's needs.

This review also drew attention to the role of the body, something which has received less attention in previous work. This literature has emphasised the ongoing physical effects of a suicide attempt, ongoing self-harm to the body, and the effects of medications. It is possible that because (killing) the body is central to the act of attempting suicide that previous reviews have underemphasised this (i.e. in focussing on suicidality more generally). Within the qualitative research reviewed these experiences emerged more strongly with older people who felt that the effects of the attempt complicated ongoing physical health conditions. Again this suggests the importance of individual context, particularly the life stage of the person. Notably, many older adults considered the future a time of loss and hopelessness (Kim, 2014), whereas many younger adults felt concerned about how the attempt might affect opportunities in the future (Han et al., 2014).

Relational aspects featured strongly. There were contrasting accounts of how people experienced relationships with family and friends. Some experienced helpful support from family and the variety of roles others fulfilled in supporting attempt survivors demonstrates that needs are also diverse; for example many people require care for their body and their mind. In contrast, some attempt survivors felt distance from family would be helpful in assisting recovery. These relational experiences suggest that a deeper understanding of life after surviving an attempt may emerge through considering how experiences with others can shape the way people experience themselves.

Many authors reported on contextual factors. The sociocultural context was felt to influence attempt survivors' experiences through providing norms by which their behaviour could be judged and also through being the source of stigma. In contrast, many people found "re-integrating" into society an important part of healing. The influence of the sociocultural context is an important finding because people's experiences are given meaning and shaped by the cultural discourses that surround them (Burr, 2003). Sociocultural contexts are also very specific to time and place, which potentially offers one way to understand subtle differences between cultural contexts in the literature. For example, whilst the experience of brokered brides in Taiwan (Lin et al., 2009) may provide useful insights into attempt survival, this experience also exists in a cultural context that in many ways is largely different to the UK. This is also particularly important when considering the context in which 'care' takes place. There can be great diversity in service provision and delivery between countries, and even between places within a country. The material context was also emphasised by many authors, highlighting how financial circumstances and available opportunities (e.g. employment) came to shape people's experiences.

This review also highlighted the existential nature of many attempt survivors' experiences. Many authors referred to a "struggle" regarding life and death. The non-linear nature of recovery was also emphasised. Authors described changes in perspectives on life, for example developing more appreciation for life, or engaging in activities that gave them a sense of meaning. The role of spirituality and religion was also described as important. This has been less emphasised in previous work. It is possible that this emerged in relation to the specific experience of surviving an attempt (i.e. in committing to death and then finding oneself alive). Such findings possibly speak to an important difference between the common focus on 'prevention', and a focus on living. A deeper investigation of how attempt survivors

experience existence and meaning, in the face of survival, may tell us more about how they continue to live, as opposed to simply 'stay alive'.

These findings generally corroborate the extant literature. Lakeman and Fitzgerald (2008), in their review of qualitative studies of how people live with, and move on from, being suicidal, reported that findings fell under similar themes to those which speak to some of the individualistic accounts reported in this review (e.g. coping). The review of qualitative research on suicide in Asia, by Han et al. (2013), emphasised the importance of the sociocultural context. This literature review has added an emphasis on the idiosyncrasies of individual experience; perhaps something that was able to emerge through reviewing accounts from different bodies of literature.

Methodological Limitations

There are important methodological issues that require commentary. Any conclusions drawn from this literature must be considered in the context of these issues.

Design.

There is some debate over how acceptable it is to synthesise research from disparate methodologies (Dixon-Woods et al., 2006). A number of different approaches were used in the literature and they study experience in different ways and privilege certain types of knowledge. For example, grounded theory, in being concerned with developing theories, may neglect thorough attention to individual experience.

The specific focus of many studies may also have led to the neglect of certain accounts, for example a pre-determined focus on recovery may have led to the exclusion of descriptions of further suffering, or experiences unrelated to healing.

Finally, thematic synthesis was chosen to answer the question asked of the literature by achieving a level of abstraction whilst 'staying close' to the reported individual subjective experiences of participants and authors. However, alternative systematic methods could have

been used to develop further interpretations of the literature, for example meta-synthesis which aims to construct new meaning through an interpretative process (Erwin, Brotherson, & Summers, 2011) and meta-ethnography which is well suited to developing models or higher-order theories (Atkins et al., 2008).

Samples.

Many of the qualitative studies used very specific samples. Whilst generalisability is not thought to be a central concept in qualitative research (Golafshani, 2003), focussing on specific samples leaves many aspects of experience underexplored. For example, many studies focussed on the time period shortly after the attempt, and were thus unable to explore experiences that occurred later. In contrast, whilst many first-person accounts were concerned with a longer period of time, they were relatively short accounts. Perhaps a more detailed exploration of these experiences would provide a richer and deeper understanding of them.

Reflexivity.

Most qualitative studies did not include commentary on reflexivity, particularly regarding researchers' relationships to participants. It is therefore unclear to what extent researchers were aware of biases occurring at the point of interpretation, or the researchers' awareness of their personal role in the analyses (Newton, Rothlingova, Gutteridge, LeMarchand, & Raphael, 2011). This seems particularly important given the emotive nature of the experience of surviving a suicide attempt.

Similarly, within first-person accounts, authors did not generally include critical reflection on their positioning. This is not a criticism of autobiographical reporting, however an acknowledgement that the context in which one reports can influence what is selected to be reported on (Hollway & Jefferson, 2000). Thus, it remains underexplored what cultural discourses are utilised in attempt survivors' descriptions and also how individuals make meaning out of their experiences.

Recommendations

Clinical.

The idiosyncratic findings from this review suggest that professionals should remain mindful that the experience of surviving a suicide attempt is experienced idiosyncratically and is context-specific. Particular attention should be paid to the suicide attempt survivor's individual preferences and needs, and to both sociocultural and material circumstances.

This suggests that many different kinds of professionals could potentially be involved in supporting an individual (e.g. physical health, mental health, social care, etc.). Thoughtful, joined up working may be very important in supporting the person as healing may take time and be non-linear in nature. The diversity of accounts in the literature reviewed suggests that it is likely to be helpful to thoughtfully tailor support to the individual (i.e. rather than adopting standardised 'care packages').

A consistent finding was that attempt survivors found non-judgemental and understanding professionals helpful and found the absence of these things unhelpful. This strongly suggests that professionals should be mindful of these principles and also threats to them, for example pressurised ways working that may leave little time to talk to individuals, and professionals' own emotional reactions to hearing about potentially disturbing experiences. Unfortunately, unhelpful encounters with professionals were described in the literature so professional practice may require ongoing attention. Perhaps attending to the *individual's* expectations and needs may again be a useful principle here. Individuals experience us in different ways therefore it may be helpful to explicitly explore expectations and what kinds of relationships are most helpful.

Existential experiences have been underreported in previous work, however they emerged as important in this review. They speak to individuals' need for meaning in order to live (cf. Yalom, 1980). This suggests an important role for clinical psychologists, whose work

is concerned with meaning-making in the face of individual suffering, for example through psychological formulation (Division of Clinical Psychology (DCP), 2009). It is also suggested that approaches that consider the person-in-context (e.g. systemic approaches) be considered, given the importance of relationships and the wider context.

Research.

Future research could explore the way the sociocultural context shapes attempt survivors' experiences and how this could be helpfully addressed. For example, research could be conducted on the societal effects of survivors sharing their accounts in public forums and the related roles of policy makers.

There is a need for further research on how attempt survivors perceive professional support as to date this has only been undertaken with one specific sample (Samuelsson et al., 2000; Wiklander et al., 2003). Another neglected area is the experience of the family context. Much qualitative research has been undertaken with those whose experience the loss of a family member through a suicide (Jordan & McMenamy, 2004), however none on supporting families where one member has survived an attempt.

In being an emerging area of study, much of the research has been conducted in very specific cultural contexts and with specific groups, which leaves many aspects on life after an attempt underexplored. Future research could study experiences more broadly, and with adults in a UK context. The disparate themes that have emerged suggest that future research should attend to individuals-in-context. As mentioned, this should be conducted with careful attention to reflexivity.

The first-person accounts highlighted the idiosyncratic and complex nature of the experience of surviving. Individual accounts remind us that following an attempt survivors are often not concerned with 'prevention', but rather finding a way to exist. Future research should adopt methodologies that foreground individual experience and meaning-making to

elucidate these processes. Such research may also uncover useful ways psychological theory might be employed to enrich such understandings and could be conducted in a collaborative spirit, continuing to 'give voice' to suicide attempt survivors (Larkin, Watts, & Clifton, 2006).

Conclusion

This is the first review to consider literature specifically concerned with individual subjective accounts of life after a suicide attempt. Both qualitative studies and non-research first-person accounts were reviewed to answer the question: How are subjective accounts of life after a suicide attempt described in the literature? Findings were organised under the five broad themes: psychological, the body, relational aspects, contexts, and existential, suggesting that the experience of survival is shaped by, and affects, many, if not all, aspects of a person's life. It is suggested that to understand the experience of surviving a suicide attempt attention must be paid to the experiences of the individual-in-context as experiences of survival are unique and idiosyncratic. Clinical implications include the need for professionals to pay close attention to individual needs, relationships, and the sociocultural and material context. Further research should explore these experiences more broadly, pay close attention to reflexivity, and root investigation at the level of individual experience, to elucidate the idiosyncratic ways people make sense of their suicide attempt survival, make meaning, and continue living.

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LIFE AFTER SURVIVING A SUICIDE ATTEMPT

Section B: Empirical Paper

The Experience of Life after a Suicide Attempt: An Interpretative Phenomenological Analysis

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Abstract

Investigating the experience of life after a suicide attempt, and understanding how people find meaning and go on living, is important for developing appropriate responses. This study explored the unique lived experience of life after surviving a suicide attempt. Seven adults were interviewed using a semi-structured interview schedule. Interviews were transcribed and subjected to an interpretative phenomenological analysis (IPA). Four themes emerged, each with subthemes: relationship to suicide (the ongoing-ness of suicide, in-between-ness), relationship to healing (proceeding differently, freedom to heal, being regarded), relationship to self (encountering oneself, authentic being), and relationship to life (living with meaning, connectedness and belonging, curiosity and uncertainty). An overall theme of transformation emerged from the analysis. The opportunity for transformation can be experienced as ongoing crisis and can lead to deeper personal meaning if facilitated appropriately. Having meaning and purpose in life were experienced as essential to living. It is recommended clinical psychologists, and others, be prepared for the unpredictability of transformation and adapt existing practices where needed.

Keywords: attempted suicide; healing; surviving; qualitative research; interpretative phenomenological analysis

The Experience of Life after Surviving a Suicide Attempt: An Interpretative Phenomenological Analysis

"it is in life that suicide arises" (Hillman, 1964, p. 16)

It is estimated that, worldwide, over 800,000 people die by suicide each year (World Health Organisation [WHO], 2014). The Samaritans (2015) reported that there were 6,233 suicides registered in the UK in 2013, a rate of 11.9 per 100,000. For each person who dies by suicide at least 20 people survive an attempt (WHO, 2014). The WHO has declared the prevention of suicide a "global imperative" (WHO, 2014).

Suicide research, or suicidology, in its current form, is characterised by its use of traditional, positivist, scientific methods to obtain "objective" knowledge (Marsh, 2016). Approaches tend to be either epidemiological studies, which examine associations between social and demographic factors, or retrospective studies, which explore the circumstances that surrounded a suicide. The primary focus on such work has been to elucidate risk factors for suicide and develop prevention strategies (Maris, Berman, & Silverman, 2000).

