

How people live with or get over being suicidal: a review of qualitative studies

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Abstract

Title. How people live with or get over being suicidal: a review of qualitative studies.

Aim. To systematically review qualitative research which addresses how people live with suicidality or recover a desire to live.

Background. Suicide is a pressing social and public health problem. Much emphasis in suicide research has been on the epidemiology of suicide and the identification of risk and protective factors. Relatively little emphasis has been given to the subjective experiences of suicidal people, but this is necessary to inform the care and help provided to individuals.

Data sources. Electronic searches of CINAHL Plus with full text, Medline and PsychArticles (included PsycINFO, Social Services Abstracts and Sociological abstracts) were undertaken for the period from 1997 to April 2007. In addition, the following journals were hand searched (1997–2007): ‘Mortality’, ‘Death Studies’, ‘Archives of Suicide Research’ and ‘Crisis: The Journal of Crisis Intervention and Suicide Prevention’.

Method. A systematic review of the literature and thematic content analysis of findings. The findings were extracted from selected papers and synthesized by way of content analysis in narrative and tabular form.

Findings. Twelve studies were identified. Analysis revealed a number of interconnected themes: the experience of suffering, struggle, connection, turning points and coping.

Conclusions. Living with or overcoming suicidality involves various struggles, often existential in nature. Suicide may be seen as both a failure and a means of coping. People may turn away from suicide quite abruptly through experiencing, gaining or regaining the right kind of connection with others. Nurses working with suicidal individuals should aspire to be identified as people who can turn people’s lives around.

Keywords: being suicidal, mental health, nursing, psychache, relationships, suicide, systematic review

Introduction

Over one million people in the world are estimated to complete suicide each year (Anderson & Jenkins 2005). Historically high rates of youth suicide in western English-speaking countries such as New Zealand, Australia and Ireland have propelled suicide and its reduction to the forefront of health and welfare policy and research. The literature relating to suicide is vast and has grown exponentially. A basic Medline search (1950 to April 2007) revealed over 42,000 papers related to suicide, with most published within the last 20 years. The empirical foundations or building blocks of suicidology as described by Maris *et al.* (2000) have been surveys, epidemiological case-control studies, psychological autopsies, psychological and psychiatric treatment records and hospital charts, clinical interviews and formal experiments. Research has largely been undertaken using atheoretical empirical frameworks aimed at identifying causes or risks for completed suicide or broad protective factors (Rogers 2001). Most work has focused on determining risk of suicide and on elucidating an underlying pathology or predisposing genetic, psychological, biological factors within individuals (Beautrais *et al.* 2005). Much less emphasis has been placed on qualitative research or people's subjective experiences.

Relative to completed suicide, suicidal ideation or contemplation of suicide appears to be common. A general practitioner in the United Kingdom (UK) may encounter 100 people each year who report suicidal ideation but only one person in 4 years who completes suicide (Booth & Owens 2000). Suicidal ideas may vary from quite non-specific thoughts that life is not worth living through to specific thoughts of death, ideas with intent and suicide plans. Anywhere up to a quarter of the population is estimated to have suicidal thoughts of varying intensity at some point in their lives (Maris *et al.* 2000). Nurses in almost every practice setting may encounter people who experience thoughts of suicide or they may care for people who have attempted suicide. Research which assists in understanding how people live with or resolve suicidal thoughts would seem crucial to developing effective responses towards the suicidal individual.

The relationship between suicide and mental illness is complex, with higher rates of completed and attempted suicide in those diagnosed with mental disorder, with different associations between suicide and diagnosis, and with depression and substance misuse being a particularly lethal combination (Tanney 2000). Nevertheless, the majority of people who think about suicide may not necessarily meet criteria for mental disorder or benefit from medical treatment. Michel *et al.* (2002) point out that the emphasis of current psychiatric

thinking (as applied to research and practice related to suicide) assumes an underlying pathology. This orientation of seeking to identify and treat pathology risks minimizing or glossing over the person's suffering. Clinical treatment can confirm a person's view that nobody understands them as a person. Effective help for suicidal people needs to acknowledge the person's suffering and commence with an understanding of their life or personal story.

