



Young people's experience of recovery and wellbeing following a suicide attempt

Carolyn Coggan and Sara Bennett chart young people's transitions from crisis to autonomy

Introduction

Evidence suggests that young people aged 15-24 in New Zealand are at increased risk of death by suicide compared with young people in other OECD countries (World Health Organization, 1998). In 1998, the most recent year for which data is available, 138 young people died by suicide (35 young women; 103 young men), a rate of 25.7 per 100,000 population (New Zealand Health Information Service, 2001). Acknowledging the devastating impact of suicidal behaviours on family, friends and community members, the Ministry of Health has prioritised the reduction of young people's deaths by suicide as a national health goal (Ministry of Health, 1998).

Overwhelmingly, the majority of current knowledge about young people's suicidal behaviour is informed by public health epidemiology. However, it has been suggested that a useful way of reducing the likelihood of

young people's suicidal behaviours is to broaden current public health understanding of young people's health and wellbeing. Internationally, qualitative research with young people is providing valuable evidence about the complexities of young people's health and behavioural concerns (Edley & Wetherell, 1999; Wetherell & Edley, 1999). We considered that a qualitative investigation of young people who had attempted to end their own lives would provide a unique perspective on the complexities of suicidal behaviours and would also provide useful information on suicide prevention and intervention opportunities. Consequently, a research project was undertaken with the aim of exploring young people's experiences of recovery and wellbeing following a suicide attempt. Comprehensive literature searches indicated that there has been no critical public health work investigating this. The purpose of this article is to provide some practical insight into what enables young people to make a

gradual transition from a sense of crisis at the time of a suicide attempt towards an increased sense of personal responsibility and autonomy.

Participants and process of analysis

The material for this analysis comes from a series of in-depth interviews conducted with young people who had attempted to end their own lives. All participants self-identified as New Zealand European/Pakeha, had no previous record of deliberate self-harm and had presented to a public hospital Emergency Department (ED) in the Auckland region following a suicide attempt. Prior to participating in the interview phase, all participants had been assessed by members of the psychiatric liaison teams at the participating hospitals as having undertaken a deliberate attempt to end their own life, thus excluding those who undertake actions such as repetitive cutting of wrists or arms with no suicidal intent. The study began in 1999 following approval from the New Zealand Ministry of Health ethics committee.

Potential participants were initially contacted by a clinical member of the research team to invite them to take part in the interview process and were interviewed within two weeks of their presentation to an ED following a suicide attempt. A follow-up interview was undertaken nine months later. In-depth semi-structured interviews lasting one to two hours were undertaken at a venue of the participant's choice, including homes, parks, cars and university offices. All interviews were audiotaped and fully transcribed. Thirty participants were interviewed initially, and 27 follow-up interviews were undertaken. Three

people could not be contacted due to relocation out of Auckland.

The analysis presented here focuses on data from the second, follow-up interview with 27 young people who had attempted to end their own lives. Acknowledging that those who have already attempted to end their own lives are at greatest risk of eventual death by suicide (Garland & Zigler, 1993), this interview focused on issues around longer-term resistance to suicidal behaviours. Multiple readings of interview transcripts were undertaken to identify themes and ideas used by participants to make sense of their understandings and experiences of their suicide attempt. Particular pieces of transcript have been selected for presentation and analysis because they illustrate

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broad thematic patterns observed across many interview transcripts. Participants' names have been changed to protect their anonymity.

Participants came from a variety of backgrounds. At the time of the suicide attempt, the occupations of the female participants included tertiary and secondary school students, parents, health care workers, administrators, catering industry workers and unemployed. Twelve of the women participants were living with their parents, six were living in a heterosexual partnership (de facto relationship) and five were living with flatmates. Sixteen women were aged less than 20 years and seven were aged 21-25 years. The majority of female participants attempted to end their own lives by overdosing; five attempted suicide by cutting their wrists. At the time of the suicide attempt, the occupations of the male participants included tertiary and secondary school students,

a banker, a storeworker, a mechanic and unemployed. Two of the male participants were aged 21-25; the remainder were 20 or younger. Four of the male participants were living with their parents, two were living with flatmates and one was living with his wife and extended family. Two of the male participants attempted suicide by drug overdose, one by hanging, one by cutting his throat and two by gassing themselves in their cars. One male participant combined an overdose with cutting his wrists.

Findings

At the time of the initial interview the majority of participants indicated that the primary intention of their suicidal behaviours was to end their own life. A small group of young women indicated that they had undertaken deliberately non-fatal suicidal behaviours in order to attract other people's attention. However, in spite of

the diversity of intentions there was a shared sense of the impact of the suicide attempt among participants and their families and friends.

Irrespective of the original intentions of their suicidal behaviours, all the young people indicated that their suicidal behaviours created enormous change in their sense of self and in their relationships with others. The following extracts explore the key issues that young people discussed when considering their experiences following their suicidal behaviour and the gradual transition that young people experienced as they regained a sense of self-responsibility and autonomy.