It has been suggested that, in emerging from the philosophical roots of logical positivism and structural determinism, suicide research has tended to neglect alternative methodologies that could make research more robust (Range & Leach, 1998). It has been argued that there is an important role for qualitative methodologies that approach knowledge generation from different epistemological positions, attend to the person-in-context, and emphasise understanding over explaining (Hjelmeland & Knizek, 2010). Further, it has been suggested that those who have lived suicidal experiences should be at the heart of such work:

> you cannot hope to understand any human experience, not just suicidality, if you ignore what it means to those who live those experiences. And for this you need to hear directly from those who have the lived experience (Sheean & Webb, 2010, p. 28)

Accordingly, in recent years there has been an increase in the number of qualitative studies in suicide research. These studies have focussed on the experience of suicidality (cf. Han, Ogrodniczuk, & Oliffe, 2013), attempting suicide (e.g. Biddle et al., 2010), and accessing mental health services (e.g. Paulson & Worth, 2002). The aim of these studies is to understand suicidality and inform prevention strategies and intervention (White, 2016). In parallel, a growing number of suicide attempt survivors are sharing their lived experience through published accounts (e.g. Grant, Haire, Biley, & Stone, 2013; Hines, 2013; Miller, 2012; "Talking about Suicide", 2016; Webb, 2010). An area that has received relatively less attention is life after surviving a suicide attempt. This has been highlighted as an important area of study as previous suicidal behaviour has been shown to be one of the biggest predictors of suicide (Hawton & van Heeringen, 2000). Recently, a small number of qualitative studies have addressed this area of interest.

This literature has demonstrated that suicide attempt survivors experience a variety of distressing emotions, including shame (Wiklander, Åsberg, & Saveman, 2003), loneliness (Kim, 2014), and fear (Chi et al., 2013). Some experience survival as a failure (Crocker, Clare, & Evans, 2006) and hold a continuing wish to die (Chi, et al., 2013). Many also experience difficulties with physical injuries resulting from the attempt (Wiklander et al., 2003). The importance of relationships has been emphasised, for example being 'visible' and 'connected' to others (Crocker et al., 2006) and receiving support from family (Han, Chou, Liu, Rong, & Shiau, 2014) and services (Bergmans, Langley, Links, & Lavery, 2009). One study reporting on experiences with professionals noted the importance of receiving

understanding and confirmation (Samuelsson, Wiklander, Åsberg, & Saveman, 2000). Studies that have focussed on healing have emphasised being proactive (Lin, Huang, Chen, & Shao, 2009), seeking help (Bennett, Coggan, & Adams, 2002), and developing coping strategies (Bergmans et al., 2009). Healing has been noted to including moments of ambivalence and 'turning points' (Bergmans et al., 2009), and the models of recovery that have been developed have emphasised its non-linear and dynamic nature (Chi et al., 2013; Sun et al., 2014). The wider context has also been emphasised, with attempt survivors making reference to the importance of employment (Lin et al., 2009), financial circumstances (Sun & Long, 2013), education (Han et al., 2014), the physical environment (Sun et al., 2014), and stigma (Sun & Long, 2013). Researchers have also highlighted existential issues. Some survivors experienced changes in their perspectives on life, for example developing increasing appreciation (Chi et al., 2013), and some reported on the importance of spiritual and religious experiences in making sense of survival.

There are a number of important gaps in this literature. Firstly, much of the existing qualitative research has been conducted in Asia, leaving the experience of life after a suicide attempt in a western sociocultural context largely unexplored. Secondly, much of this research has been conducted with very specific groups (e.g. brokered brides in Taiwan; Lin et al., 2009), has studied very specific phenomena (e.g. the experience of shame; Wiklander et al., 2003), or has been conducted in very specific settings (psychiatric inpatient; Samuelsson, Wiklander et al., 2000). Such focussed studies risk excluding certain 'narratives', for example experiences outside of services in interviews focussing on recovery. Finally, the disparate themes that have emerged from these studies suggest that the experience of surviving suicide is very unique and idiosyncratic. Most studies have utilised grounded theory or thematic analysis which may not be best suited to uncovering such idiosyncratic individual experience.

Interpretative phenomenological analysis (IPA: Smith, Flowers, & Larkin, 2009) may be a suitable way to address some of these methodological issues. Firstly, IPA lends itself to approaching experience in a broad way to allow the phenomenon to "speak for itself" (Binswanger, 1958a, p. 192). This may work towards preventing the loss of important aspects of experience. Secondly, IPA stresses the importance of the researcher's reflexive hermeneutic process, to acknowledge their role in the co-production of knowledge in-context. Thirdly, IPA roots analysis in individual experience and meaning. It has been suggested that "meaning creation" be used as a guiding theoretical heuristic in understanding suicide (Rogers, 2001). In regards to suicide attempt survivors specifically, meaning creation also speaks to an important distinction between surviving (i.e. 'prevention') and living. As Yalom (1980) notes:

> The human being seems to require meaning. To live without meaning, goals, values, or ideals seems to provoke, as we have seen, considerable distress. In severe form it may lead to the decision to end one's life. (p. 422)

Thus, IPA has the potential to speak to something more than the development of prevention strategies and general theories of recovery. It could also provide a deeper understanding of how people find ways to live with meaning. This is important given the acknowledgement that suicide is not a 'tame problem', but a 'wild' problem that "cannot be solved, nor contained, through an exclusive reliance on pre-determined, universal or standardised interventions" (White, 2012, p. 42). Further, IPA mirrors quite remarkably the process of psychological formulation which is defined by its use of psychological theory in the production of "personal meaning" (British Psychological Society [BPS], 2011, p. 7).

Thus, such an approach may be very valuable for two reasons. Firstly, it has the potential to discover how psychological theory may be used to develop a nuanced understanding of unique individual experiences of life after a suicide attempt and how people find meaning in living. Secondly, it may reveal something about how clinical psychologists might approach the process of supporting this, in collaboration with attempt survivors themselves.

This study therefore aims to answer three questions:

1. How do people experience life after surviving a suicide attempt?

2. How do people experience positive change (or not) after surviving a suicide attempt?

3. How do people experience meaning and purpose following a suicide attempt?

Method

Design

The methodology used was qualitative and employed Interpretative Phenomenological Analysis (Smith et al., 2009) which was designed to explore how life events are experienced and given meaning.

An idiographic approach was chosen as it is concerned with the detailed study of the experiences of individual people; as opposed to a nomothetic approach which is concerned with discovering generalisable findings, or laws[2] (Coyle, 2007). A phenomenological approach was chosen as it roots emergent understandings at the experiential level. This is in contrast to other methodologies, such as grounded theory which may aim to develop a causal theory, or discursive approaches which tend to explore how experience is shaped by language. With these both there is a risk of 'losing the individual'. The idiographic nature of IPA also

[2] Generalisations can be made using an idiographic approach, however they are rooted in the study of particularity (e.g. individual experience) and tend to be developed with more caution (Harré, 1979).

aims to ‘give voice’ to those who have lived the experiences in question (Larkin, Watts, & Clifton, 2006).

Philosophical Positioning

IPA has its roots in the philosophical traditions of phenomenology and hermeneutics. It is phenomenological as it is concerned with the study of experiences as they appear. Its origins are in the philosophy of Husserl who was concerned with eidetic reduction, the process by which one aims to grasp the ‘essence’ of an experienced phenomenon (Husserl, 1936/1970). IPA is hermeneutic as it acknowledges the role of interpretation. Here it follows Heidegger, who argued that whenever a phenomenon is experienced it is not understood in a ‘pure form’, but understanding is based on previous experiences and assumptions, or interpreted. In practice the interpretative phenomenological nature of IPA is exemplified by its use of the “double hermeneutic”, whereby the researcher provides their own interpretation of the participants’ interpretation of their lived experience. The epistemological position of IPA is broadly realist in that it is assumed that through the interpretative method one can gain some insight into the inner world of another (Biggerstaff & Thompson, 2008).

Participants

Seven adults participated in the study (Table 1). A purposive sampling method was used to recruit adults who had attempted suicide between two and eight years prior to participation. These criteria were selected to ensure a suitable period of ‘life after’ the last attempt had passed and that the sample was suitably homogenous, in keeping with IPA guidelines (Smith et al., 2009). Participants responded to an advertisement shared on social media sites (Appendix D).

Table 1.

Participant Demographics

Name*	Sex	Age	Ethnicity	Time since last attempt
Libby	F	36	White British	3 years
Kevin	M	37	White British	3.5 years
Jessie	F	33	British Irish	2.5 years
Gita	F	28	Indian Asian (British)	2.5 years
Susan	F	43	White British	6 years
Victoria	F	52	White British	4 years
Niamh	F	30	White British	3 years

* Pseudonyms.

Procedure

Participants were interviewed using a semi-structured interview (Appendix I) which broadly explored the following areas: the suicide attempt and surviving; the time following the attempt; engaging with life; change and personal meaning. This was developed and conducted in accordance with IPA guidelines (Smith et al., 2009) and following a consultation meeting with members of the Salomons Advisory Group of Experts by Experience (SAGE). Careful attention was paid to developing rapport and the interview schedule was used as a guide, not as a fixed structure. This was in accordance with positioning oneself as an 'active listener', acknowledging the participant as the expert on their experience, and following the suggestion for IPA researchers to "throw ourselves into the unknown" (Smith et al., 2009, p. 65). Interviews were 1-2 hours in length and took place in mutually agreed locations that were quiet and ensured confidentiality. Interviews were recorded and transcribed.

Data Analysis

The IPA analysis was conducted following the procedures outlined by Smith et al. (2009). Interview recordings were listened to fully before transcription and once more afterwards. The transcript was then read repeatedly to ensure familiarity with the material and to attempt to enter into the "participant's world" (Smith et al., 2009, p. 82). Initial notes were made in the margin, focussing particularly on descriptive, linguistic and conceptual comments (see Appendix K for example). An iterative process of rereading and commenting continued and emerging themes were noted. Connections between these themes were then established, resulting in clusters which were given descriptive labels. This process was conducted for each of the seven interviews. Connections between themes from different interviews resulted in overall themes.

Quality Assurance

Recommended procedures were employed to ensure research quality (Mays & Pope, 2000; Public Health Resource Unit, 2006). Particular attention was paid to reflexivity. A bracketing interview was completed prior to beginning interviews (see Appendix F for summary) and a reflexive journal was kept throughout the research (see Appendix M for excerpts). In accordance with a human science approach, privilege was given to ensuring the research was systematic and verifiable (Yardley, 2000). Both research supervisors reviewed one coded transcript as a check of methodological competence and rigour. A process of respondent validation (Mays & Pope, 2000) was also completed whereby three (of six) participants offered comments to establish correspondence between impressions of overall findings (see Appendix O for example).

Ethics

Research was conducted in accordance with the BPS Code of Conduct (BPS, 2009). Ethical approval was granted by the Canterbury Christ Church University Research Ethics

Committee (Appendix C). A project website (http://www.lifeaftersuicideresearch.wordpress.com) was developed for prospective participants to learn more about the study before making contact (see Appendix E). Prior to the interview participants were invited to re-read the participant information sheet (Appendix G) and provide informed consent (see Appendix H). A debriefing sheet (Appendix J) and time for discussion was provided following the interview. Participants' general emotional state was attended to following the interview and no participants reported feeling distressed. Information about the complaints procedure was made available at all stages of the research process. All participants had travel expenses reimbursed.