Rogers (2001) asserts that research efforts in the last 40 years have led to the elucidation of many correlates of suicide but have not greatly furthered our understanding of the suicidal individual. Shneidman (1996, p. viii) suggests the key to understanding suicide might be found in 'the ordinary everyday words that are found in the verbatim reports of beleaguered suicidal minds'. Cutcliffe (2003) echoes these sentiments and argues for an urgent and greater attention to the particular life experiences and the meanings that individuals attach to suicidal experiences. Qualitative research provides a means to draw attention to, and consider the experiences of suicidal people. To date no systematic reviews of qualitative research relating to suicide have been published.

The review

Aim

The aim of this review was to survey recent research examining how people live with suicidality or recover a desire to live.

Design

A systematic review of the literature and thematic content analysis of findings was conducted (Booth 2006). Applying systematic review methods to qualitative research can as, Attree and Milton (2006, p. 110) point out, help to produce "a map of the 'bigger picture', to facilitate understanding of a topic, identify common threads across studies, or develop formal theory".

Search methods

A broad approach was taken to the eligibility of study for inclusion in the review. Consistent with qualitative research in general, the review question was considered a compass rather than an anchor to guide the selection of studies (Eakin & Mykhalovskiy 2003). We sought studies published in peer-reviewed journals that:

- had as participants those who had experienced suicidal ideation; and

- had an explicit focus on suicide, suicidal ideation or suicidal behaviour; and
- provided accounts from the suicidal people; and
- described, addressed or elucidated factors that assist in resisting suicide; or
- gave an account of recovery from suicidal ideation.

Studies focused on palliative care or end-of-life decision-making in terminal illness were excluded, as were those focused exclusively on self-harming behaviour not obviously associated with suicide.

Electronic searches of CINAHL Plus with full text, Medline and PsychArticles (included PsycINFO, Social Services Abstracts and Sociological abstracts) were undertaken for the period from 1997 to April 2007. Different keyword and subject headings were selected for each database (under the advice of an experienced librarian) to best access the available literature:

- CINAHL: Suicidal ideation (MH) and research OR suicid\$ and qualitative (returned 292).
- Medline: KW=(Suicid\$ AND Research) And KW=(recovery or 'quality of life' or 'attitude to death' or hope or phenomenology or 'grounded theory' or protective\$ or narrative) (returned 600).
- PsychArticles: KW=suicid* and DE=(recovery or alienation or self-esteem or life experiences or risk factors or narrative) and KW=(research or qualitative* or grounded theory or phenomenology) (returned 253).

In addition, the following journals were hand searched (1997–2007): 'Mortality', 'Death Studies', 'Archives of Suicide Research' and 'Crisis: The Journal of Crisis Intervention and Suicide Prevention'.

Papers were screened first by title and then by abstract and then by full text. Consistent with Dixon-Woods *et al.* (2006) observation, many papers reporting qualitative research had ambiguous titles or abstracts. When the abstract suggested that most of our inclusion criteria might be met, the full text was reviewed.

Search outcome

A total of 1130 references was found (duplicates excluded). 956 papers were excluded by title. The abstracts of 189 papers were reviewed and 89 were retrieved for full text review. Of these, 20 were considered closely related to the research question and 12 met all criteria (see Table 1). There was an inevitable degree of subjectivity involved in the process of selection. Two authors had published several papers relating to the same study or a programme of research. Bostik and Everall (2007) examined the attachment relationships of previously suicidal adolescents and

young adults and how they helped overcome suicidality. This thematic description focused more on overcoming suicidality than an earlier more inductive thematic survey (Everall *et al.* 2006) addressing the emotional experiences of suicide. Both reports arose from a 3-year study exploring the spectrum of experiences from becoming suicidal, moving through the suicidal state towards effective coping and adjustment. Talseth and colleagues also published a range of studies relating to particular experiences of suicidal people (Talseth *et al.* 1999, 2001a, 2001b). As Talseth *et al.* (2003) best described a process of healing this paper was included in the analysis.

Quality appraisal

The review question lent itself to research strategies reflecting diverse philosophical, theoretical and methodological traditions. The quality questionnaire developed and trialled by Attree and Milton (2006) for qualitative systematic reviews was completed independently for each reviewed report by both authors and differences resolved through discussion. This resulted in a global appraisal of each study on a four-point scale (A to D) ranging from 'No or few flaws' to 'Significant flaws that threaten the whole study'. No study was found to have major flaws that threatened the study.

