Providing Meaningful Care: Learning from the Experiences of Suicidal Men to Inform Mental Health Care Services – Overcoming Suicidality

Report
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1.0 Executive Summary

- Rates of suicide and suicidality have increased significantly in recent years in many countries, including Ireland. Suicide currently accounts for approximately 2% of all deaths in Ireland, with a particularly high rate of youth male suicide among the 16–34 age group.

- This study aimed to gain a better understanding of suicidality among young men in Ireland in order to add to the body of knowledge and inform professional practice in this area.

- Seventeen young men with an average age of 25 years, who had varied levels of suicidality, different experiences of the mental health services, and who were from a range of socio-economic and educational backgrounds participated in in-depth interviews in the study.

- The study provides a detailed understanding of the process that these young men underwent as they overcame their suicidality. This process centred on establishing a sense of value as an individual who is deserving of life; hence, it is referred to as a recovery process. The recovery process was complex and unique to each individual. Nevertheless, some patterns were identified and are described in two phases; (1) turning away from suicidality and (2) creating a new identity.

- Social and professional practices and processes that enhanced and impeded the recovery process were highlighted in this study. Helpful practices included acknowledging feelings of immense inner pain and suicidal desire and working collaboratively with the person. Unhelpful practices included controlling, coercive and stigmatising actions, and excluding the individual from their own care and treatment.

- This study adds to the field of suicidology as it provides a theoretical understanding of the recovery process from the perspective of suicidal young men and offers an in-depth description of this process upon which practitioners can draw in their work with this group. The study also highlights important implications for professional training and education, research and policy in the area of suicide.
2.0 Introduction

This report outlines the background to and findings of a three-year study (2006–2009) conducted in the School of Nursing at Dublin City University (DCU) and funded by the Health Research Board (HRB) Ireland. The study, entitled Providing Meaningful Care: Learning from the Experiences of Suicidal Men to Inform Mental Health Care Services, sought to gain an in-depth understanding of suicidality among young men in contemporary Ireland in order to add to the suicidology knowledge base and inform professional practice, particularly in the field of mental health.

Rates of suicide and suicidality have increased significantly in recent years in many countries, including Ireland (NOSP, 2005). It is estimated that around one million people complete suicide each year worldwide and suicide is identified as a leading cause of death among young people (Guo & Harstall, 2004). The rate of completed suicide is significantly higher among men, accounting for approximately 80% of total suicides, while there are higher rates of attempted suicide among women, accounting for approximately 75% of recorded attempts (Guo & Harstall, 2004). In Ireland, rates for completed suicide are notably higher among young men aged 16–34 years, who accounted for almost 40% of deaths by suicide in 2003 (NOSP, 2005). Suicide and suicidality pose significant social, political and health concerns worldwide due to the societal, psychological and economic burden incurred (Maltsberger & Goldblatt, 1996; Maris et al., 2000; Hawton, 2005). This incorporates individual psychological suffering and disability in terms of daily living, family distress and grief, community unease, and socio-political concerns related to the costs incurred in health and social service provision (Maltsberger & Goldblatt, 1996; NOSP 2005, 2007).

Although a range of response initiatives have been developed aimed at addressing suicide and suicidality at educational and treatment levels, there has not been a corresponding decrease in prevalence rates in youth suicidality (NOSP, 2009). It has also been suggested that many mental health professionals who come into contact with the suicidal person are ill-equipped to respond in a helpful way and that there is inadequate guidance for professionals working in this area (Maltsberger & Goldblatt, 1996; Ting et al., 2006; Cutcliffe & Stevenson, 2007). Furthermore, while there is an abundance of suicide research that has helped to identify risk and protective factors for suicide, thereby identifying some groups and individuals at higher
risk of completed suicide, there is an inadequate understanding of suicidality from the perspective of those who experience it. Therefore, the principle aim of this qualitative Grounded Theory (GT) study was to obtain a comprehensive theoretical understanding of the experiences of suicidal young men, aged 16–34 years, in order to inform those involved in the mental health care services in the Republic of Ireland. Specific objectives of the study were to:

1. Develop a theoretical understanding of suicidality among young men in Ireland (a substantive theory)
2. Elicit young men’s understanding of the specific intrapersonal and interpersonal processes that enhance and impede engagement with health services
3. Develop information systems and recommendations to assist those directly involved with the suicidal young man, such as mental health practitioners and carers (see appendices for information leaflets).
3.0 Methodology and Methods

A Grounded Theory (GT) approach was used in this qualitative study. GT evolved from the collaborative work of sociologists Glaser and Strauss (1967) and offers a systematic method for theory generation in social science. A GT study sets out to develop a substantive theory in a particular area. The theory generated is grounded firmly in the data, emerging directly from the participants’ subjective accounts, as opposed to being predetermined by a priori theory (Glaser, 1998; Glaser, 2001). Given the unique challenges associated with studying men in general, and intimate life transitions in particular (Begley et al., 2004), one-to-one in-depth interviewing was used as the main source of data collection. This provided scope to unpack participants’ unique stories (Kvale, 1996), thereby enriching and bringing depth to categories as the study progressed (Glaser & Strauss, 1967).

The inclusion criteria for the study were (i) male (ii) aged 16–34 years (iii) history of suicidality and (iv) involvement with mental health services. Participants were recruited through poster invitation displayed in a number of mental health sites across the Republic of Ireland. One mental health service (Cork Crisis Nursing Service) actively recruited participants by providing written and oral information about the study. Ethical approval for the study was granted by the Research Ethics Committees at Dublin City University (DCU) and University College Cork (UCC).

A total number of 17 one-to-one interviews were conducted over an 18-month period during 2008 and 2009. Participants had a mean age of 25 years and came from a range of socio-economic groupings. They had varied levels of education and a range of employment experience. They also had different experiences of the mental health services and different levels of input from healthcare professionals. In addition, they covered the suicidality spectrum from suicidal ideation to multiple suicide attempts. Fifteen of the participants (88%) had made one or more suicide attempts in the past. Of this latter group, seven (41%) had made two or more suicide attempts, indicating chronic suicidality (Rudd, 2006).

All participants were asked to complete the Scale for Suicide Ideation – Worst (SSI-W; Beck et al., 1999) and the Beck Hopelessness Scale (BHS; Beck et al., 1990), thereby providing a profile of their suicidality in the past and at the time of the interview. Fifteen participants
(88%) in the study had a SSI-W score of 16 or more, indicating a 14 times higher risk of eventually taking their own lives. On the BHS eight participants (47%) scored within the minimal range of hopelessness, seven participants (41%) scored within the mild level, one participant (6%) scored within the moderate level of hopelessness and one participant (6%) scored within the severe level. These profiles indicate that the majority of participants, despite their histories of suicidality, were hopeful about their futures at the time of the study interviews.
4.0 Key Findings

The study revealed that overcoming suicidality is possible and that regaining a sense of value as an individual who is deserving of life is central to the recovery process. While this process was complex and each person’s recovery was unique, common patterns were identified in the move from a death orientation to a life orientation. The recovery process comprised two stages – ‘turning away from suicidality’ and ‘creating a new identity’ – which describe how participants confronted their suicidality and transformed their identities as they renegotiated the nature and meaning of their relationships with life and death. This transition required resilience, courage and commitment on the part of the young men as they faced their worst fears about themselves and their lives. The study highlighted how recovery was influenced by interpersonal encounters and identified practices that enhanced and impeded this process. Helpful practices were those that were validating of the young men and their lives, such as acknowledging their struggles and fears. Unhelpful practices involved those that perpetuated their sense of difference and powerlessness, such as exclusionary and controlling actions. Involving individuals in their own care and treatment decisions was viewed as important in terms of forging collaborative engagement with mental health professionals.

4.1 Turning away from Suicidality

The first stage of overcoming suicidality refers to how participants faced and resolved their pull between life and death. Having found themselves devoid of value as human beings for a long time, they reacted by trying to protect themselves and others from their inner pain. They cut themselves off from the world, became increasingly isolated and believed that they had nothing to offer life and that life had nothing to offer them. To them, this meant that they did not deserve to live. During this time they engaged in behaviours that reflected their ambivalence about life and death, such as excessive alcohol consumption, drug misuse and risky behaviours in general. They were frustrated with the world and were angry with themselves and sometimes aggressive towards others. As time passed, their lives and their ambivalent state of being became intolerable and they were forced to decide whether to live or die. They choose life.