Results

Four themes emerged from the analysis, each with subthemes (see Table 1). These themes were: relationship to suicide, relationship to healing, relationship to self, and relationship to life. An overarching theme of transformation emerged through the analysis.

Table 2.

Emergent Themes from Analysis

Overall Theme	Themes	Subthemes
Transformation	Relationship to Suicide	The ongoing-ness of suicide
		In-between-ness
	Relationship to Healing	Proceeding differently
		Freedom to heal
		Being regarded
	Relationship to Self	Encountering oneself
		Authentic being
	Relationship to Life	Living with meaning
		Connectedness and belonging
		Curiosity and uncertainty

Relationship to Suicide

Two distinct subthemes emerged within relationship to suicide: the ongoing-ness of suicide and in-between-ness.

The ongoing-ness of suicide.

'Suicide' was not only experienced as a desire, or attempt, to die in a literal sense. It was also felt to have a continued psychological presence in survivors' experiences. As Niamh stated, "I don't feel like I could say 'after suicide attempt' for a reasonable amount of time after" (533[3])

Participants experienced varied emotional experiences, including anger, hopelessness, shock, regret, and feelings of loss. Niamh talked of how "it was sadder before, but it was scarier after" (584). Libby described the time after: "It feels traumatic, is the word I'd use. It feels, like, yeah just, traumatic, and quite lonely" (121).

For some, strong emotions were related to the ongoing desire to die. Victoria described how she "felt so angry. That's the only way I can describe it, I did not want to live. And, angry, and, ashamed" (146).

For others, the time immediately after the attempt was felt to be a continuation of the state experienced before the attempt. Susan described how she had felt it was "impossible to achieve anything and it was yet another instance of not being able to achieve anything" (226).

Suicide was often experienced as tangible. It was described as a place that one could move closer to or farther from, or as something with its own agency that could come closer or be farther away. The possibility of its return was felt strongly:

[3] Numbers in parenthesis indicate the line number of the quotation in the participant's transcript.

> it's almost like it's got a life of its own as well. If I were to wake it up, somehow, if it were to wake up or if I was in a situation prolonged situation of like isolation or something like that and it would almost, like, come to life. (Libby, 443)

For some, the time after the attempt was characterised by 'not thinking':

> I try, I try not to dwell on the past really. 'cause it'll come, it comes back every now and then anyway, so… it, it was, it was a short, sharp, rather violent, kind of thing and I try not to think about it too much (816)

In-between-ness.

For some, in-between-ness appeared in rational, or cognitive, form. Gita described her experience as characterised by conflicting thoughts, giving rise to doubt: **"**I kind of felt there was no point living but on the other hand I was kind of like thinking, 'Ah actually I haven't thought this through properly'" (101).

Jessie spoke of how, upon waking up in hospital, her experience of in-between-ness had an existential quality; she felt she could not trust that she was alive. Jessie recalled: "Well it was terrifying (laughs) I remember grabbing, grabbing a nurse and going 'Am I alive? Am I alive? Am I here? How do you know I'm alive?'" (587). She continued: "Some days I do still get the thought that maybe it did, you know that terrible thought that like maybe I did succeed and all of this is just like, not real. How would you know? You wouldn't." (595).

Niamh described how such an intermediary state helped her 'return to life': "when I came round… I didn't know who anyone was… I think that is because I couldn't handle being alive, and like it was my mind's way of sort of, easing me back in" (321).

The experience of in-between-ness was felt to give life meaning:

> there's something about like 'That's my way out' and it's, I don't know, there, there is a comfort in that… it allows me to take more risks, because I think (laughs) It's not like everything I do, if it doesn't work I'll just kill myself (laughs) It's not like that! But, it does (laughs), it does give something. (Niamh, 614)

For Victoria, having 'miraculously' survived, and no longer trusting another attempt would be successful, the absence of in-between-ness caused her much pain. It was almost as if she was firmly in life too soon: "that option now had almost been taken from me as well. That was a nothing thing, feeling all this self-pity and, you know, hopeless really" (281).

Relationship to Healing

Participants described experiences of healing. Through the analysis, three themes emerged that captured healing: proceeding differently, freedom to heal and being regarded.

Proceeding differently.

The time after the attempt was experienced by some as a space in which something different could happen. Libby experienced it as being "almost like that tension has almost gone, afterwards." (1038).

Gita described how this moment led her to consider seeking help from others:

> moving on from that, I realised how much help I needed, 'cause I was like, 'If I'm doing that to myself I really need to get help'… So actually after that attempt I decided to, go and see the GP (137)

For many, change happened tentatively. Libby recalled: “I had to just tread very carefully and be really, self, like, have a real sense of self-surveillance in almost like, yeah, hypervigilance. And that lasted probably a year, after.” (948)

Kevin described how he experienced such changes as a series of challenges, which included setbacks:

> that’s a tip that my psychologist gave me, which, which has held true, which is, ‘Expect setbacks in one’s recovery’… be prepared. Not expect and sort of go around worrying all the time. But to recognise, ‘Oh that was a setback. Okay; pick yourself up and carry on’ (721)

For Niamh, it was proceeding differently that defined the way she was living after the attempt:

> I’m doing it all differently, and for me that’s the most important bit, is, is not reengaging because reengaging would be doing the stuff I was doing before which led me to there. I need to do things differently I can’t, no, what’s that famous quote? Insanity is doing the same thing over and over again and expecting a different rea-, response. (1252)

Freedom to heal.

Freedom emerged as inextricably bound up with the experience of healing.

An absence of freedom was felt both physically (e.g. detainment under mental health law) and psychologically.

Susan described her experience of having frames of reference imposed on her experience:

> people framing it in a different sense, interpreting it in a different sense, and saying you know 'You didn't do it for that reason, you did it for this reason' um, and it seemed rather ludicrous since, they didn't know me (367)

Victoria described how the effects of such experiences were internalised and generalised: "then you think well you know I don't have any control of my life, I'm mentally ill, I just do what I'm told…. That even goes as far as doing what you're told from your family and everyone else." (635).

Others spoke to how context was bound up with freedom. For Susan, the limits on her freedom were rooted in the mental health system itself. She shared: "as soon as someone pipes up and says they're experiencing suicidal ideation suddenly, all leave will be automatically taken away. And that might be the thing keeps the person going." (1062).

In contrast to these experiences, Libby spoke of how her experience of psychotherapy, "gives me words of things that I couldn't quite think, I don't know if that makes sense? I didn't quite have the language to express, but it gave me those words that felt like they really reflected my experience" (513).

She felt she gained some control over 'suicide' through "Knowing the kind of situations where it might grow or arise, or rear its ugly head" (569).

The freedom to take opportunities to heal was experienced as enabling change. Susan describes the importance of,

having the freedom to make my own decisions. No, that's, that's very, very positive, um. And having that sense of progression, and it being a progression because of my own choices, and being able to create those choices, good experiences for myself, that's really, really, that's fabulous. (1126)

Being regarded.

Being regarded emerged as an important theme, closely related to healing. How people were experienced, and responded to, was felt profoundly.

Victoria described the pain of not being regarded, of the attempt being unacknowledged. She spoke of how people would "ignore me… pretend it didn't happen, body language was a huge thing for me you know, this uncomfortable feeling around me, not bringing up the subject was terrible (1042).

Susan described the powerful effects of how others engaged with her:

feeling I was treated as an object, not as a human being, um, you know as a thing [ ] um not really listened to um [ ] not trusted um [ ] and you know and basically treated as if all I was, was someone who had attempted suicide, a generic suicide attempt that had failed. (359)

An important experience was that of being heard:

P[4]: … being heard

R: What is that like?

> P: Very important to me, ‘cause I didn’t ever feel heard…. It would have helped me feel not so alone. The aloneness for me with it was the biggest thing. (Victoria, 590)

Kevin shared: “the humanity that was shown to me by, by some of the staff on that ward after it that I think probably was quite important” (487). He spoke of the lasting effects of how he was regarded: “someone showing faith in you in your darkest hour… I think some of it only, only becomes clearer in retrospect, that I sort of, yeah, so, so I’d think about it in the months and years that followed.” (126). He shared his “theory, that the help of a psychologist isn’t like medication which works in days or weeks, but becomes more apparent over a longer period of time.” (387).

For some, true regard meant having a space just ‘to be’ oneself and be accepted. Niamh described how her psychotherapist “gave me something which I wish, and would like anyone who had been through what I’ve been through to get. Like, he just gave me a space to be.” (261).

Relationship to Self

Encountering oneself.

Many people experienced coming to ‘face oneself’ in the time after the attempt.

Libby described how the agency she felt urged her towards death was intrinsically a part of her. Following the attempt she had to negotiate its presence.

> I think people want to say ‘Oh it’s not real, it’s just a thought, it’s not real, let it wash over you. Or say ‘Thank you thought for being there, off you go on your way’. That’s

[4] Notation key: P = participant; R = researcher.

> what some people have told me to do… Getting rid of those thoughts, it's that actually… they're this part of me (384)

Susan's experience was characterised by opportunities that could "give back some sense of self" (472) to feel "close now to being the person I would have been" (761). Her self had been previously known and she was regaining a 'sense' of this. She said "if I had a little box and I put all my salient characteristics in it suicide would not be in there" (1008).

Gita described accepting herself as a person with imperfections who, in having survived, felt resilient:

> I'm not as weak as I thought maybe (laughs) Um, and that I do, that I am resilient, that I'm not perfect like, you know I still even up to all this day have moments where I feel really low and you know I, do sometimes have some thoughts and things like that that reoccur and things, but um [ ] But yeah like, I am resilient (1112)

For Kevin, in "retracting old steps" (667), though he revisited projects of the past, he felt he could not return to a self of the past. For him, the discovery of "new things" included the possibility of the emergence of a new self. He felt that one "might even be a better person." (895).

Victoria experienced moving from an existence where "The real me wasn't there at all" (428) to feeling a 'meant-to-be-ness' about her existence: "I think I'm a highly, highly sensitive person… Today I embrace it really, er it obviously makes life more difficult but…. That's what I was meant to be in this world, not trying to harden up" (440).

Authentic being.

Participants described how authenticity became central to their experiences.

For Niamh, her sense of how much she felt she was living was experienced as directly dependent on her own sense of authenticity:

> I think I found it really difficult that sort of, to feel like I was living life when a lot of it felt like a lie. When like I'd have to pretend I was alright, or like I never mentioned that it happened (775)

Victoria felt a growing urge to share her experience. For her, talking about the attempt was her form of authentic expression: "something inside me wants to talk about it an awful lot and get it all out into the open." (259). Gita shared experiences of her authenticity having strong effects on others. She also noted an important sense of relief: "Sometimes I'm aware I might make other people feel uncomfortable (laughs) when I'm being so honest about but um, it just feels like a relief" (1070).

Some participants described their difficulty in finding a place where they could be fully authentic. Jessie experienced being able to be authentic as a process, one that involves taking risks, and one not fully in her control:

> A lot of it is about taking risks, and trust and um, and knowing that mainly it's not a conscious decision to be that way in the world… it's happened usually over a consistent amount of time with a consistent person who's, who I've tested lots of things out with previously like, you know mention something and see how they react. There's lots of testing that goes on (1543)

Authenticity was experienced as coming to be central to interactions with others. Susan was left questioning how helpful 'professionals' could be if they were not felt to be authentically committed to the task of assisting healing:

> There is no real connection there, and there, the purpose that that practitioner seems to be to do what they believe they're supposed to do within their contract, within in their… There seemed to be that disconnect… that seeming lack of conviction. (905)

Gita found her psychotherapist helpful when she showed what could be considered pure authenticity; being human: "I don't know, it just felt more human. Like I was talking to someone who kind of understood sort of thing, so, that, which felt more real. I think that's maybe what it was." (1563).