Data abstraction

Sandelowski and Barroso (2002, p. 214) define findings as the 'data-based and integrated discoveries, judgements or pronouncements researchers have offered about the events or experiences under investigation'. Both authors initially extracted findings independently. There were only minor differences of opinion and these were resolved through discussion.

In each paper, how people live with or overcome suicidality was addressed differently. The populations and samples varied and were tied to the aims of the particular studies. Three focused on young people, three on older adults, five on mental health service users, one on First Nation women in British Columbia and another on men diagnosed with HIV infection. Consistent with Sandelowski and Barroso's (2003) observation, there was some uniformity in how findings were presented, but reports varied in the degree to which data were transformed or interpreted. These ranged from a topical survey involving little transformation of data (Eagles *et al.* 2003) to more interpretive explanations (Siegel & Meyer 1999). Some involved secondary analysis of data obtained from already completed interviews (Talseth *et al.* 2003, Bennett 2005).

Table 1 Reviewed Research

Title/reference	Research aim	Research classification/ design	Respondents	Findings
'Was life worth living?' Older widowers and their explicit discourses of the decision to live (Bennett 2005)	To examine the discourses of reasons to live among widowed men	Grounded theory based on semi-structured interviews	20 widowers aged 55–98 years, widowed between 3 months and 25 years who made explicit reference to decisions to continue living. Social and economic back grounds of respondents were said to be representative of Merseyside and the East Midlands	Themes: carelessness of life and the decision to live (some respondents described overt suicidal ideas, an ambivalence to living and a carelessness to life following bereavement, whilst others discussed a firm decision to keep on living); stoicism which motivated some to carrying on against the odds sometimes for the sake of others; affective and behavioural themes – particular emotional or behavioural turning points e.g. discovering a new interest; mortality – the decision to live in relation to own mortality and the experience of multiple losses
Young people's path to well-being following a suicide attempt (Bennett <i>et al.</i> 2002)	To explore young people's perceptions of resistance to future suicidal behaviours	Thematic analysis of transcripts of in depth interviews undertaken 9 months after suicide attempt. The focus of the interviews was on the experiences of participants that enhanced their ability not to repeat their suicidal behaviours	27 young people (15–24) who presented to an emergency department in New Zealand having been assessed as having undertaken a serious and deliberate attempt to end their lives	An overarching theme of growth in the personal agency and self-responsibility of participants was described. This involved a reconnection with friends and family, 'help-seeking' or accepting care, and learning or developing more appropriate ways to solve problems. Resisting suicidal thoughts is a complex and frightening process – on the other hand to keep living is less 'scary'
Healing from suicide: adolescent perceptions of attachment relationships (Bostik & Everall 2007)	To examine how adolescents perceive attachment relationships as helping them overcome suicidality	Grounded theory derived from in-depth semi-structured interviews	50 participants (41 female) recruited through advertisements in two major regions of Canada who reported being suicidal between 13 and 19 years, had been suicidal in the past 3 years but free from suicidal thoughts and feelings for the last 6 months	All teenagers reported a close relationship with at least one person or entity that was significant in their lives: a parent, a friend, another important adult or a spiritual connection. These relationships were distinctive from those previously experienced. They were perceived as accepting, permanent, encouraging, supportive, intimate and close. The relationships were perceived as helping the person overcome negative self-perceptions, inspire hope, provide meaning and move past being suicidal

Table 1 (Continued)