The period following the suicide attempt was universally experienced as a highly stressful and emotional time for all the participants and their

families. Many participants expressed that a foremost concern of family members was whether the suicidal behaviours were likely to be repeated. With the exception of one female participant, the participants did not undertake further suicidal behaviours during the period of this research. However, for some participants the desire to end their own life had not diminished. For example, Brett describes how, although it had been "a long time" since he attempted suicide by cutting his throat, he regularly struggled with the option of attempting to end his own life during periods of stress.

Brett

For me, it's been ... a long time [since his original suicide attempt]. But still I haven't really got to grips with it. It keeps me awake at nights still. I still panic about it but I find it really hard when

just little things get me down. It could be something like just a chain snaps on my bike, or, you know, something small and I just, like, freak. It's really hard, the minute something goes wrong for me it's extra stressful. I just go, oh I don't

want to go there again, you know 'cos I've been there and I don't want to go there again but I haven't really come to grips with it.

In this extract Brett suggests that, during times of stress, he experiences a sense of out-of-control crisis. In contrast to the breakdown of his relationship, which resulted in his initial decision to end his own life, at the time of the second interview Brett articulates a sense of current danger and risk. He suggests that it could be "something small" that could result in his "freak" and reconsideration of his suicidal impulses. In this extract, Brett positions himself

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as struggling to cope with self-responsibility and the difficulties of his daily life: he doesn't "want to go there again" but is unsure of how to achieve this as he hasn't "really come to grips with it [his suicide attempt]".

When asked to consider what assisted them not to re-attempt to end their own lives, changing self-image was a key factor mentioned by many participants. For many young people, the ability to perceive themselves in a more positive light was considered helpful. For example, in the following extract Jack describes his self-image at the time he attempted to end his own life.

Jack

Before I was sort of, like, double vision, two personalities trying to decide which one to have.

Interviewer

What do you mean, two personalities?

Jack

In a way, you know, I knew I had a good side and then there was my bad side there too but they were all mixed up together... My attitude then was almost like being indecisive and... making decisions and things like that, taking things upon myself which didn't work because I was just too indecisive about it and now I just feel like now I'm sort of my own person you know, I'm a single individual.

Interviewer

So that split has gone?

Jack

Yeah and now I can hold responsibilities and commitments and things like that, whereas before I couldn't.

Narrating an image for himself at the time of his suicidal behaviour, Jack suggests that he was

dominated by his "bad side", which caused him to be indecisive and take things upon himself which "didn't work" (ironically, including his suicide attempt). However, at the time of the follow-up interview, Jack identified himself as a "single individual", that is, able to appropriately cope with various commitments and responsibilities. In his account, Jack suggests that his ability to understand himself as a more coherent individual enhances his sense of self-responsibility and autonomy.

For other young people, a common technique of resistance to future suicide behaviours was to make a connection with the future and to decrease a sense of social isolation. For example, in the following extract, Greg describes how establishing friendships decreased his social isolation:

Greg

I've got things to look forward to now. I've rejoined up with my neighbour in [place] and we do Dungeons and Dragons and stuff like that. I've got a girlfriend now and she's interested in it too and that's like wow! So it's just really good. I've just started connecting with my other friends so when I get stressed now and things like that it's also a good thing to look forward to... Before, I isolated myself from everyone and I didn't have anything to look forward to. A problem was suddenly my whole life, so friends have helped.

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In this account, Greg suggests that in contrast to his earlier feelings of social isolation and depression, his reconnection with his friends and a new relationship with his girlfriend are part of what provides him with some "good thing(s) to look forward to" in times of stress. At the time of the second interview Greg had experienced

some personal counselling, which also supported his ability to consider himself as a proactive person who took the initiative to re-establish friendships. Greg also suggests that this shift towards being responsible for his own social life was a distinct and positive change from his previous self: "Before, I isolated myself from everyone."

For most of the young people who participated in this research, resistance to future suicidal behaviours was positively associated with proactive help-seeking behaviours. However, for many young people the most effective help-seeking was contingent on their sense of self-responsibility in their choice of the provider of help and assistance. In the following extract, Tracey contrasts help and assistance provided by a counsellor with that provided by friends:

Interviewer

They say... young people should get more counselling but I think it's not that easy.

Tracey

No, because it's such a big step to actually [get counselling]. Like, you think I'll go and get counselling but it's actually like a really big thing. Because you think oh my God, someone's a stranger ... but I think friends, it's really important to have just support around you like all the time. Sometimes going to counsellors, they're not going to be seeing you and they're not going to know if you're like that [all the time] you know. That's why I think it's important where sometimes some people don't like to tell friends. I know that. I mean obviously you don't want to tell people that you're not going to trust, but I think it's important having people that know what you're like and understand you know, you can go to when you're like that. Because usually I find if I ring someone and talk to them, I just really feel heaps better afterwards. Just the other week I was feeling

really crap and I rang someone and said oh, I just wish it would've worked, I don't want to be here and I was just crying and he just knew what to say. I just felt heaps better after that. So it helped by him saying certain things, just cleared me of that feeling.