Relationship to Life

Living with meaning.

For many, meaning was an important aspect of their experience.

Jessie described how for her, when she found herself thinking about the option of attempting suicide, finding things that matter is what kept her alive:

> And then I think 'I'm on this rock for a very limited amount of time, and there's loads of shit I wanna see… Like the Amazon, that's going, I wanna see it'. Yeah, so I think 'Is it so bad that I can't hang around so that I can get to see that?' (931)

Susan found meaning in being a person upon whom a higher goal depended; she felt herself become someone who mattered. She described her work in service user involvement, where she found she had a purpose.

> It was a sense that I had something of meaning in my life, that I was valued, um, that I was effective, that I had a part to play um, and that sense of being connected to something bigger than myself which had good intent um, and I like that, I really like that, yeah. (522)

Some people came to see the world differently. Niamh spoke about "the appreciation I can have for such small things" and how "just for a minute like, I can just forget all this that's going on in there and just appreciate that one thing" (1316).

Victoria came to experience a deepening spirituality and a mystical sense of her purpose:

> I think, I do believe there is something higher power that wants me um, to do something else in this world, you know I must do something that I was meant to and that I haven't done it up till now. (895)

Niamh experienced social and cultural responses to suicide and death as impeding her meaning-making:

> I want to not kill myself, because of a very meaningful thing. I don't want to not kill myself because I've got people pinning me down… I feel like we're in a society where we, we try and do a lot, or say we do a lot, to stop people from dying, but we do very little to help people live. (845)

Connectedness and belonging.

Connectedness and belonging came to be experienced by some as things very closely related to being able to live, or representing what living meant.

Niamh experienced connections with non-human nature as an intermediary way of connecting, something between disconnection and connecting with other humans, including herself:

> I noticed the sun and the sun was setting and it was like, through the trees, and that just stuck with me… I think that's an easy thing to connect to. Or easier… So if I can't find them within myself or with other people I'll find them with things like nature (1300)

Connecting with people was experienced by Libby as a tentative process. She also spoke to the importance of multiple connections:

> just creeping these things into my life, having this, having the stability and support from different people, rather than it just being one person, or one, I feel, I feel like I have this kind of net under me, or around me. (976)

Kevin described the importance for him in discovering that the clinical psychologist he met was from a similar background. Sharing something gave him a sense of 'kinship':

> it doesn't need to be er, it doesn't need to be sort of kinship over, over, as I say a piece of paper. It could be over anything really (431)

Libby spoke of finding herself through finding her "tribe" (614), evoking a primal sense of belonging. She said, "I didn't realise I had those goals until I came into contact with these people" (703).

Connections were described by some as the very things that kept them alive:

> I've got like this, these pillars around me I guess, that er, they are like anchors. So it'd be really hard now that I'm, involved with these things to walk away, or step back, or creep away without being noticed. (671)

Curiosity and uncertainty.

This theme captures the experience of a developing curious engagement with a naturally uncertain future.

For Libby, in order to protect herself, the future was only a short, finite period of time. She shared how, "two weeks' time is about the future for me… I don't feel like I can ever take time for granted now that I've crossed those lines in the past" (858).

However, she also experienced curiosity about the time ahead. Libby spoke to experiencing a growing sense of safety through making meaningful connections. This was felt to enable her to begin exploring life:

> I've developed a curiosity about life, now I've got these anchors… I can then run out, run into the world, try something, and then run back… it's made me really curious… I want to hang around and see what happens (834)

Similarly, Gita found she could tentatively engage with the future and developed comfort with uncertainty. She described a feeling of newness when applying for work after deciding to live:

> I started almost imagining myself in these roles, so [ ] so then I'd go to the interview and not get it or whatever… it kind of all felt new to me… it felt all a bit unpredictable, and unexpected sort of so, and, but I welcome it (1234)

For Victoria, the future felt fraught with risks, yet she experienced herself as increasingly able to engage with them: "I've less fear about life and I would take risks now, you know I've, there's nothing to be afraid of, I'll give it a go and if I'm not successful out of it, so be it." (935).

For Jessie, it was engaging with the uncertainty of life that defined living:

> Staying on the rock, and trying to connect as best that you can, given your experiences, and who you are and, how you are in the world…. it's not like, 'I had my suicide bit and this is my well bit and this is the bit where I do the living' I'm in a perpetual state of, weighing that decision up but knowing, and having comfort from the fact that I can take that option any time I think I need it. (1905)

Transformation

The overall emergent theme from this analysis, of the lived experience of life after surviving the attempt, was transformation. The suicide attempt was experienced as a significant event that brought this about.

As Libby recalled, “I remember landing and thinking, ‘Nothing’s gonna ever be the same after this’. That, I remember thinking that. And I knew that, I just thought, ‘I’m very broken here’ (1073).

For some, transformation required being heard. Upon surviving, Libby felt able to listen to herself. For her it was “something I can look at and say, ‘Yeah, I need to take myself seriously’ and not just think, ‘Oh well I didn’t die so it can’t have been that bad’ (1133).

For some, it was crucial that others heard. Susan recalled the moment immediately after the attempt when other people approached her:

> I was glad I was no longer alone. Um, and I know, you know, I was glad that something, because all my attempts to improve my situation hadn’t worked, you know it was a, a sense ‘I wonder if now other people are involved…’ (261)

Victoria shared her feelings of regret and her wish that “my life could have been transformed before I actually took, actually took that final step” (862). I asked Victoria:

> P: Do you think that the transformation would have been the same if you hadn’t have attempted suicide, if you’d been given support that you needed?

> R: […] No actually, I don’t think so, because the last suicide was so, so, um [ ] so really sure that I wanted to end my life um [ ] I certainly don’t think I’d ever perhaps have discovered the spiritual side of myself, or the good in people or anything like that (862)

Niamh described her experience of transformation as a process of fragmentation and restructuring of her very self:

> I think I've probably split myself up into little bits rather than be a whole. Because I'd say like a bit of me would have died... it's almost like I don't know, bits of plasticine and it was in one shape and then it's like let's make it into another. So it's using all the same bits…. And now I feel I do have a stronger sense of self and, and of who I am. And so that's not the bit which I lost. If that makes any sense whatsoever (laughs) (1328)

Discussion

This study used IPA to understand the experience of life after surviving a suicide attempt. Findings are reviewed in the light of extant literature and implications for clinical practice and future research are considered.

Findings

Participants' experiences of life after the attempt were unique and idiosyncratic. This is in accordance with Chi et al. (2014), who proposed a stage model of recovery but noted that people "might move backwards and forwards through the phases" (p. 1751).

The overarching theme of this analysis was transformation, characterised by a shift in self and context. These transformations may be understood through many psychological theories, for example the archetype of rebirth (Jung, 1950/1972), 'catastrophic change' (Bion, 1967), posttraumatic growth (Calhoun & Tadeschi, 2013) and spiritual crisis (de Waard, 2010). For Hillman (1964), the psyche presenting a demand for radical change is the essence of the suicidal crisis: "suicide is the urge for hasty transformation" (p. 73). These theories share the notion that through crisis one can emerge with a deeper sense of self and meaning.

Whilst such spiritual and existential experiences have been touched on previously (Han et al., 2014), deeper personal meaning has arguably been underdeveloped.

The relationship to suicide has not been a major theme in previous qualitative research, though it has been explored in first-person accounts (Grant et al., 2013). Many participants felt the ongoing presence of 'death', or 'suicide'; such 'ongoing-ness' presents a challenge to the temptation to literalise life and death and reminds us to attend to the individual psychological reality. Such experiences also remind us that transformation is a precarious and unpredictable endeavour. Psychodynamic theories may provide a helpful way to make sense of ongoing powerful feelings that often seem out of one's control, through attending to unconscious meanings of suicide and death (Freud, 1917/1953; Hale, 2008; Hillman, 1964). Relatedly, the concept of defence mechanisms (cf. A. Freud, 1936/1937) may provide one way of understanding how much a person can feel able to engage with such emotions, for example understanding times of 'not thinking' as self-protection. Some experienced a sense of 'in-between-ness' and felt their existence itself was under question. Phenomenological theories of temporality may lend important thinking to help understand such experiences, for example dissonance between the physical body's ongoing life and the psychological wish for death in the lived body (Binswanger, 1958b; Merleau Ponty, 1945/1962).

Healing has been given much attention in extant literature. However, less emergent here were experiences of self-responsibility for change (cf. Bennett et al., 2002). Participants experienced change as more rooted in context and emphasised the importance of psychological freedom. Descriptions of having existing frames of reference imposed on lived experience spoke to the 'colonisation' of 'psychic space' (Oliver, 2004), whereby the understanding of one's experiences through the language of psychiatry becomes exclusive, often unchosen, and internalised (Hickling & Hutchinson, 2000). Some participants felt that

the systems in which professionals practiced prevented them from acting helpfully and authentically, which raises questions about the paradigm in which professionals practice (cf. Middleton, 2015) and the possible colonisation of their psychic space. Both qualitative research (Samuelsson et al., 2000) and first-person accounts have emphasised the effects of experiences with mental health professionals (Sen, 2013), however, the role of freedom in the process of meaning-making has not been attended to.

Healing seemed possible where participants were afforded opportunities to be themselves in the presence of others who could bear to listen and allow meaning to emerge (or not). Phillips suggests an important function to this essentially relational situation:

> If you can find someone who can bear what you've got to say, and who happens to be able to not need to give you advice, cure you, or get you to behave differently, it's very, very powerful. Because then you can hear what you say. And find out what you feel in the saying of it (London Review of Books, 2015)

Participants' experiences were also evocative of theories that account for changes in the self, through encounters with another. For example, the 'mirror-function' whereby the carer's face may be taken to present to a person themselves as seen (Winnicott, 1967), and the 'internalisation of a good object' (Klein, 1937/1975; Waska, 2013) whereby the qualities of a person experienced as good can be felt to be inside oneself and to be protective.

People also experienced how the context in which meaning-making happened could bear heavily upon the process. If a person is always a person-in-context (Heidegger, 1927/1962) then the pre-existing objects, people, language, and culture that is available to the person to make meaning with, is crucial. It has been noted elsewhere that the West's cultural

preoccupation with ‘happiness’ and the denial of suffering can thwart opportunities for deep authentic meaning-making (Jenkinson, 2015; Rowe, 2016).

Freedom is also dependent on opportunity. Connecting with others, further education, employment, and access to therapeutic support were all experienced as vital in healing. This speaks to the importance of ‘outsight’ as well as ‘insight’ in clinical psychology practice (Smail, 2005). The wider context is generally underemphasised in the psychological literature.

Finally, other important experiences were those of connectedness and belonging. Crocker et al. (2006) had previously emphasised the importance of ‘visibility’ in being connected with others, however, perhaps less developed previously is the extent to which connectedness feels bound up with existence itself. Additionally, the feeling of connectedness with non-human life is something that has received little attention in qualitative research, though has been mentioned in first-person accounts (Grant et al., 2013). The cultural importance of our continuousness with non-human life has been explored elsewhere (Kohn, 2013) and its importance for psychological health has been noted (Ryan et al., 2010). Many participants’ descriptions of gradually increasing their connection to life were evocative of attachment theory (cf. Cassidy & Shaver, 2008). As survivors found a ‘secure base’ in places and people, from whom they could venture, explore the environment of life, and return to, an internal sense of safety and trust in living seemed to develop.