Title/reference	Research aim	Research classification/ design	Respondents	Findings
Giving up or finding a solution? The experience of attempted suicide in later life (Crocker <i>et al.</i> 2006)	To capture the subjective experience of older people who had recently made a suicide attempt; to explore their understanding of the pathway to and from this attempt, within the context of ageing	Interpretive phenomenology	Nine women and 6 men aged 65–91 (mean 69.5) years recommended by a mental health service in London and diagnosed as depressed at the time of a suicide attempt within the last 20 weeks	Loss of control associated with old age contributed to helplessness and depression. Fatigue and functional decline reduced ability to make an effort to stay connected. The attempted suicide was an attempt to escape desperation and helplessness. Experience of becoming less visible to others was characterized by feelings of isolation, loneliness and a general sense of being distanced from and less connected with the outside world. Following the attempt participants described a re-engagement with society or becoming visible again. People are assisted by nurses towards a 'life orientation' by 'reconnecting the person with humanity'. Three stages are described: reflecting an image of humanity, guiding the individual back to humanity and learning to live
A modified grounded theory study of how psychiatric nurses work with suicidal people (Cutcliffe <i>et al.</i> 2006)	To describe the psychosocial processes involved in moving a suicidal person from a 'death-orientated' position to a 'life-orientated' position	Modified grounded theory	20 people over the age of 18 who had made a suicide attempt or felt they were on the verge of doing so and who had received crisis care from psychiatric services in the United Kingdom	People are assisted by nurses towards a 'life orientation' by 'reconnecting the person with humanity'. Three stages are described: reflecting an image of humanity, guiding the individual back to humanity and learning to live
Suicide prevention: a study of patients' views (Eagles <i>et al.</i> 2003)	To establish what helped patients with severe psychiatric illness when they felt suicidal	Semi-structured interview and quantification of variables	59 people with a psychotic illness or recurrent major depression recruited via consultant psychiatrists in Scotland	Social networks and psychiatric services were considered most helpful followed by religious beliefs and practices. A majority reported that paid work was unhelpful when at their worst as was stigma relating to mental illness and the media
A phenomenological study of meaning in life in suicidal older adults (Moore 1997)	To explore how older adults who were suicidal experienced meaning in their lives	Hermeneutic phenomenology	Eleven participants aged 64–92 years who had expressed suicidal ideation and were hospitalized in one of three psychiatric units in Canada	The following themes were identified Psychache: people described feeling that they were engulfed in pain and suffering Nobody cares: people were depressed by the lack of caring for them as people. This could be expressed as a loss or a feeling that they had never been cared for Powerlessness: people revealed a frustration with their personal loss of power to decide. This might be in big decisions for example the sale of a house and division of belongings or everyday in terms of when to get up or eat. This rendered them in their own view as unimportant

Table 1 (Continued)

Title/reference	Research aim	Research classification/ design	Respondents	Findings
Healing experiences of British Columbia First Nations women: moving beyond suicidal ideation and intention (Paproski 1997)	To explore how five First Nations Women of British Columbia moved through suicidal ideation and intention in their youth	Phenomenology	5 First Nation women aged 30–45 years from different tribal affiliations in British Columbia who had experienced suicidality in their youth	12 themes were elucidated including 9 of healing from suicidality. Separating oneself from harmful people or spaces enabled the person to find a good space for reflection and healing to begin. Part of healing was described as reconnecting with family or ancestors. The process of healing was sustained through spirituality expressed in traditional ways. Relationships with elders or other older people who could provide modelling and help the person to learn about their culture were an important part of healing. In a process related to dealing with and letting go of history, participants' self-esteem and ability to express themselves improved
Suicidal adolescents: helpful aspects of psychotherapy (Paulson & Everall 2003)	To describe what young people reported as being helpful in psychotherapy to overcome suicidal thoughts, feelings and behaviour	Concept mapping - first sample interviewed and then a second sample identify the categories that comprise their experience	17 individuals (3 male) who were suicidal in adolescence, had been free from suicidal ideation for 6 months, and were receiving counselling (for interview phase); 20 further participants (5 male) undertook sorting and rating tasks. Undertaken in Canada	Five clusters were described: creative expression, enhanced self-understanding, communication, therapeutic relationship and therapeutic strategies
Psychiatric care as seen by the attempted suicide patient (Samuelsson <i>et al.</i> 2000)	To explore the experiences of admission and hospital stay of people admitted to a psychiatric hospital following a suicide attempt	Semi-structured interviews and content analysis of transcribed interviews	A convenience sample of 18 people (12 men) who had made a recent suicide attempt, whose suicide intent was moderate to high and who were hospitalized in Sweden	Findings were discussed under the categories of 'being a psychiatric patient', patients' perceptions of care and caregivers, and important aspects of care received. Ambivalence about suicide and the care provided was described. Verbal connection with staff was seen as essential to facilitating a desire to go on living

Table 1 (Continued)