In this account, talking about problems and concerns with a counsellor is positioned as less desirable than talking to a friend. Tracey suggests that a counsellor - "a stranger" - is not likely to know or care about the "real you": "They're not going to be seeing you and they're not going to know if you're like that, you know." At the time of suicidal behaviour, a lack of awareness of the "real" young person has minimal impact, as the objective is to alleviate the crisis and provide appropriate intervention and treatment. However, when the period of crisis has declined, Tracey suggests that actively seeking advice and assistance from friends at times of need is most helpful.

Participants also discussed a wide range of very practical help-seeking behaviours which they considered to be effective techniques for resisting future suicide behaviours. In the following extract Gina describes her change in self-image and how her help-seeking behaviour of shifting to another living environment provided her with personal safety and autonomy and encouraged her to redevelop a sense of self-responsibility:

Gina

I've moved out of home. I've put myself into a stable environment because it wasn't stable where I was before. I've also applied for the Independent Youth Benefit. I've done all that by myself and all these practical things which have made my life go forward. I mean, I knew what I wanted and I knew that if I was going to be at my original home any longer I'd just flip out

again. It's just too much stress and it was just too unstable and I knew that I had to get out and so I put myself somewhere safe.

In her account, Gina is critical of those who failed to provide adequate care for her and indeed suggests that others within her family home directly contributed to her suicidal behaviour. Gina describes a number of practical activities that she has undertaken to put herself into "a stable environment because it wasn't stable where I was before", including applying for financial assistance from the state. In her description of the actions she has undertaken, Gina positions herself as a determined, competent young woman who operates autonomously and is able to achieve an enormous amount of positive change, in spite of her previous decision to attempt to end her own life.

Among the participants who had experienced individual therapy or counselling following their suicide attempt, a frequent theme in their discussions was of learning and developing more appropriate ways to solve problems. Indeed, for many young people problem-solving advice which centred on containing problems as relatively minor events before they became catastrophic was considered the "best advice".

Dave

Well, that night that I ended up in the ED I talked to the therapist there, and she possibly gave me the best advice that anybody has ever given me out of all my counsellors and all my therapists. She said just take one day at a time, as simple as it seems.

Additionally, for many young people a crucial component in problem-solving was developing an ability to appropriately address problems as they occurred. In their discussions, these young people suggested that thinking positively was a useful barrier to future suicidal behaviours as it enabled them to focus on the positive aspects of their future. When asked to consider whether she would be likely to repeat her suicidal behaviours, Emma emphasised the importance of not losing sight of the balance between good and bad experiences in life, and realising that problems were frequently a temporary experience.

Emma

It's not worth it [attempting suicide] because it just does get better. You're not going to stay like that through your whole life. And even if it is bad like kind of a lot, there's always good times and things you can miss with your friends.

Similarly to Greg, Emma indicates that friends are an important component of wellbeing. However, she emphasises the primary importance of thinking positively to overcome negative experiences. Emma positions thinking positively as a technique of resistance to depression and other bad times. In her account Emma suggests that thinking positively is a powerful tool of resistance to future suicidal behaviours and is helpful: "even if it is bad like kind of a lot, there's always good times."

Discussion

From the analysis of the data presented here it is apparent that developing a sense of resistance to future suicidal behaviours is a complex and time-consuming process. Young people's comments

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indicated that a number of factors, including a more positive sense of self, increased positive relationships with friends and family, counselling and a more positive living environment are useful in encouraging resistance to future suicidal behaviours.

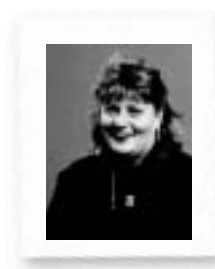
Previous research investigating young people's perspectives of avenues for seeking help to prevent suicidal behaviour has indicated that young people have concerns about professional mental health services. These concerns include a lack of youth-oriented services and a lack of confidentiality (Coggan, Patterson and Fill, 1997). In their discussions about resistance to future suicidal behaviours, some young people indicated that talking through their problems with peers was most likely to enhance their sense of self-responsibility. Consequently, it is imperative that young people be adequately resourced to respond if friends approach them for advice about suicidal behaviours. However, other young people indicated that they would be more likely to approach professional agencies if they required help and assistance. Therefore, professional agencies must also be appropriately oriented towards addressing the needs of their youth clients.

Acknowledging that those who have previously attempted to end their own lives are at increased risk of future suicidal behaviour, the primacy of the public health concern with the importance of risk (alongside a very practical and pragmatic desire to save lives) positions such young people within a discourse of care and protection. However, young people's discussions of their experiences during the period following their suicidal behaviours suggest that while care and protection is necessary in the period immediately following the suicide attempt, there is also a need to acknowledge young people's needs for self-responsibility and autonomy.

Young people's descriptions of their journey following a suicide attempted indicate that this is a very complex process. Nine months after the event, the transition appears to be ongoing for all the participants who participated in the follow-up interviews. Although the current research does not include an analysis of significant others' (such as parents') perceptions of the period following a young person's attempt to end their own life, it is probable that this period is also complex and problematic for caregivers as they struggle with a desire to care and protect for a vulnerable young person, versus the risk of allowing and/or encouraging an increased sense of self-responsibility.

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