Limitations

Whilst homogeneity is desirable in IPA and generalisability is not an objective (Smith et al., 2009), people from different ethnic and cultural backgrounds may experience survival quite differently to those interviewed. Similarly, gender differences may exist; something that could not be explored within a primarily female sample.

Finally, it should be noted that IPA involves "the researcher as an inclusive part of the world they are describing" (Larkin, Watts, & Clifton, 2006, p. 107). This analysis is a result of my particular engagement with these phenomena and there may be other valid interpretations of such experiences.

Clinical Implications

Given the unique and idiosyncratic experiences of attempt survivors it is suggested that we turn to principles, rather than interventions. Perhaps a helpful principle would be the hermeneutic approach whereby a person's experience leads the process, and the helper's task is to respond to the unique person "rather than wait for opportunities to apply theoretical presuppositions" (Summers, 2013, p. 11). Theory then becomes a useful heuristic to facilitate understanding and can be offered in order to co-construct meaning. This may lead to specific interventions; however decisions would be informed by emergent meaning with a particular individual, rather than a set of symptoms or a diagnostic label.

There may be an important role for psychological therapy as a place where transformation can be facilitated. Here, the healing aspect of formulation may be more the process of co-constructing meaning than a shared intellectual hypothesis. Careful listening, authenticity, and the ability to think about, or 'contain', the distress of the other (Bion, 1962) should be at the heart of helpful conversations. Clinical psychologists may have to be flexible with traditional ways of practice as transformation may not conform to preconceived 'theoretical presuppositions'. This may include: working with a 'problem' that is not defined in psychiatric terms; negotiating hopes for work that are not easily captured by traditional measures of 'improvement'; and adapting interventions to individuals, rather than following preconceived therapeutic protocols. Frequency, length, time, place, and people involved, may all be open to careful reconsideration.

Helpful conversations do not only occur in psychological therapy. There is likely to be an important role for psychologists to offer consultation and supervision to other professionals working with suicide attempt survivors and to facilitate thinking in teams. It seems important that this is guided by the understanding developed with the person, which speaks to the importance of psychological formulation. Putting the attempt survivor's views at the centre of the work may be especially important if they have already lost some freedom (e.g. through mental health law). Clinical psychologists may also help others to think about their positioning and emotional reactions in response to suicide attempt survivors, which can facilitate understanding and ongoing support in very emotive settings (Evans, 2016). It is suggested that psychologists themselves also engage in a regular practice of self-reflection, remain mindful of their own potential to 'act out'[5], and attend to their own well-being (Gabbard, 2003).

It is also acknowledged that there is an important role for non-psychologists, and non-service contexts. Experiences of connectedness speak to a need for opportunities to find experiences, places, and languages that enable a person to feel they are needed, valued and belong. Clinical psychologists may have an important role in enabling such possibilities through developing dialogue and connections between the person, services, and the wider social network, ideally in a way that honours transformation and transition (cf. Seikkula & Arnkil, 2006).

Research Implications

A number of areas were mentioned by participants that were not elaborated on extensively but may have an important role in others' experiences of survival, for example being detained under mental health law following a suicide attempt, living with the physical

[5] "When you stare for a long time into an abyss, the abyss stares back into you." (Nietzsche, 1886/1923, p. 69)

effects of an attempt, and the role of spiritual beliefs. These could be considered in future work.

Given the number of references made to context and the importance of connectedness, further exploration of the role of community-based interventions and service user involvement may also prove valuable.

Finally, there are now increasing opportunities for collaborative research projects between clinical psychologists and experts by experience. Such alliances could lead to important, co-produced, knowledge that may inform the development of suitable support for suicide attempt survivors.

Conclusion

This study used IPA to understand the experience of life after surviving a suicide attempt. This phenomenon was broadly explored and attention was paid to unique, individual, experience and meaning-making. The analysis revealed that participants experienced important relationships to suicide, healing, the self, and life. It was found that the experience of 'suicide', or 'death', is ongoing after the attempt as a powerful psychological reality, accompanied by distressing experiences, sometimes including the feeling of being 'in-between' life and death. Experiences of healing were closely related to attempt survivors' experiences of psychological freedom to let their meaning emerge. Having meaning and purpose in life became central to living. Finding opportunities for connectedness and belonging was felt to keep some people alive. An overall theme of transformation emerged. The time after an attempt was experienced as a space where something different can happen. If this is facilitated well it can lead to deeper personal meaning, though life may remain a precarious and uncertain encounter. Such findings invite clinical psychologists, and others, to be prepared for the unpredictability of transformation and to adapt existing practices where needed.

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LIFE AFTER SURVIVING A SUICIDE ATTEMPT

Section C: Appendices of Supporting Material

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology

MAY 2016

SALOMONS
CANTERBURY CHRIST CHURCH UNIVERSITY

Appendix A

Excluded Studies after Reading

Article	Reason for Exclusion
Bostick & Everall. (2007). Healing from suicide. Adolescent perceptions of attachment relationships.	Unclear if all/any participants attempted suicide
Carrigan, J. (1994). The psychosocial needs of patients who have attempted suicide by overdose.	Main focus on what led to the attempt or attempt itself
Chan, J. (2013). A suicide survivor. The life of a Chinese worker.	Main focus on what led to the attempt or attempt itself
Curtis, C. (2006). Sexual abuse and subsequent suicidal behaviour: Exacerbating factors and implications for recovery.	Main focus on what led to the attempt or attempt itself
Engelchin et al. (2015). Mental pain among female suicide attempt survivors in Israel. An exploratory qualitative study.	Main focus on what led to the attempt or attempt itself
Everall et al. (2006). Being in the safety zone. Emotional experiences of suicidal adolescents and emerging adults.	Main focus on what led to the attempt or attempt itself
Everall et al. (2006). Creating a future. A study of resilience in suicidal female adolescents.	Unclear if all/any participants attempted suicide
Figueiredo et al. (2015). Is it possible to overcome suicidal ideation and suicide attempts. A study of the elderly.	Unclear if all/any participants attempted suicide
Fitzpatrick, S. (2014). Stories worth telling. Moral experiences of suicidal behavior.	Main focus on what led to the attempt or attempt itself
Holm & Severinsson. (2013). Struggling to recover by changing suicidal behaviour. Narratives from women with borderline personality disorder.	Unclear if all/any participants attempted suicide
Holtman et al. (2011). Suicide in a poor rural community in the Western Cape, South Africa: Experiences of five suicide attempters and their families.	Main focus on what led to the attempt or attempt itself
Hoover & Paulson. (1999) Suicidal no longer.	Unclear if all/any participants attempted suicide
Zayas et al. (2010). Patterns of distress, precipitating events, and reflections on suicide attempts by young Latinas.	Main focus on what led to the attempt or attempt itself

Appendix B

CASP Qualitative Checklist Quality Ratings

	Bennet t et al. (2002)	Bergm ans et al. (2009)	Bergm ans et al. (2009)	Chi et al. (2013)	Crocke r et al. (2006)	Han et al. (2014)	Kim (2014)	Lin et al. (2009)	Samuel -sson et al. (2000)	Sun and Long (2013)	Sun et al. (2014)	Wiklan -der et al. (2003)
1. Clear statement of aims	2	2	1	2	2	2	2	2	2	2	2	2
2. Qualitative methodology appropriate	2	2	2	2	2	2	2	2	2	2	2	2
3. Appropriate research design	1	2	1	2	2	1	2	2	2	2	2	1
4. Appropriate Recruitment strategy	2	1	2	2	2	2	2	2	2	1	1	2
5. Consideration of data collection	1	1	1	2	2	2	2	2	2	2	2	2
6 Consideration of research relationship	0	0	1	0	0	1	1	0	0	0	0	0
7. Ethical issues considered	0	1	0	2	1	2	2	1	2	2	2	1
8. Rigorous data analysis	1	2	1	2	2	2	2	2	2	2	2	2
9. Findings clearly stated	2	2	2	2	2	2	2	2	2	2	2	2
10. Value of the research	2	2	2	2	2	2	2	2	2	1	1	2
Total score	13 (+)	16 (++)	13 (+)	18 (++)	17(++)	17 (++)	19 (++)	17 (++)	18 (++)	16 (++)	16 (++)	16 (++)

Note. The CASP checklist suggests a binary scoring system (yes/no). To enable a useful comparison of studies for synthesis each criterion was scored 0-2. A score of 0 was given if the criterion was not met; a score of 1 was given if the criterion was partially met; or a score of 2 was given if it was fully met. Based on the total score each article was then given a quality rating of: - (few or no criteria have been met); + (some of the criteria have been met); or ++ (all or most of the criteria had been met). This informed the synthesis.

Appendix C

Letter of Ethical Approval

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Appendix D

Study Advertisement Poster

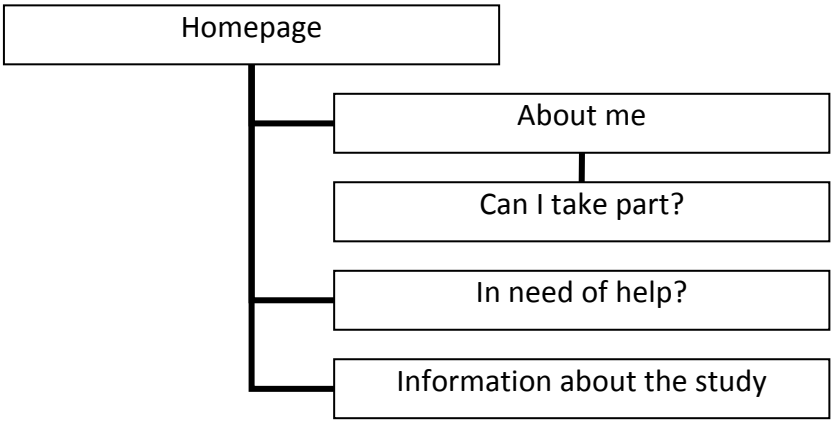
Appendix E

Research Website

Website

http://www.lifeaftersuicideresearch.wordpress.com

Website Structure



Webpage Text

Homepage

Welcome

This website provides information about a research project looking at people's experiences of life following a suicide attempt. I am currently looking for people to take part.

Please click on the MENU button in the top right of the page to learn more.

Thank you for visiting

About Me

My name is Aaron Roberts. I am a trainee clinical psychologist at Canterbury Christ Church University studying for a doctorate in clinical psychology. My research will look at people's experiences of engaging with life following a suicide attempt. The project has been approved by my training organisation (Canterbury Christ Church University). Ms Anne Cooke and Dr Ian Marsh (Canterbury Christ Church University) supervise this project.

Can I Take Part?

Am I eligible to take part?

To take part in the research you must:

- Be aged 21 or over
- Have made a suicide attempt between two and eight years ago
- Not have plans to end your life at present

How can I take part?

You may wish to have a think about this project and have a discussion with family, friends, or other significant people in your life.

If you think that you might like to take part please contact me by email on aaron.roberts.lasr@gmail.com. If you do not have access to the internet you can telephone 03330 117070. I will then contact you by email or telephone (whichever you prefer), to answer any further questions you might have and arrange meeting for an interview.

In need of help?

If you are in need of help there are a number of services that can offer support:

• Your general practitioner (GP)

• The Samaritans: 24 hour confidential telephone, email and text message service, www.samaritans.org, call 08457 90 90 90 or email jo@samaritans.co.uk

• NHS Direct: 24 hour national helpline offering health advice and information 111 free call from landline or mobile.