Title/reference	Research aim	Research classification/ design	Respondents	Findings
Hope and resilience in suicide ideation and behaviour of gay and bisexual men following notification of HIV infection (Siegel & Meyer 1999)	To examine the narratives of gay men who contemplated or attempted suicide soon after diagnosis of HIV infection	Secondary analysis of narratives about suicidal ideation or behaviour from in depth interview transcripts focusing on the experience of living with HIV infection	64 people who explicitly discussed thoughts of suicide drawn from a sample of 144 gay men with HIV infection recruited via 'representative case' sampling methodology in New York	Suicidal ideation may have symbolically served a function in reassessing life, goals and commitments. Themes: reasons for contemplating and attempting suicide upon diagnosis with HIV (stereotypical conceptions of life with HIV are evoked upon diagnosis, existential crisis upon diagnosis with HIV, an interrupted life course); progression from suicidality to survival; coping opportunities through suicidal ideation and behaviour (redefinition of HIV, suicidal ideation and sense of control over one's life, suicidal ideation and attempt as symbolic 'rock bottom' motivates help seeking behaviour and coping, redefinition of life meaning and purpose: a new commitment to life)
Struggling to become ready for consolidation: experiences of suicidal patients (Talseth <i>et al.</i> 2003)	To describe a process of consolation revealed by two suicidal patients' experiences in light of the model of consolation described by Norberg <i>et al.</i> (2001)	Reinterpretation of interview transcripts from previous in depth interviews	The texts from interviews of two middle-aged Norwegian suicidal patients who were hospitalized for psychiatric care. The original interviews related to their experience of care	Themes illustrating Norberg's theory were highlighted: 'longing for closeness', 'desiring connectedness', 'struggling to open up inner dialogue', 'breaking into outer dialogue' and 'liberating inner and outer dialogue'. The results describe sufferers who are in deep despair and engaged in a process of struggling to open up to consolation

Synthesis

The content analysis undertaken approximated the 'conventional content analysis' described by Hsieh and Shannon (2005), except that the findings of studies were extracted to form a long list of statements with reference to their sources, and these represented initial coding categories. These statements were linked to form broad thematic categories. Emphasis was placed on understanding rather than quantification of themes. Some papers provided a richer description of data, more directly addressed the review question or were more interpretive, and these were more influential in the overall narrative analysis.

Results

The results of this review are presented as a summary of methodology and findings (see Table 1) and as a content analysis clustered into themes. Those papers closely related to the topic but which did not meet all inclusion criteria are listed in Table 2. Several recurring or interwoven themes common to most papers are presented below.

Suffering/psychache

It seems obvious that people who contemplate suicide experience considerable pain. Moore (1997, p. 32) identified 'psychache' as a dominant theme and suggested that the narratives of suicidal older adults were '...rendered through the eyes of deep pain and suffering'. On diagnosis of HIV men experienced 'overwhelming terror and emotional distress' (Siegel & Meyer 1999, p. 57). Everall *et al.* (2006) found that emotional pain was perceived as taking over every aspect of young people's lives. Talseth *et al.*'s (2003) respondents described despair with life and with relationships but yearned for connection with others. Bennett (2005) found that people who had suffered loss of a spouse felt empty, lost and were indifferent to living or dying. Cutcliffe *et al.* (2006) also described hopelessness as being associated with disconnection from others.

Struggle

The papers highlighted the experience of life as a struggle of varying degrees of intensity relating to different issues at different points in time. In the case of widowed men this was encapsulated in a theme of stoicism or not giving in (Bennett 2005). Young people described struggling against a desire to give in to suicide, and for some the desire to end their life did not diminish with time (Bennett *et al.* 2002). These

sentiments echoed the Freudian metaphor of the struggle between Thanatos (the drive towards self-destruction) and Eros (the drive towards life). This is perhaps most palpable in the throws of the suicidal crisis. Cutcliffe *et al.*'s (2006) participants described regaining a sense of control over their thoughts and feelings rather than being controlled by them as they reconnected with humanity.

For the most part, suicide was construed by participants and described by researchers as a choice. Paproski (1997) described Canadian First Nations women as 'deciding not to attempt' suicide and, as was common with others, the decision was rationalized in terms of maintaining some kind of connection with others. Bennett (2005) described older men's explicit decisions to live and contrasted this with carelessness about living or dying. Bennett *et al.* (2002), p. 27 gave an account of a young woman who had made preparations for suicide and her dilemma in 'deciding whether or not to act on her suicidal thoughts'.