If I wanted to stay alive I had to change my life, I knew I had to change the situation...
4.2 Creating a New Identity

The second stage in overcoming suicidality refers to how participants established themselves anew in the world as people of value who were deserving of life. Realising their worth, they developed a sense of importance as people, who mattered to themselves and others and who had something to contribute in their lives. They associated themselves more with people who were validating toward them and disconnected from those who had a negative influence on them. They became involved in activities that demonstrated to themselves and others that they had purpose and meaning in their lives and that they had a life of which they could be proud rather than ashamed. They thereby created and enacted a new sense of being in the world that integrated their experience of suicidality and awareness of death.

I started to think about the future ...
“... I might have a place in this world ...
... What do I want from my life?”

4.3 Facilitators and Barriers to Overcoming Suicidality

The recovery process was influenced by intrapersonal insights and interpersonal encounters that frequently served as significant turning points on the young men’s suicide trajectories. Professionals, among others, both enhanced and reduced opportunities for overcoming suicidality through their engagement with the young men, which was experienced as either validating or invalidating. Practices that served to invalidate the young men and alienate them further were those that were controlling, coercive, objectifying and stigmatising, where the professional worked on rather than with them and excluded them from their own care and treatment.

At the time, the powerlessness, the injustice, the lack of being heard, was excruciating. It was absolutely horrific ... Still when I think back to it, and talk about it now, I feel quite upset. I still feel angry about that.
The young men also identified practices that contributed positively to their recovery process. In particular, they identified that acknowledgement of their inner pain, concerns and suicidal desire was helpful, despite their shame about such thoughts and feelings. Being able to openly acknowledge their turmoil helped them to confront and resolve their fears. They also valued being involved in their own care and treatment and felt that this supported them in being able to connect with professional services and in reengaging with living on their terms and at their pace.

*I just thought that this transparency, this openness, this sense of collaboration whereby not only do I have a voice but this person is even willing to say “Well this is how I work, and if it is something you are interested in I will share even the mode of work I do.” I think that is extraordinary...*
5.0 Discussion

This study explored suicidality among young men in Ireland who had first hand experience of suicidality and the mental health services, thereby building a coherent theory of recovery upon which practitioners can draw to enhance therapeutic engagement with suicidal young men. No literature in the suicidology field speaks directly or comprehensively about this process, identifies the centrality of regaining personal worth and deservedness to live, or outlines the practices that facilitate this process. Hence, this study adds to the fields of suicidology and mental health.

Some patterns identified in this study resonate with those highlighted in the suicidology literature. For example, the young men described their ambivalence about living and dying when suicidal. Ambivalence is recognised as a central component in suicidality, which ironically facilitates a person to stay alive while also keeping open the possibility of death (Caruso, 2009). Patterns of other-directed aggression also emerged in the study, which fits with the idea that homicide and suicide are connected (Aldridge, 1998). Impulsivity has been associated with suicidality and there is frequently a short timeframe between trigger events and a suicidal act (O’Connor & Sheehy, 2001). Indeed, some of the young men’s self-destructive acts could be viewed as impulsive as they frequently followed a trigger event. However, many participants harboured suicidal thoughts for long periods prior to a suicidal act. Impulsivity was also shown to be associated with a strong sense of loss of self-control and control over their lives. In addition, many suicidal acts were associated with excessive alcohol, and sometimes drug, consumption which is a common feature in suicidal behaviours (Hawton, 2005). Nevertheless, it is worth noting that in this study substance misuse was largely viewed as a soothing strategy that dulled inner turmoil rather than a cause of suicidality.

The study revealed that the suicide trajectory can be influenced by encounters and events that revalidated the young men’s sense of value, and this resonates with the literature that views resilience as a relational phenomenon (Wexler et al., 2009). The study highlighted the unpredictability and complexity of the suicide trajectory and recovery path, bringing into sharp focus the importance of making and taking opportunities for engaging in validating and life-enhancing interactions with suicidal young men, even when the outcome is not clear. The young men in this study endorsed positive practices that enhanced their sense of value as
individuals and recognised their potential to contribute to their own care and treatment. Positive practices cited included a collaborative, respectful and individualised approach, belief in the value of the young men, and genuine caring and concern on the part of the practitioner.