• Childline: 24 hour national helpline for children and adolescents (under 18), www.childline.org.uk, call 0800 1111

Information About the Study

What is the study about and why is it being done?

This study looks at people's personal experiences of life after a suicide attempt. There is much research that looks at which groups of people are more likely to attempt suicide, assessing the risk of a person attempting suicide, and ways to reduce the likelihood that a person might attempt suicide. These are all important areas to study.

However, there is very little research looking at how life is after a suicide attempt. There are some personal accounts that people have shared online and some books, but not a large amount. I hope that the findings will help people to learn about what life is like for people after a suicide attempt and maybe some of the ways people can be helpful.

What does the study involve?

I will be interviewing 8 to 12 people about their experiences. Interviews will take between 60 and 90 minutes and will take place at Salomons Centre for Applied Psychology in Tunbridge Wells, Kent. It may be possible to conduct interviews at a more convenient location.

All interviews are confidential. They will be audio-recorded and typed up. Anything that could identify you will be removed from the typed-up interview (e.g. if you mention the street you live). To assure the quality of my work, my research advisors will have access to the anonymised typed-up interviews and will supervise my work. I will read and re-read the typed up interviews and develop "themes" to help me to organise and understand people's experiences. I will then type these up into a research paper that reports what I have found.

To see if you can participate please see the Can I Take Part? section of this website.

Unfortunately, once 8-12 people have been recruited I will be unable to interview more people. When interviews have been completed a message stating this will be posted on the research project website so you will know.

Do I have to take part?

No. You are in no way obliged to take part in this research. If you do decide to take part, you have the right to withdraw your consent at any time without giving a reason. In that case your interview recording will be deleted and not used for research purposes.

What are the possible risks in taking part?

The interview may touch upon experiences that might be distressing, embarrassing or uncomfortable. You do not have to discuss anything that may affect you in any of these ways. All participants will be debriefed when the interview has finished. I will ask you about your experience of the interview, your current mood, how safe or at risk you feel, and the level of support that is available to you if you feel you require it. If you feel you need to plan support to feel safe I will stay with you until we have planned this. If you feel you need to extend our debrief at a later time we can also schedule this. Contact details for support services are on this form and will also be on the debrief form, for example:

Samaritans 24- hour helpline (Tel.: 08457 90 90 90)

What are possible benefits of taking part?

The findings of this study could potentially improve people's understanding of what it is like to engage with life after a suicide attempt. It may also help other people to know how they could be helpful for some experiencing this. Sometimes people also find that talking about their experience can be a useful experience.

Will my participation be kept confidential?

Everything you say in the interview is confidential, unless I have reason to believe that you or another person is at risk of harm. All information will be kept securely and confidentially on password-encrypted computers or CDs. Participant-identifiable information will be locked separately from data. All data use is strictly within the Data Protection Act (1998).

How is the research funded?

The research is partially funded through my training programme.

Will my travel expenses be reimbursed?

Your travel expenses can be reimbursed up to a maximum of £20.

What will happen to the results of the research?

I hope to publish the results of this study in scientific journals and in media for mental health service users and health care professionals. Please be assured that only anonymised quotes will be used and that individual participants will not be identifiable in the write-up.

In Crisis?

If you are feeling distressed or want to end your life, please take steps to find the help you need. There are services available to support you. Some of these are listed below.

• Your general practitioner (GP)

• The Samaritans: 24 hour confidential telephone, email and text message service, www.samaritans.org, call 08457 90 90 90 or email jo@samaritans.co.uk

• NHS Direct: 24 hour national helpline offering health advice and information 111 free call from landline or mobile.

• Saneline: Telephone helpline 6pm-11pm 0300 304 7000

• Childline: 24 hour national helpline for children and adolescents (under 18) 0800 1111

• Nightline: confidential listening line for students run by students: nightline.ac.uk

Appendix F

Summary of Bracketing Interview

This has been removed from the electronic copy

Appendix G

Participant Information Sheet

Participant Information Sheet

The Experience of Engaging with Life following a Suicide Attempt

My name is Aaron Roberts. I am a trainee clinical psychologist at Canterbury Christ Church University studying for a doctorate in clinical psychology. My research will look at people's experiences of engaging with life following a suicide attempt. The project has been approved by my training organisation (Canterbury Christ Church University). Ms Anne Cooke and Dr Ian Marsh (Canterbury Christ Church University) supervise this project.

Please take time to read the following information. Please ask if anything is unclear.

What is the study about and why is it being done?
This study looks at people's personal experiences of engaging with life after a suicide attempt. There is much research that looks at which groups of people are more likely to attempt suicide, assessing the risk of a person attempting suicide, and ways to reduce the likelihood that a person might attempt suicide. These are all important areas to study. However, there is very little research looking at how life is *after* a suicide attempt. There are some personal accounts that people have shared online and some books, but not a large amount. I hope that the findings will help people to learn about what life is like for people after a suicide attempt and maybe some of the ways people can be helpful.

What does the study involve?
I am interviewing 8 to 12 people about their experiences. To take part you must:

- Be aged 21 or over
- Have made a suicide attempt between two and eight years ago
- Not have plans to end your life at present

Interviews will take between 60 and 90 minutes and will take place at Salomons Centre for Applied Psychology in Tunbridge Wells, Kent. It may be possible to conduct interviews at a more convenient location.

<u>All interviews are confidential.</u> They will be audio-recorded and typed up. Anything that could identify you will be removed from the typed-up interview (e.g. if you mention the street you live). To assure the quality of my work, my research advisors will have access to the anonymised typed-up interviews and will supervise my work. I will read and re-read the

typed up interviews and develop “themes” to help me to organise and understand people’s experiences. I will then type these up into a research paper that reports what I have found.

Unfortunately, once 8-12 people have been recruited I will be unable to interview more people. When interviews have been completed a message stating this will be posted on the research project website so you will know.

Do I have to take part?
No. You are in no way obliged to take part in this research. If you do decide to take part, you have the right to withdraw your consent at any time without giving a reason. In that case your interview recording will be deleted and not used for research purposes.

What are possible risks in taking part?
The interview may touch upon experiences that might be distressing, embarrassing or uncomfortable. You do not have to discuss anything that may affect you in any of these ways. Should you become unduly distressed during the interview, please let me know. You can take a break or stop the interview at any time. Should I feel that the interview is a distressing experience for you, I will ask you whether this is the case and I may ask to stop the interview. All participants will be debriefed when the interview has finished. I will ask you about your experience of the interview, your current mood, how safe or at risk you feel, and the level of support that is available to you if you feel you require it. If you feel you need to plan support to feel safe I will stay with you until we have planned this. If you feel you need to extend our debrief at a later time we can also schedule this. Contact details for support services are on this form and will also be on the debrief form, for example Samaritans 24- hour helpline (Tel.: 08457 90 90 90)

What are possible benefits of taking part?
The findings of this study could potentially improve people’s understanding of what it is like to engage with life after a suicide attempt. It may also help other people to know how they could be helpful for some experiencing this. Sometimes people also find that talking about their experience can be a useful experience.

Will my participation be kept confidential?
Everything you say in the interview is confidential, unless I have reason to believe that you or another person is at risk of harm. All information will be kept securely and confidentially on password-encrypted computers or CDs. Participant-identifiable information will be locked separately from data. All data use is strictly within the Data Protection Act (1998).

How is the research funded?
The research is partially funded through my training programme. Your travel expenses can be reimbursed up to a maximum of £20.

What will happen to the results of the research?
I hope to publish the results of this study in scientific journals and in media for mental health service users and health care professionals. Please be assured that only anonymised quotes will be used and that individual participants will not be identifiable in the write-up.

What next?
You may wish to have a think about this project and have a discussion with family, friends, or other significant people in your life before confirming your participation.

If you would like to take part please contact me by email on aaron.roberts.lasr@gmail.com. If you do not have access to the internet you can telephone 03330 117070. I will then contact you by email or telephone (whichever you prefer), to answer any further questions you might have and arrange meeting for an interview. Prior to the interview starting, I will ask you to sign a consent form, indicating your willingness to take part in the study.

Further information
Please feel free to contact me should you have any more questions about this study:

Aaron Roberts
Salomons Centre for Applied Psychology
Department of Psychology, Politics and Sociology
Canterbury Christ Church University
Tunbridge Wells
Kent
TN3 0TF
email: aaron.roberts.lasr@gmail.com

Complaints procedure
If you are at all dissatisfied with the conduct of this research please first contact the researcher (Aaron Roberts, aaron.roberts.lasr@gmail.com, Tel.: 03330 117 114). If you still wish to complain about any aspect of the research project, please contact Professor Paul Camic, Research Director, Dept. of Applied Psychology, at paul.camic@canterbury.ac.uk or on 03330 117 114. Canterbury Christ Church University is the sponsor of this research and is therefore responsible for its conduct. If you feel that you have been harmed by this research please contact Professor Paul Camic and he will discuss with you the complaints process of the university.

I am very grateful for your time and attention.

Aaron Roberts

Appendix H

Consent Form

Consent Form

The Experience of Engaging with Life following a Suicide Attempt

	After having read the participant information form, please read the following:	*Please initial in the box*
1	I have read and understood the participant information sheet for the above study.	
2	I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
3	I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, and without it affecting my rights in any way.	
4	I understand that the interview will be digitally recorded for the purpose of the research, and I hereby give permission for the interview to be recorded.	
5	I understand that the interview will be transcribed and that any information that might identify me will be removed from the transcript.	
6	I understand that anonymised quotes from my interview may be included in publications.	
7	I understand that the content of the interview is confidential as long as the researcher is not concerned about my safety or the safety of others.	
8	I confirm that I meet the criteria (below) to participate and agree to take part in the above research study. • I last attempted suicide between two and eight years ago • I am over 21 • I do not currently have plans to end my life	
9	I wish to have a copy of the transcript of my interview to check its accuracy (you may change your mind about this at any time)	Yes / No
9	I wish to take part in checking findings from the research and offering my comments on the work (you may change your mind about this at any time)	Yes / No

10	I wish to receive a summary of the results at the completion of the study (you may change your mind about this at any time)	Yes / No
11	I wish to be informed by email if the research is published (you may change your mind about this at any time)	Yes / No

Name of participant: _____

Signature: _____ Date: _____

Name of person taking consent: _____

Signature: _____ Date: _____

Appendix I

Interview Schedule

Interview Schedule

Preamble
"The main focus of the interview is on your personal experience of life after the suicide attempt. That's what we will be spending most of our time talking about together. But just to start, I would like to ask you a few general questions about yourself, to learn a bit about you. We won't spend too much time on this."

1. Can you tell me about yourself?
2. What made you want to talk about your experience?

Main Section
"Thank you. That is really helpful to know. I would now like to move on to the main part of the interview. I am particularly interested in your personal experience of life after the suicide attempt. I have some questions prepared but there may be more questions that come up during the interview. We can stop at any time. Please tell me if you would like to take a break, or stop, and we can straight away."

Main Section – The Suicide Attempt and Surviving
3. Can you tell me about your experience of attempting suicide?
    Prompts: Situation / work / location / relationships

4. Can you describe the experience of surviving the suicide attempt in your own words?
    Prompts: What happened? How did it feel? What did it mean?

Main Section – The Time Following the Attempt
5. What happened in the days and weeks that followed?
    Prompts: What did you do? What was helpful? What was unhelpful?