Siegel and Meyer (1999) described the initial struggle of men following notification of HIV infection as existential or a drive to find meaning. Moore (1997), in a phenomenological study of meaning in suicidal older adults, described a dialectic between meaning and meaningless in the lives of suicidal older adults. Cutcliffe *et al.* (2006) also proposed that finding meaning in being suicidal and going on in the context of crisis were important challenges for people and a component of learning to live again. Whilst the struggle to find meaning maybe a universal need the context of life stages, illness and loss shape the way it is experienced. Crocker *et al.* (2006) described the struggle of coming to terms with getting older as the context and constant thread in the narratives of older adults who attempted suicide. This struggle was particularly intense prior to the suicide attempt and involved further struggles to maintain control and visibility. The suicide attempt for some was a means of taking control.

Connection

A disconnection from others, culture or God was a common feature of the suicidal experience. In the sense that connection with others, either through direct interpersonal relationship or through shared identification with culture or religion, gave meaning to life, all suicidal people experienced an existential crisis of sorts. Reconnection with others was associated with recovery or resolution of crisis. Bostik and Everall (2007) found that teenagers reported a close relationship with at least one person who was significant in their lives or they established a spiritual/religious connection. Connections were perceived as instrumental in overcoming negative self-perceptions, inspiring hope, providing meaning and moving past

being suicidal. These relationships (interpersonal or spiritual) were distinctive from those previously experienced in being perceived as accepting, permanent, encouraging, supportive and intimate. Participants in Cutcliffe *et al.* (2006) also described their relationships with caring nurses as being different from those they had experienced with others. The relationship enabled the expression of thoughts, experiences and feelings previously withheld from others. Cutcliffe *et al.* (2006) found that reconnecting with all former human connections was too much for people early in their recovery. They suggest that a caring nurse might become an ‘emissary for humanity’ in providing an experience of warmth and caring contact, whilst also gently challenging some of the negative views the person may hold of themselves and the world.

Bennett *et al.* (2002) described reconnecting with friends, family and seeking (or accepting) help from others as pivotal to recovery. Talseth *et al.* (2003) described suicidal people longing for closeness and connection. A process of recovery involved opening up to other people in order to be consoled. In their earlier work (Talseth *et al.* 1999, 2001a, 2001b), participants described helpful nurses and doctors who listened to and trusted them and connected in a personal way.

Crocker *et al.* (2006) described older adults who became less visible prior to a suicide attempt. This was characterized by detachment from the wider community, a diminishing social circle and feeling isolated even in the presence of others. The sense of struggle diminished and people became more visible as they developed a greater sense of connectedness. A connection with others was in essence what was perceived as therapeutic about psychiatric care and psychotherapy (Samuelsson *et al.* 2000, Cutcliffe *et al.* 2006), and enabled self-understanding and problem-solving (Paulson & Everall 2003).

HIV-infected men found formal support groups and professional contact helpful (Siegel & Meyer 1999). Eagles *et al.* (2003) asked 59 people recruited from a psychiatric service what they found helpful when at their worst, and respondents were split between relating to someone in their

social network and some kind of assistance from a psychiatric service. Whilst some British Columbia First Nations women found counselling or professional interaction helpful in overcoming suicidal ideation, all associated long-term healing with reconnection with family, elders and spiritual practices (Paproski 1997).

Turning points

Some researchers described pivotal events or turning points towards or away from suicide. Everall *et al.* (2006) found that liberation from predominantly negative states occurred around some change in environment, such as leaving home for young people. Cutcliffe *et al.* (2006) described an overall process of reconnecting with humanity, but in at least some people the corrective emotional experience of being cared for could engender rapid change. For example, a person was reported as stating ‘They just changed my life in 3 days because they were so loving and kind’ (p. 43). Bennett (2005) observed that a shift away from suicide could occur quite abruptly and people were able to articulate the moment or event. For example, one widower described attending a concert hall as ‘the first step on the road...to normality’ and another credited a priest for abruptly turning his life around. HIV-infected men articulated an explicit choice either to commit suicide or seek professional help through hospitalization or psychotherapy (Siegel & Meyer 1999). For others, hospitalization or opening up to someone were helpful (Samuelsson *et al.* 2000).