In terms of negative practices, the study highlighted a preoccupation among some professionals that is reflective of ‘a risk society’ (Roberts, 2005), which supports practices of control and confinement and overshadows opportunities for validating connection. Such a risk focused approach also give rise to contradictions within the professional role, such as integrating competing beliefs about the person’s care value (Bergmans et al., 2007) and promoting positive non-stigmatising attitudes and behaviours in a context of negativity (Joyce et al., 2007). It also perpetuates stigma leading to marginalizing practices which furthers a sense of isolation. The validating and invalidating practices described can be identified and promoted in a range of interpersonal domains, such as school/work and indeed family. Therefore, the study offers guidance for social as well as professional action which has served as the basis for the leaflets developed for carers /families and the suicidal person in addition to one for professionals (see Appendices A, B and C).

In summary, the substantive theory developed in this study suggests that regaining a sense of worth as an individual who is deserving of life permits discovery of self and life, which is key to the recovery process, and can be significantly enhanced through personal insights and interpersonal encounters that serve as turning points. The theory therefore provides a new way of understanding how young men overcome suicidality and indicates some core processes by which this can be enhanced by the mental health practitioner and in social interaction in general.

I suddenly realized that I could manage. I realized that I could survive and I had the strength myself to manage, which again I probably should have always known the whole time, but I didn’t have the confidence in myself to do so.
6.0 Implications

This study has a number of implications for clinical practice, professional training and education, suicide research and policy. With respect to the clinical implications of this study, the research suggests that overcoming suicidality is influenced, to a large extent, by contextual factors, such as support and encouragement received from key others and the opportunities provided for reflection and growth. Hence, the mental health practitioner has a vital role to play in this dynamic process. Any interaction with a suicidal young man, regardless of his level of suicidality, needs to be considered as a potential turning point encounter impacting on his journey. This study suggests that recovery can be facilitated through establishing a safe context for reflection and disclosure of inner turmoil and engagement in worth-enhancing encounters. While some encounters may not directly relieve a young man’s mental pain, they may impact on his suicidal urge momentarily, thus serving as a deterrent against suicide.

The mental health practitioner needs to consider the potential therapeutic usefulness of an assessment and intervention with each unique person and tailor his/her response to the individual, rather than relying on convenient and conventional methods. This means having the space to explore practice with appropriate support and supervision. The engagement between the practitioner and the suicidal young man requires awareness about the importance of validation, which frequently comes in the form of simple gestures of kindness. Therefore, it is important to remember that ‘small is beautiful’ and apparently minor exchanges can make a big difference in the life of the person in suicidal distress.

With respect to implications for training and education, it is important that institutions providing training and education for professionals working with suicidal young men recognise the complexity of practice in this area and reflect this in course curricula. This means acknowledging that working with this group requires more than an awareness of risk and protective factors, diagnostic criteria and unidimensional interventions. Some key areas for attention in the training and education domains include more critical appraisal of attitudes and values underpinning practice, greater self and gender awareness, more attention to the voice of the service user and more sharing and collaboration across disciplines.
This study also identified possible areas for further research. A GT study has inherent limitations in that it sets out to discover a theory in a substantive area; in this instance, suicidal young men in Ireland who had contact with the mental health services. While the theory may have relevance beyond this area, this cannot be assumed without further study, therefore establishing the relevance of the theory to other groups, such as young men in other cultures, young women or older men, would be worthwhile in gaining a broader understanding of the recovery process in general. This study did not incorporate the views of those working with suicidal young men. While expanding the sample in this way would have compromised generation of an emically or internally based substantive theory gaining professionals views on the recovery process could add to practice guidelines.