6. How did you cope?
    Prompts: Motivation

7. How were your relationships with others?
    Prompts: Friends / colleagues / family

8. What things were more and less helpful?
    Prompts: Feeling supported emotionally / feeling safe / re-establishing relationships with friends & family / feeling "normal" again / returning to work or college

Main Section – Engaging with Life
9. How were things as more time passed?

Prompts: A time when things changed? Felt different? What was helpful? Coping / doing things / relationships /

10. What did it mean to continue living?
    Prompts: How did you feel?

11. What was it that made you feel life was worth living?
    Prompts: Did you gain something? / Did you lose something? / Did something tip the balance? / meaning / hope /

Main Section – Possible Positive Change, Growth, and Personal Meaning

12. What does it mean to you to be alive now?
    Prompts: Causes / features / effects / meaning

13. How has your identity been shaped by these experiences?
    Prompts: Different person? Parts different? Roles/views/approaches different?

Ending Questions

13. How would you describe yourself as a person?
    Prompts: Qualities / personality / beliefs

14. Has this experience made a difference to how you see yourself?
    Prompts: Compared to before / qualities / personality / beliefs

15. How do you see yourself in the future?
    Prompts: Plans / hopes / situation / effect of attempt on future (if any)

Debrief

"Thank you. The interview is now coming to an end. I would just like to check in with you how you have found the interview and how you are feeling. How are you feeling now? How did it feel to do the interview? Was there anything that was particularly difficult to talk about? Was there anything you particularly enjoyed or found useful? Do you feel you need any support now the interview has finished, or later? How might you go about getting this support? Are you concerned about harming yourself or someone else, now or later? Do you have any questions about the interview or the study? Is there anything you would like to ask me? I am very grateful for the time and attention you have given to this process."

Appendix J

Debriefing Sheet

Debriefing Sheet

The Experience of Engaging with Life following a Suicide Attempt

Dear Participant,

Thank you for taking part in this research.

I will have just asked you about your experience of the interview, your current mood, how safe or at risk you feel, and the level of support that is available to you if you feel you require it. This is because sometimes people feel distressed after talking about personal experiences such as those we have talked about.

If you feel you need to plan support to feel safe and we have not already discussed this *please tell me now* and I will stay with you until we have planned this. If you feel you need to extend this debrief at a later time we can also schedule this.

If you find that later on that you feel distressed and you are concerned about your safety, or if you would just like to talk about how you feel, please phone Samaritans 24- hour helpline (Tel.: 08457 90 90 90).

As I wrote in the *Participant Information Sheet* (which you have been given another copy of today), this research hopes to help people to learn about what life is like to engage with life after a suicide attempt and maybe some of the ways other people can be helpful. I hope to do this by typing up my work and publishing the results in scientific journals and in media for mental health service users and health care professionals. Again, please be assured that only anonymised quotes will be used and that individual participants will not be identifiable in the write-up.

This research is taking place at a time when people are beginning to talk more about their experiences of suicide. Recent examples of this are below. You may, or may not, wish to look at these. Many people are hoping that by talking more about suicide, many of the negative attitudes people have held about suicide might be changed. Still, some people prefer not to talk about their experiences and to keep them private. Please feel reminded that decisions about sharing your experiences are yours only.

- www.talkingaboutsuicide.com (website)
- www.suicidology.org (website - click on “Suicide Survivors” section)
- *Thinking About Suicide* by David Webb (book)
- *JD Schramm: Break the silence for suicide attempt survivors* (TED talk available on YouTube)

Further information

Please feel free to contact me should you have any more questions about this study:

Aaron Roberts
Salomons Centre for Applied Psychology
Department of Psychology, Politics and Sociology
Canterbury Christ Church University
Tunbridge Wells
Kent
TN3 0TG
email: aaron.roberts.lasr@gmail.com

Complaints procedure

If you are at all dissatisfied with the conduct of this research please first contact the researcher (Aaron Roberts, aaron.roberts.lasr@gmail.com, Tel.: 03330 117 114). If you still wish to complain about any aspect of the research project, please contact Professor Paul Camic, Research Director, Dept. of Applied Psychology, at paul.camic@canterbury.ac.uk or on 03330 117 114. Canterbury Christ Church University is the sponsor of this research and is therefore responsible for its conduct. If you feel that you have been harmed by this research please contact Professor Paul Camic and he will discuss with you the complaints process of the university.

I am very grateful for your time and attention.

Aaron Roberts

Appendix K

Example of a Coded Transcript

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Appendix L

Development of Themes

1. Emergent themes from each transcript were explored for patterns and connections between codes and arranged into themes and subthemes (see Table 1 and Figure 1 for example).

Table. 1
Themes and Subthemes from Libby*'s Transcript*

Theme	Subtheme
Relationship to Others	Effects on others
	Being regarded
	Being disregarded
	Connections to others
Transformation of Self	Getting to know oneself
	Transformed self
	Living authentically / being 'real'
	Destiny
	Acceptance / Kindness / Being good enough
Being Alive	Curiosity about the future
	Having a purpose / Role / Meaning
	Being connected
	Engaging with living
	Investing in projects
	Accepting life
Healing	"Trying things out"
	Nurturing / Gradual
	Being in control
	Talking about suicide
	Making sense / meaning
	Receiving help
	Navigating new challenges
	Strategies to look after self
Relationship to Suicide / Death	Ongoing-ness of suicide
	Ambivalence
	Living with consequences
Context	Material
	Societal / cultural
	Sacrificing self for help

Figure 1. Themes and subthemes from Libby's transcript.

2. This was repeated for each participant's transcript.

3. Superordinate themes and subthemes from each transcript (across cases) were then explored for patterns and connections and arranged into superordinate themes and subthemes (see Table 2). This was an iterative process with continued checks against the data.

Table 2.
Emerging Themes and Subthemes across Cases

Overall	Themes
Relationship to Suicide	Ambivalence (having option, plans to repeat)
	Psychological consequences / hopelessness / shock / strength / making peace / regret / loss
	Hiding self
	Fear of return
	Clarification of decision
	Physical consequences
	Remembering and forgetting (/not thinking)
Relationship to Self	Getting to know true self / returning to self / role of old self and skills
	Acceptance of self / kindness to self / 'good enough'
	Living authentically / showing-hiding self / something real
	The transformed self (faced death) / resilience / part of self dead
	Destiny / spiritual experience
	Helping others / empathy
Relationship to Healing	Trying things out / taking opportunities / variety of experiences
	Being in control / lacking it
	Nurturing / gradual / getting easier / change outside awareness
	Making sense / meaning developing understanding / not having frame of reference imposed
	Seeking help / engaging with help / receiving help
	Strategies to look after self
	Talking about suicide / being heard
	Security / relief
	Limitations of services
	Loss of freedom
	Being known / disclosure
	Context of healing (material, safety, suffering to survive, societal attitudes, socio-economic-political context)
Relationship to Life	Curiosity about the (open) future
	Having meaning
	Being connected (projects, people, nature) / Being part of humanity / Connections to others / same-different / kin / belonging
	Engaging with living / turning points/ committing
	Investing in projects
	Accepting life
	Gratitude / appreciation
	Being inspired

4. This iterative process continued and final set of themes emerged (see Table 3).

Table 3.
Final Themes

Overall Theme	Themes	Subthemes
Transformation	Relationship to Suicide	The ongoing-ness of suicide
		In-between-ness
	Relationship to Healing	Proceeding differently
		Freedom to heal
		Being regarded
	Relationship to Self	Encountering oneself
		Authentic being
	Relationship to Life	Living with meaning
		Connectedness and belonging
		Curiosity and uncertainty

Appendix M

Excerpts from Research Diary

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Appendix N

Additional Illustrative Quotations from Transcripts

Ongoing-ness of suicide.

As Libby describes:

> it has a lasting effect... People think that's the story over when you've stopped being suicidal. If you survive the attempt and you stop being suicidal, there's nothing left to say about it. (120)

Many survivors experienced feelings of shock, fear, and mourning.

> Initially it was just barely living, you know I just was there, I was just existing but not living. I used to hardly leave my house. The times I used to leave my house I'd break down crying going down the street, um, I cried I mean the amount of crying I could not stop crying (Victoria, 958)

> I think more about suicide, or I'm more inclined to think more about suicide when I'm very overwhelmed… sometimes I wake up re-experiencing the trauma of everything, also of life experiences that I've had before, it's all lumped into the same thing. And I do think, I just, yeah, 'Yeah, I'm not going to do this anymore. I'm really not. (Jessie, 925)

Many participants reported that over time the experience started to 'recede'.

> I suppose I completely forget about it. I completely cut-off from that experience and who that person is. I feel like it's a part of myself that I only get in touch with when I'm in that space again. Not feeling suicidal but, when my consciousness moves from here, to like more inside and internal… I'm only really aware of the impact, or in touch with that experience, when I've moved my focus from that back to there. (Jessie, 1493)

In-between-ness

Moving away from a state of in-between-ness was undertaken tentatively by some. Niamh describes how moving away from suicide was a "letting go" (744), and how this movement from in-between-ness made things more difficult. It became a decision.

> Like I was deciding to live. Like, now I don't need it. And it wasn't saying never again, but it was saying no. And it felt like quite a big thing to say, I'm gonna make this harder for myself. (748)

Immediately following the attempt, in-between-ness was felt by some survivors to pervade the situation they found themselves in. Jessie described how she felt there was a conflict between her body and psyche:

> I went into automatic survival mode which is a really messed up state to be in because you're both wanting to die but also your body is like 'Nope! Watch your head' like 'No, no!' of the traffic as a really weird, really weird to have both of those things going on at the same time (677)

Being regarded.

> I think loneliness is the absence of someone who understands, and cares. (Niamh, 258)

Encountering oneself.

Susan's fear was that she was at risk of being re-defined.

> Not being seen as an individual um, to have my, my sense of self-determination and self-understanding undermined, and discounted um, and to be you know, stereotyped, 'You have committed', 'You have attempted suicide and therefore you are this…' (975)

For Jessie, her 'in-between-ness' became understood and accepted as her way of being-in-the-world. She spoke about accepting herself:

> it was coming to terms with, the fact that there will be this part that will always be very removed, and learning to live with that, and learning to be, that person that's, removed, and being okay with that and not thinking I need to fix it or get better or, that I'm ill, or that there's something wrong with me that, that's just a result of what happened and, it's okay. (1896)

Authentic being.

For Libby, what felt important was “having places where I don’t have to pretend that I’m okay” (Libby, 629).

Living with meaning.

> I think it’s hard to feel, like you’re living if your life doesn’t feel very meaningful (Niamh, 780)

Niamh experienced how wider beliefs around life, death, and suicide bear upon her meaning-making and what this means for living:

> I want to not kill myself, because of a very meaningful thing. I don’t want to not kill myself because I’ve got people pinning me down. Stopping me. I don’t want that. (835)

Connectedness and belonging.

Jessie described a similar relationship to nature, where she becomes literally embedded in it:

> I go out there, stick my hands in soil (laughs) It grounds me, like, I, yeah, I can buy plants, plant them and… I’ve contributed to the world in a way where I’m not harming the world (362)

For some, a strong sense of belonging was felt when they encountered others who had experienced similar life events, including a suicide attempt:

> I suddenly found people um, that I could connect with, that had been through what I had been through and yet had turned their lives around. (Victoria, 221)

Similarly, for Niamh: “the more disconnected you are the easier it is as well I think. I think it’s easier to kill yourself” (919)

Jessie describes how connections came to feel central to all her relationships:

> the things that I value about being alive are making connections with people, but real connections, none of this ‘How are you, Oh I’m fine’. No, fuck that. How actually are you? (945)

Curioity and uncertainty.