Suicide and coping

Paulson and Everall (2003) described suicidal behaviour as a problem-solving behaviour reflecting the participants’ way of relating to the world. Positive change was associated with extending the repertoire of coping strategies. Siegel and Meyer (1999) suggested that suicidality provoked a process of coping with HIV and enhanced a person’s sense of control over life. They acknowledge a

Table 2 Related but non-reviewed research

Title	References
Suicidal inpatients’ perceptions of therapeutic and non-therapeutic aspects of constant observation	Cardell and Pitula (1999)
Men’s accounts of depression: reconstructing or resisting hegemonic masculinity	Emslie <i>et al.</i> (2006)
Life on the seesaw: a qualitative study of suicide resiliency factors for young gay men	Fenaughty and Harre (2003)
Shame and suicide: a case study	Kalafat and Lester (2000)
Content analysis of previously suicidal college students’ experiences	Knott and Range (1998)
A comparison of suicidal thinking and reasons for living among younger and older adults	Miller <i>et al.</i> (2001)
‘The old me could never have done that’: how people give meaning to recovery following depression	Ridge and Ziebland (2006)
Linking life- and suicide-related goal-directed processes: a qualitative study	Valach <i>et al.</i> (2006)

paradox, in that fantasizing about suicide served as an important coping strategy by allowing the person to imagine their worst fears whilst gaining control over them. Cutcliffe *et al.* (2006) assert that existential crisis involves facing up to the realities of living and dying. In making sense of their suicidality, people were able to feel more connected with others. For some people, a suicide attempt was seen as a means of taking control, or a solution to an intolerable situation (Crocker *et al.* 2006).

Fantasizing or choosing the time, place and method of one's own death may reinforce to the person that they at least have some power, an option or escape. Knowing that there is a possible escape may make it easier to go on or to endure suffering. For others, the contemplation of suicide, a gesture or attempt was a critical event that enabled control to be relinquished (at least temporarily) to others. Relief (sometimes mixed with shame) was described by some who were admitted to inpatient psychiatric units (Samuelsson *et al.* 2000). Suicide may be seen both as a coping mechanism and a failure to cope.

Discussion

In this review we identified a relatively small body of work, published within the last 10 years, on the experience of recovery from or living with suicide. The small number of identified studies reduces the power of this review and limits the conclusions that may be drawn. The inclusion of qualitative research in reviews, and how findings from sometimes disparate philosophical and research traditions can be drawn together, summarized or synthesized, is contentious (Dixon-Woods *et al.* 2006). In this review we attempted to draw together and represent the findings of studies, but this invariably involved a degree of subjectivity and interpretation. In qualitative research reports findings or propositions are typically supported by verbatim examples, and reports may be diminished by reduction; therefore readers are recommended to consult the original works.

Many of our findings are consistent with the wider literature and in at least some instances the way in which the study findings were presented suggested that the wider literature was influential on researchers' interpretations of their data. For example, the term 'psychache' was coined by the influential suicidologist Shneidman, who proposed that it is at the heart of suicide:

Psychache is the hurt, anguish, or ache that takes hold in the mind. It is intrinsically psychological – the pain of excessively felt shame, guilt, fear, anxiety, loneliness, angst, dread of growing old or of dying badly. When psychache occurs, its introspective reality is undeniable.

Suicide happens when the psychache is deemed unbearable and death is actively sought to stop the unceasing flow of painful consciousness. (Shneidman 1996, p. 13)

The qualitative research summarized in this review provides rich descriptions of 'psychache' and its resolution. Conveying understanding of another's pain and suffering and assisting in containing it is fundamental to developing relationships which are therapeutic.

There is a potential for a parallel process to occur between much research on suicide (grounded as it often is in a positivist paradigm that stresses objectivity, detachment from suffering and reduction of experience) and the roles that may be assumed by would be helpers who use the research. Cutcliffe and Barker (2002) make a case to shift the emphasis from 'observation' of suicidal patients in psychiatric care settings to engagement and inspiring hope. At the heart of engagement is an attempt to know the individual and their unique experience. Qualitative accounts of the processes of suffering associated with suicidality might assist in the compassionate and empathically informed application of quantitative research and provide an emphasis on engagement and connection in the practice of helping.