Government policy incorporates a number of key ideas about what needs to be done to appropriately address the concerns of suicidal young men and outlines practices for responding to the suicidal person at multiple levels within and outside the mental health services. However, there is a significant gap between policy and practice and some policy emphases could benefit from reconsideration. For example, the current emphasis on suicide prevention and its connotation that all suicides and suicidal behaviours can be stopped is misleading as it overshadows the reality of suicide and suicidality (Hawton, 1994). It may contribute to practitioner anxiety, thereby emphasising physical safety and cure above psychological safety and connection (Hawton, 1994). It also contributes to a social attitudes and moral values that promote silence around the issue, further isolating the suicidal person and those close to him/her (Sommer-Rothenberg, 1998). While prevention efforts are worthwhile, as some suicides can undoubtedly be stopped, the contradictory dilemmas posed for the suicidal person and those associated with him cannot be underestimated.

In summary, this study highlights a range of social and professional issues that require attention in order to respond in a more humane and sensitive way to the suicidal person.
7.0 Conclusion

‘Our best route to understanding suicide is not through the study of the structure of the brain, or the study of social statistics, or the study of mental diseases; but directly through the study of human emotions described in plain English, in the words of the suicidal person.’

(Shneidman, 1996, p. 6)

A key aim of this study was to use the emergent theory to inform recommendations for mental health practices and beyond. The findings of this study add to the field of suicidology by providing a theoretical understanding of the process of overcoming suicidality upon which practitioners can draw to enhance therapeutic engagement with young men in their care. In addition, the findings have implications for professional training and education across disciplines, suicide policy and society in general. Finally, the study highlighted areas for further research in the field.

7.1 Dissemination

A number of steps have been taken to ensure dissemination of key research findings at various levels, including:

- A completed doctoral dissertation in suicidology at DCU
- Publication of this report for public access
- Publications for peer-reviewed journals (published and in press)
- National and international conference presentations, for example, ESSSB13 Conference (Rome, Autumn 2010), a National Suicide Conference (Dublin, Summer 2010)
- The production of leaflets for professionals, families/carers and suicidal individuals, which will be circulated widely through local and national forums

7.2 Recommendations

The key recommendations of this study for clinical practice, research and policy are as follows:
• Professional practice: Emphasise the importance of validating interpersonal relationships and acknowledging the ambivalence and inner pain of the suicidal person in the recovery process. Enhance self-reflection and provide professionals with support and supervision.

• Training and education: Recognise the complexity of practice in the area of suicide and reflect this in course curricula, thereby preparing professionals to engage with this work.

• Research: Explore the relevance of the substantive theory among other suicidal groups and gain professional and carer views on the recovery process

• Policy: Involve service users in research and policy development and acknowledge the complexity of suicidality and the relational nature of recovery.
References


Appendix A: A Personal Guide to Overcoming Feelings of Suicide

As you rebuild your life, you will probably become aware of just how fragile, uncontrollable and unpredictable life and death can be. Your past will not disappear but it will remind you of the pain you do not want to return to, which is a reason for staying alive.

"So maybe 'feeling suicidal' is not something internal to me but something I have participated in, something that certainly informs who I am and how I am in the world..."

Gaining control over your life and yourself and rebuilding your self-value is helped by having personal, meaningful goals and support. Together, they can strengthen your sense of worth and allow you to become visible and connected with the world.

How can I feel connected with the world?
- By believing in your own self-worth
- By accepting help that really is helpful
- By deciding who is good and not so good to be around
- By finding new activities that are enjoyable and rewarding

Your newfound self-trust will help you to interact again with others and have rewarding experiences. Rather than searching for imperfections in yourself and others, you can have an open mind, eye and ear for ways to connect meaningfully.

"I started to think about the future...I might have a place in the world"

Other Leaflets
- A Families and Carers Guide to Understanding and Responding to Feelings of Suicide
- A Health Professionals Guide to Understanding and Responding to Suicidality

Electronic versions of these leaflets are available on www.pisa.dcu.ie

Further Support
- Aware 1890 303 302
- Console 1800 201 890
- GROW Mental Health Movement 1890 474 474
- Local Doctor www.icgp.ie or under 'General Practitioners' in Golden Pages
- Mental Health Ireland 01 284 1166
- Samaritans 1830 690 690
- SpunOut www.spunout.ie
- Teen-Line Ireland 1800 833 634

"I suddenly realised that I could manage. I realised I could survive and I had the strength myself to manage, which again I should have always known the whole time, but I didn't have the confidence in myself to do so."