Victoria describes the gratitude she feels when her curiosity is rewarded each day:

> every morning I tell myself I’m so grateful to be alive, ‘cause I shouldn’t really. I really am, I never ever, ever, thought I would see the day when I would say I am grateful to be alive. I tell myself, when I wake every morning I think ‘Thank God I’ve woken up’ (1118)

Appendix O

Example of Respondent Validation

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Appendix P

Research Summary for Participants

Research Summary

The Experience of Life after Surviving a Suicide Attempt

Dear Participant,

I am writing to summarise the findings from research project you kindly participated in. I would like to thank you again for taking the time to share your experiences with me. It has been a privilege to undertake this project and I am very grateful to you.

Below, I summarise the background to the study, the aims, method, findings and conclusions.

Background

There is much research that looks at which groups of people are more likely to attempt suicide, assessing the risk of a person attempting suicide, and ways to reduce the likelihood that a person might attempt suicide. These are all important areas to study. However, there is very little research looking at how life is *after* a suicide attempt. There are some personal accounts that people have shared online and some books, but not a large amount. This study hoped to learn about how people experience life after a suicide attempt and maybe some of the ways people can be helpful. It aimed to answer three questions. Due to the lack of previous research, these were kept broad:

1. How do people experience life after surviving a suicide attempt?
2. How do people experience positive change (or not) after surviving a suicide attempt?
3. How do people experience meaning and purpose following a suicide attempt?

Method

A qualitative design, using Interpretative Phenomenological Analysis (IPA: Smith, Flowers, & Larkin, 2009) was used. This has been designed to explore how life events are experienced and given meaning. Interviews were conducted with seven adults who had survived a suicide attempt between 2 and 8 years ago.

Findings

The analysis resulted in themes that broadly capture people experiences. Four main themes were found, each with subthemes: **relationship to suicide, relationship to healing,**

relationship to self, relationship to life. These themes were described as relationships to account for the changes in how they were experienced at different times. An overarching theme of **transformation** was found. It is noted that within these themes there are differences in how people experienced them. Not all people will feel all the themes apply to them. Below is a table summarising these themes and a description of them.

Overall theme	Themes	Subthemes
Transformation	Relationship to Suicide	The ongoing-ness of suicide
		In-between-ness
	Relationship to Healing	Proceeding differently
		Freedom to heal
		Being regarded
	Relationship to Self	Encountering oneself
		Authentic being
	Relationship to Life	Living with meaning
		Connectedness and belonging
		Curiosity and uncertainty

Relationship to Suicide

***The ongoing-ness of suicide*.** Many people spoke about the ways in which the attempt 'continued' in some way, or the effects were felt. This included difficult emotions, such as shame and loss, and an ongoing desire to die. For others the continuation was related to physical injuries sustained. Many people spoke about 'coming to terms' with the attempt having happened and making sense of this experience. Some people spoke about how over time they thought about it less and less.

In-between-ness. This theme captures the experience of being between life and death. Some people talked about needing time to feel they could trust they were fully alive, or could fully relate with others, following the attempt. For some people, doubt about wanting to die appeared after the attempt. This often changed back to considering suicide. And back again. For some, these feelings lasted and changed over time.

Relationship to Healing

Proceeding differently. The attempt was experienced by some as creating an opportunity for something different to happen. Some described how the attempt was like a 'release' of something. Some talked about it as allowing them to 'take themselves seriously'. It also presented an opportunity for others to become involved and do something differently. Some participants described how they took opportunities and started to develop a better life. Many spoke about the importance of doing this at one's own pace and being in control of decision making.

Freedom to heal. Many people spoke to having freedom to heal. For some, they felt that the possibility of a future attempt restricted freedom. For some it was very important

to have a chance to talk about the attempt and related experiences. Some people spoke about being free to understand their experiences in their own way and not have another way of understanding them imposed. For some, freedom related to physical experiences of being required to stay at a hospital. Freedom was also noted to relate strongly to social context – for example opportunities for education, work and housing were noted as very important in healing.

Being regarded. This theme is concerned with how people are regarded by others. People spoke about the importance of being given a space 'to be' and opportunities to make sense with people who could validate the distress felt and see the good in people. Others talked about the importance of others demonstrating their hope for them. People also spoke about the importance of acceptance. The importance of being understood and treated as an individual was also experienced. Some people spoke of the pain of being ignored or people avoiding acknowledging the attempt happened.

Relationship to Self

Encountering oneself. Some people experienced facing 'parts' of themselves more than in the past. Others described returning to a sense of self they had before becoming before the appearance of distress and the suicide attempt. Others experienced discovering a more real, or 'true' self. These experiences and discoveries were described as being both painful and enriching at different times.

Authenticity. The importance of authenticity was described by many – in themselves and in relationship to others. Some people described feeling more able to live authentically and finding that this was important for being alive. Others talked about how difficult it was when this was absent. People also described the importance of authenticity in relationships – when being helped, but also more generally in friendships and romantic relationships. Some people described how, having had these experiences, it became more difficult to have experiences that did not feel authentic, or 'true'.

Relationship to Life

Living with meaning. People described the importance of having a role or purpose; doing something that mattered. For some this was found in service-user involvement, for others education and work opportunities. People also described developing meaning out of their experiences, for example understanding their distress or the development of spiritual beliefs about survival and living. People also described a renewed appreciation and gratitude for life. For some, living with meaning was central to staying alive.

Connectedness and belonging. Being connected and belonging was experienced in many ways. Some described their connection to nature as grounding, and as a step to becoming more connected with people. For some, connecting with people felt like a tentative thing that took time as trust developed. Being part of a group was important to many people. Often these were groups with a clear identity or purpose. Some people

described these groups as giving them a sense of who they are and these connections as keeping them connected to life.

Curiosity and uncertainty. Life and the future were experienced by many as things that were uncertain and involving taking risks. Some people described how this was related to the attempt and the fear of the state that might bring another attempt. Others described how this was a tentative process – gradually trying out new things and trusting in the future. With this came a growing capacity to take small risks. For some there was an acceptance that life is uncertain and it felt important to live in the moment, with meaning.

Transformation

The overarching theme for the findings was transformation. This acknowledges that each person experienced things changing following the attempt. Life was different afterwards. People described how transformation had been distressing at times and also brought meaningful experiences. Many people described that transformation did not necessarily bring 'happiness' (though it did at times), but often a deeper and more meaningful, or 'true' way of living. Transformation speaks not just to changes in the person, but also things around them.

Conclusions

The findings suggest that people experience life after surviving a suicide attempt very uniquely and idiosyncratically. However, some shared kinds of experiences may be those described above. Certain things stand out as potentially being very important. It seems important to keep in mind that transformation, or **change, is not a straightforward process**, that there is no 'correct way' to heal. It seems important that people are given opportunity to talk about their experiences with people who can **listen**, and **not impose a way of understanding** them, but possibly **offer ways to make sense**. Freedom seems important, so this is likely to mean **collaborating with the person** to work out what to do. Doing things differently also requires that **opportunities** are available (e.g. housing, education, employment, service-user involvement). **Living meaningfully** is likely to depend on **having a role** and **purpose**, as well as opportunities to **find a group or place where one feels they belong and matter.** All of these findings have implications for health and social care practice as well as for family, friends, and the wider community.

Thank you again for your time and attention.

Aaron Roberts

Further information

Please feel free to contact me should you have any more questions about this study:

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Complaints procedure

If you are at all dissatisfied with the conduct of this research please first contact the researcher (Aaron Roberts, aaron.roberts.lasr@gmail.com, Tel.: 03330 117 114). If you still wish to complain about any aspect of the research project, please contact Professor Paul Camic, Research Director, Dept. of Applied Psychology, at paul.camic@canterbury.ac.uk or on 03330 117 114. Canterbury Christ Church University is the sponsor of this research and is therefore responsible for its conduct. If you feel that you have been harmed by this research please contact Professor Paul Camic and he will discuss with you the complaints process of the university.

In crisis?

If you are feeling distressed or want to end your life, please take steps to find the help you need. There are services available to support you. Some of these are listed below.

- Your general practitioner (GP)
- The Samaritans: 24 hour confidential telephone, email and text message service, www.samaritans.org, call 08457 90 90 90 or email jo@samaritans.co.uk
- NHS Direct: 24 hour national helpline offering health advice and information 111 free call from landline or mobile.
- Saneline: Telephone helpline 6pm-11pm 0300 304 7000
- Childline: 24 hour national helpline for children and adolescents (under 18) 0800 1111
- Nightline: confidential listening line for students run by students: nightline.ac.uk

Appendix Q

Feedback Summary for Ethics Panel

Research Feedback Summary

Re; The Experience of Life after Surviving a Suicide Attempt

Dear Panel,

I am writing to notify you that this study has now been completed. Below, I summarise the background to the study, the aim, method, findings and conclusions.

Background

People experience life after surviving a suicide attempt in unique and idiosyncratic ways. Investigating these experiences to understand how people find meaning and go on living is important in developing appropriate responses. This study explored the unique lived experience of life after surviving a suicide attempt and aimed to answer three questions:

1. How do people experience life after surviving a suicide attempt?
2. How do people experience positive change (or not) after surviving a suicide attempt?
3. How do people experience meaning and purpose following a suicide attempt?

Method

A qualitative design, using Interpretative Phenomenological Analysis (IPA: Smith, Flowers, & Larkin, 2009) was used. This has been designed to explore how life events are experienced and given meaning. Interviews were conducted with seven adults who had survived a suicide attempt between 2 and 8 years ago.

Findings

Four main themes emerged from the analysis, each with subthemes: **relationship to suicide, relationship to healing, relationship to self, relationship to life**. These themes were described as relationships to account for the changes in how they were experienced at different times. An overarching theme of **transformation** was found. (See Table 1 for all themes).

Table 1. Emergent Themes from Analysis

Overall theme	Themes	Subthemes
Transformation	Relationship to Suicide	The ongoing-ness of suicide
		In-between-ness
	Relationship to Healing	Proceeding differently
		Freedom to heal
		Being regarded
	Relationship to Self	Encountering oneself
		Authentic being
	Relationship to Life	Living with meaning
		Connectedness and belonging
		Curiosity and uncertainty

Conclusions

It was found that the experience of 'suicide' or 'death' is ongoing after the attempt as a powerful psychological reality, accompanied by distressing experiences, sometimes including the feeling of being 'in-between' life and death. Experiences of healing were closely related to attempt survivors' experiences of psychological freedom; being able to make sense of their experiences with others who can bear to think, and talk, about suicide with them and not impose existing frames of reference, but allow meaning to emerge. Having meaning and purpose in life became central to living. Finding opportunities for connectedness and belonging was felt to keep some people alive. An overall theme of transformation emphasised that the time after an attempt is a space where something different can happen. If this is facilitated well it can lead to deeper personal meaning, though life may remain a precarious and uncertain encounter. Such findings invite clinical psychologists, and others, to be prepared for the unpredictability of transformation, to adapt existing practices where needed, and to the bear the uncertainty of allowing unique experience to lead the meaning-making process, applying theory idiosyncratically where helpful.

I have enclosed a copy of the participant feedback summary, which elaborates on these themes, should you be interested.

Thank you for your time and attention.

Aaron Roberts
Trainee Clinical Psychologist

Appendix R

Author Guidelines for Crisis Journal

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