In life stages such as adolescence and older adulthood (examined in this review), formerly acquired coping skills may be strained or ineffective in dealing with new or changing circumstances. At each period of time, connection with others has a particular significance. Failure to adapt or resolve a particular developmental crisis may lead to despair and suicidality. Elliott *et al.* (2005) propose that 'mattering', or the belief that one makes a difference in the lives of others, influences self-esteem, which in turn influences depression. In a sample of at-risk young people ($n = 1794$), they found that those who perceived they mattered to others were statistically significantly less likely to consider suicide. Those bereaved by suicide can perceive that they did not matter to the person who completed suicide. Bearman and Moody (2004), in a longitudinal study of 13,000 adolescents, found that exposure to a friend who had completed suicide increased the risk of subsequent suicide. For females, social isolation or less cohesive social networks were related to suicidal ideation, and for boys being part of a tightly knit school community reduced the odds of attempting suicide. As people age, the loss of friends poses a different kind of challenge, but the need to matter to others may be constant across the lifespan. Nurses are often involved with people during crisis and transitional periods, and the need to find opportunities to communicate to people that they matter. Suicide prevention strategies should include a strengthening of connections

What is already known about this topic

- Broad risk factors for suicide have been identified through epidemiological research and reviewing the histories of people who have completed suicide.
- In most western countries detailed information is gathered about people who complete suicide, but little systematic data is gathered about people who may be suicidal.
- Although suicide is a leading cause of death in some age groups it is statistically a rare event, whereas contemplating suicide is common.

What this paper adds

- Suicidality may be thought of as both a failure to cope and as a means of coping in that it provokes direct consideration of the meaning and purpose of living and dying.
- People have the capacity to turn away from or towards suicide, sometimes quite abruptly.
- Connection with others and particular kinds of relationships may be important mediating factors in living with or overcoming suicidal thoughts.

between people and the facilitation of communication to people that they matter.

Gunnell *et al.* (2004) followed up 2404 adults who took part in a national psychiatric survey in the UK, and found that an increased incidence of suicidal thoughts was associated with being unemployed, low levels of social support and not being in a stable relationship. Many people might fit this profile, but very few go on to complete suicide. There is some evidence that people who attempt suicide may be more isolated and less likely to talk about their suicidal thoughts than non-attempters (Negron *et al.* 1997). Qualitative description of the suicide experience may be of assistance to individuals and carers in identifying with others or developing a sense of universality. The studies reviewed reveal the sense of isolation and aloneness some people experience but, as Yalom (1995, p.6) observed, 'There is no human deed or thought that is fully outside the experience of other people'.

A diagnosis of a terminal disease poses a particular type of crisis. In the case of HIV infection, it may be imbued with stigma and shame. Suicidal thoughts or gestures may be one means of coping and reappraising life, but it remains to be seen whether this is true of other conditions or life transitions.

The studies reviewed had a narrow range of participants. Clinical samples, particularly of people who have been hospitalized, are important in suicide research because of the higher prevalence of suicide in psychiatric populations. For some, hospitalization may provide the impetus to begin to address problems and receive help but, paradoxically, for some it may mean handing over responsibility to others. Resolution may ultimately involve acknowledging and taking responsibility for one's own actions. Non-clinical populations may also contribute greatly to an understanding of living with or overcoming suicidal thoughts in natural settings. Further research with a greater diversity of participants derived from clinical and non-clinic samples is needed.

Conclusion

The nature of qualitative research precludes drawing definitive generalizable conclusions. Nevertheless, propositions or speculation grounded in personal experiences can be tentatively put forward to inform further research and helping practice. Nurses working with suicidal individuals should aspire to be identified as people who can turn others' lives around. People need to experience a relationship which is incompatible with alienation and hopelessness, consistent in positive regard and permissive of emotional expression. For some this may be a novel experience. Nurses may assist people to mobilize, connect or reconnect with their natural networks and supports. For those involved in population-based suicide prevention or health promotion, the development and strengthening of supportive relationships should be considered a priority.

Understanding how people turn their lives around would seem to be crucial in preventing suicide. For some people, thoughts of suicide linger or wax and wane in intensity, but are never be completely out of mind. The accounts of these people were muted in the research reviewed and are urgently needed to further our understanding. Further research leading to greater understanding of the conditions that help people to keep going, turn their lives around, maintain hope, and live with suicidal ideas are needed.

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Author contributions

RL was responsible for study conception, design, data collection, principle analysis and drafting of the manuscript.

MF undertook additional analysis, provided academic supervision and assisted in revision of the paper.

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