From Battling with Death... to Seeking Life
A Personal Guide to Overcoming Feelings of Suicide

© Dr Evelyn Gordon, School of Nursing, DCU, Glasnevin, Dublin 9
Introduction

This leaflet aims to help you if you are feeling suicidal. Even though suicidal feelings differ between people and can vary depending on the situation, research has found there are common possible ways of overcoming suicide. The information here can help you regain a sense of value as a person who deserves to go on living.

The information in this leaflet is based on research conducted in Dublin City University (DCU) which was funded by the Health Research Board (HRB). In this research, 17 suicidal men between 16 and 34 years were interviewed. These young men talked about how they overcame their urge to die when they were helped to regain their sense of value as a person who deserves to go on living.

Living in Darkness

If you are feeling suicidal, you might be experiencing a range of negative feelings and thoughts and these may be interfering with your everyday life. For example, you might set expectations for yourself and feel like a failure when you cannot meet them. Feelings like these can lead you to have a strong negative view of yourself, other people and the world.

"I was having feelings and experiences that were very, very difficult... but I managed to keep them reasonably hidden, certainly from family."

Negative feelings and thoughts you may have:

- Feeling worthless
- Being self-critical
- Feeling unhappy/discontent
- Feeling hopeless about the future
- Feeling helpless to change your situation
- Feeling confused – being pulled towards life and pushed towards death
- Feeling fragmented or disjointed within yourself
- Feeling alone and isolated from other people

"The fear and anxiety around living was just unbearable. It was so overwhelming because in some ways life is open-ended. The possibility for ongoing distress and pain is so frightening if you are in distress."

You might be trying to hide your negative feelings from others and behave in a risky way to numb your pain or to gain control over yourself and your life (e.g., using drugs). Rather than solving anything, these behaviours will only give you temporary relief. They can also lead to feelings of anger towards yourself, family, friends, health professionals and society. If you are feeling suicidal, you might think other people cannot or do not want to understand your distress and that they are focusing their expectations on you, which you cannot meet. As your feelings of despair and hopelessness grow, you might struggle to see any positive future possibilities. Suicide might become a real option for you.

Overcoming Feelings of Suicide

An important step in overcoming feelings of suicide is recognising that you have reached a point of no return and that you need to re-evaluate your life. You need to remember that nobody else can change your life but you and that you have the ability within yourself to do this. Once you realise the power and resources you have you can shift your negative focus to a positive, proactive one. This sometimes means letting go of the idea that life should be ideal and that you should be perfect. It also means accepting yourself, despite your limitations, and realising that you and everyone else is unique and valuable.

"If I wanted to stay alive, I had to change my life. I knew I had to change the situation."

It is important that you let other people know of your distress so that you can get the support that you need. Talk to your friends, family or a health professional. They can help you with any barriers to overcoming feelings of suicide. You might feel that allowing others into your world is risky because they can judge and reject you, but they can also give you huge support.

Barriers to overcoming feelings of suicide:

- Fear of being labelled (e.g., mad, bad, crazy)
- Fear of being treated badly
- Fear of others playing down your pain
- Fear of being misunderstood

Rebuilding Your Life

Once you realise you have the ability to change your life, and you have support from other people, you can start to rebuild yourself and re-enter the world feeling like a person of value. This will involve commitment, hard work and it will take time to get rid of the negative thoughts and emotions you might be having (e.g., shame, guilt).
Appendix B: A Families and Carers Guide to Understanding and Responding to Feelings of Suicide

"She replied, "What's going on in your head?" and I said, "Basically, I am hurting"...

Your family member or friend's newfound self-trust will help them to interact again with you and other people and help them to have rewarding experiences. The support you give them will be of huge benefit, even though at first they might feel letting you and others into their world is risky because you could judge and reject them.

Deciding to go on living

You and other family members, friends and health professionals can help your family member or friend reach the decision to live by removing any barriers which may prevent them overcoming feelings of suicide.

Barriers to overcoming feelings of suicide:
- Fear of being labelled (e.g., mad, bad, crazy)
- Fear of being treated badly
- Fear of others playing down their pain
- Fear of being misunderstood
- Fear of being worked 'on' rather than 'with'

Once your family member or friend has chosen life, they can set about rebuilding themselves and re-entering the world feeling like a person of value. When they do this, they will become aware of just how fragile, uncontrollable and unpredictable life and death can be. Their past will remind them of the pain they do not want to return to, which is a reason for staying alive.

Other Leaflets
- A Personal Guide to Overcoming Feelings of Suicide
- A Health Professionals Guide to Understanding and Responding to Suicidality

Electronic versions of these leaflets are available on www.pisa.dcu.ie

Further Support
- Aware 1890 303 302
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- Samaritans 1850 690 690
- SpunOut www.spout.ie
- Teen-Line Ireland 1800 833 634

This is a list of support agencies who were active at the time this leaflet was produced. The list is presented here for information purposes only and agencies are not endorsed by DCU or the HRB.

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Introduction

This leaflet aims to help you if a family member, friend or someone you are in close contact with is feeling suicidal. Even though the response to suicidal feelings differs between people and can vary according to the situation, research has found there are common ways of overcoming feelings of suicide. If you know someone who is feeling suicidal, you can help this person to take steps towards regaining their sense of value as a person who deserves to go on living.

The information in this leaflet is based on research conducted in Dublin City University (DCU) which was funded by the Health Research Board (HRB). In this research, 17 suicidal men with an average age of 25 years were interviewed. These young men described how they overcame their urge to die when they were helped to regain their sense of value as a person who deserves to go on living.

Understanding Feelings of Suicide

If your family member or friend is feeling suicidal, they may be experiencing a range of negative feelings that are constantly with them. All of these negative feelings can be made worse in everyday life. For example, they might set high expectations for themselves and feel like a failure when these expectations are not met. Feelings like these can lead them to have a strong negative view of themselves and the world. They can force them to hide their dark thoughts and feelings. They may try to hide and distract from their negative feelings by withdrawing and behave in a risky way to numb their pain or to gain control over themselves and their life (e.g. consume alcohol, use drugs, engage in dangerous behaviour).

Negative feelings and thoughts your family member or friend might have:

- Feeling worthless
- Being self-critical
- Feeling unhappy/discontent
- Feeling hopeless about the future
- Feeling helpless to change their situation
- Feeling confused – being pulled towards life and pushed towards death
- Feeling fragmented or disjointed within themselves
- Feeling alone and isolated from other people
- The fear and anxiety around living was just unbearable.
- It was so overwhelming because in some ways life is open-ended. The possibility for ongoing distress and pain is so frightening if you are in distress.

Rather than solving anything, distracting and soothing behaviours will only give the suicidal person temporary relief. They can also lead to feelings of anger towards oneself, family, friends, health professionals and society. Your family member or friend might think people cannot or do not want to understand their distress and that people are forcing their expectations on them, which they cannot meet. As feelings of despair and hopelessness grow, they may struggle to see any positive future possibilities. Suicide might become a real option for them and they might attempt suicide.

In order to overcome feelings of suicide, your family member or friend needs to recognise that nobody else can change their life but themselves and that they have the ability within themselves to do this. However, you can also help them to shift their focus by being sensitive and understanding of their situation.

Ways to help your family member or friend:

- Recognise that they are in intense pain and distress
- Show genuine concern and understanding
- Talk to them about their distress
- Encourage them to seek professional help and to use social supports
- Accept the immensity of their decision to seek help

You can also help your family member or friend regain a sense of being worthy by supporting them and encouraging their personal, meaningful goals. This will strengthen their sense of personal value and allow them to become visible and connected with the world.

Ways of helping your family member/friend feel worthy and connected:

- Show that you value them
- Encourage them to hope for the future
- Help them to accept themselves with all their faults
- Help them to get involved in positive activities and also with people who care about and support them
- Give them practical help in times of crisis and upset
- Listen to their opinions and viewpoints
- Support and encourage them when things look positive, no matter how small these may be
process whereby individuals establish a sense of value as a person who is deserving of life. This process involves moving from a place of darkness and confusion to one of clarity and purpose. Health professionals can facilitate the process of overcoming suicidality by:

- Conveying a sense of belief in the individual's value as a person
- Facilitating self-discovery and acceptance
- Challenging the 'dark' side and reinforcing the 'bright' side, inspiring hope and optimism
- Engaging in a collaborative system of working 'with' rather than 'on' the individual i.e. acknowledging contributions of health professional and the individual in the process of recovery
- Providing practical help in times of crises
- Encouraging engagement in validating activities and interactions

Health professionals demonstrating a belief in individuals provides positive feedback about their worthiness and encourages them to undertake new challenges. It also facilitates the building of self-competency and agency. In overcoming suicidality, the individual must reconnect with the world. Health professionals can facilitate this process by:

- Conveying the possibility that suicidality can be an enriching experience for moving forward
- Facilitating the reclaiming of important aspects of oneself which were previously denied
- Encouraging objectivity and independence

In summary, health professionals have the genuine power to enhance or reduce opportunities for people who are suicidal to make sense of their lives and regain control.

USEFUL RESOURCES


OTHER LEAFLETS

- A Personal Guide to Overcoming Feelings of Suicide
- A Families and Carers Guide to Understanding and Responding to Suicidality

Electronic versions of these leaflets are available on www.pisa.dcu.ie

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INTRODUCTION

The information in this leaflet is based on a qualitative Grounded Theory study conducted by Dr Evelyn Gordon and Prof. Chris Stevenson at Dublin City University (DCU), which was funded by the Health Research Board (HRB). In this research, 17 suicidal men with an average age of 25 years were interviewed. These young men described how they overcame their urge to die when they were helped to regain their sense of value as people who deserved to go on living. The study adds to the field of suicidology and mental health by providing a theoretical understanding of overcoming suicidality and offering an in-depth description of the recovery process. This process comprises two stages wherein young men confront their ambivalence about life and death and recreate a new sense of identity.

BACKGROUND

Rates of suicide and suicidality have increased in recent years. It has been suggested that there is inadequate guidance for professionals working with suicidal people and that many mental health professionals who come into contact with suicidal individuals are ill-equipped to respond in a helpful or meaningful way (Ting et al., 2006). Furthermore, research has shown that the initial care received by individuals who engage in suicidal behaviour has the potential to profoundly influence their help-seeking pathway and that this directly impacts on future episodes of suicidal behaviour and completed suicide (Strike et al., 2006).

“...I am trying to tell you how I feel, and you are telling me how I should feel, like I know I should feel like that but I don’t...”

If access to services is to be improved and responses to suicidal people are to be helpful, there needs to be a greater focus on the kind of image portrayed by primary and mental health services and health professionals, the nature of their responses and the availability and quality of services provided to a person in follow-up. This leaflet provides information on which practitioners can draw to enhance responses to suicidal individuals at different points in their suicidal and life journey.

INTERACTING WITH SUICIDAL PEOPLE

Suicidal people have lost their way in life, feel on the outside, and are unsure about their deservedness to live. Questioning their personal worth, they strive to conceal their dark side from themselves and others, thereby becoming invisible and voiceless. Health professionals can promote help-seeking and gently challenge this withdrawal from self, life and others by:

- Acknowledging the immensity and importance of their decision to seek help
- Recognising a person’s distress and suicidal desire
- Establishing a safe context for reflection and disclosure of inner turmoil
- Refraining from using professional jargon and avoiding exclusionary actions
- Confronting social myths that portray a suicidal person as weak, bad and/or mad

Just as negative encounters can have a detrimental effect on an individual’s suicidality, positive experiences can enhance worthiness and facilitate further engagement with professionals. Thus, it is important that health professionals remember that suicidality is a response to an individual’s life situation and not to them personally. Suicidal individuals are not motivated by the desire to punish others and they do not have a lack of regard for family/friends; in fact, concern for loved ones is often a key preventative factor. Sensitive, genuine and empathic responses are necessary to convey insight and understanding, and for validating the person and his/her unique situation.

Suicidality escalates when an individual has too few memories of constructive coping and cannot envisage positive future scenarios, leading to helplessness and hopelessness. Tension and turmoil mount until it is not possible to live through another day, making suicide a viable option. Therefore, while not condoning suicidal acts it is important for health professionals to remember that suicide is viewed as a logical option for individuals in the context of their lives and that suicidal individuals do understand the finiteness of death.

OVERCOMING SUICIDALITY

The term ‘overcoming suicidality’ refers to the