

Words of wisdom from those who lived to tell the tale

A descriptive phenomenological study
of re-engaging with life after attempted suicide

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A thesis submitted in accordance with the requirements of
Central Queensland University for the degree of Master of Health Science
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Figure 1: Awaken visions

Statement of Originality

I declare that this thesis is my own original work and has not been submitted in any form for a degree or diploma to any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

Kerri Patricia Jackson

Dated: 31st January 2016

Statement of Access

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Abstract

The aims of the study are to explore the “lived experience” of re-engaging with life after attempted suicide, and provide deeper insight into this important phenomenon in order to help others in similar circumstances. The research question that informed the study was “What is the lived experience of re-engaging with life after attempted suicide?”

The past focus on understanding the rates, causes, and risks of suicide has not been effective in reducing suicide rates. There is an identified need for more research into the “lived experience” of people who have attempted suicide. The methodology underpinning this thesis is descriptive phenomenology in the tradition of Edmond Husserl.

Information came from taped, face-to-face, semi-structured interviews of one to two hours with eight participants: adult volunteers who shared their experience of the phenomenon. Analysis of participants’ transcripts of interview utilised Colaizzi’s (1978) analytic process. Eight central themes emerged in relation to how people re-engage with life after attempted suicide. These are: “The immediate aftermath”; “Doing the work”; “Life reshaping into something new”; “Finding a place to be”; “New ways of seeing”; “New ways of being”; “Making a difference”; and “In the long run.” The findings in the current study have the potential to make a substantive contribution to existing knowledge about the phenomenon of re-engaging with life after attempted suicide.

Table of Contents

Statement of Originality	2
Statement of Access	2
Abstract.....	3
Table of Contents	4
List of Figures	9
List of Tables.....	10
List of Appendices	10
Acknowledgements.....	11
Preface	12
Background to the Study	14
1.1 Introduction	15
1.2 Suicide and Attempted Suicide	15
1.3 Lived Experience Research.....	16
1.4 The Genesis of the Research Question.....	17
1.5 The Research Aims to:	18
1.6 The Research Question is:.....	18
1.7 An Overview of Each Chapter of the Thesis	18
1.8 Summary.....	20
Literature Review	21
2.1 Introduction	22
2.2 The Process of Conducting the Review of Literature	22
2.3 Phenomenological Studies of Suicide Attempters.....	23
2.4 Recovering from Attempted Suicide	25
2.5 The Significance of the Project.....	29
2.6 Summary.....	29
Methodology	31
3.1 Introduction	32
3.2 Phenomenology.....	32
3.3 The Evolution of Phenomenology	32
3.4 Descriptive Phenomenology	34
3.4.1 The Lifeworld and “lived experience”	35
3.4.2 Intentionality.....	35
3.4.3 Transcendental reduction.....	36

3.4.4	Phenomenological reduction	37
3.4.5	Free imaginative variation	37
3.4.6	Phenomenological intuiting.....	38
3.4.7	Inter-subjectivity	38
3.4.8	Universal essences.....	38
3.5	The Analytic Process	39
3.6	Phenomenology and the Health Sciences.....	40
3.7	Summary.....	40
Method	41
4.1	Introduction	42
4.2	Selection Criteria.....	42
4.3	Number of Participants	42
4.4	Participant Recruitment	43
4.4.1	Using the media for recruitment.....	44
4.4.2	Reflection on the process of recruitment	45
4.5	The Key Question	46
4.6	Data Collection.....	46
4.7	The Interview Process.....	47
4.8	Colaizzi's Seven Step Process of Data Analysis	49
4.9	Ethical Considerations.....	50
4.9.1	Potential risks to participants	50
4.9.2	Informed consent	51
4.9.3	Confidentiality/anonymity	52
4.9.4	Storage of information	52
4.10	Summary.....	52
About the Participants	53
5.1	Introduction	54
5.2	Ryan's Story	55
5.3	Chloe's Story.....	55
5.4	Sienna's Story	57
5.5	Jacob's Story.....	58
5.6	Karen's Story.....	59
5.7	Mark's Story.....	61
5.8	Shelly's Story	62
5.9	Sean's Story	64
5.10	Summary.....	65

The findings.....	66
6.1 Introduction	67
6.2 An Overview of the Process of Analysis.....	67
6.3 Theme One: The Immediate Aftermath	69
6.3.1 Introduction	69
6.3.2 Being in hospital	70
6.3.3 The benefits of hospital	73
6.3.4 Dealing with other people	74
6.3.5 Dealing with ongoing depression	76
6.3.6 Taking medication.....	76
6.3.7 Summary.....	77
6.4 Theme Two: Doing the Work.....	79
6.4.1 Introduction	79
6.4.2 Little steps every day	80
6.4.3 Seeking knowledge.....	81
6.4.4 Finding help	82
6.4.5 Maintaining mental health.....	84
6.4.6 Making changes	85
6.4.7 Pretty smooth sailing	86
6.4.8 Summary.....	86
6.5 Theme Three: Life Reshaping into Something New	87
6.5.1 Introduction	87
6.5.2 Life changing decisions	88
6.5.3 Finding what I want to do	90
6.5.4 Finding inspiration	92
6.5.6 Summary.....	95
6.6 Theme Four: Finding a Place to Be	96
6.6.1 Introduction	96
6.6.2 With family.....	97
6.6.3 Without family	99
6.6.4 With friends	99
6.6.5 With partners	100
6.6.6 In the community.....	101
6.6.7 With professional help.....	102
6.6.8 Gathering around.....	103
6.6.9 Summary.....	104

6.7	Theme Five: New Ways of Seeing	105
6.7.1	Introduction	105
6.7.2	Re-evaluating life	106
6.7.3	Moments of clarity	107
6.7.5	Understanding other people	108
6.7.6	The impact of death	109
6.7.7	Who defines mental illness?	110
6.7.8	Summary	111
6.8	Theme Six: New Ways of Being	112
6.8.1	Introduction	112
6.8.2	Starting again	113
6.8.3	But thinking makes it so	114
6.8.4	Gaining control and becoming self-reliant	114
6.8.5	Loving yourself	116
6.8.6	Coming to terms	116
6.8.7	Staying mentally healthy	118
6.8.8	Summary	119
6.9	Theme Seven: Making a Difference	120
6.9.1	Introduction	120
6.9.2	Speaking out	121
6.9.3	Giving back	124
6.9.4	Summary	127
6.10	Theme Eight: In the Long Run	128
6.10.1	Introduction	128
6.10.2	Facing the stigma	129
6.10.3	Losing the way	131
6.10.4	Losing work	131
6.10.6	Things will come undone	132
6.10.7	Living with suicidal thoughts	133
6.10.8	Living with mental health challenges and medication	134
6.10.9	The hole is still there	136
6.10.10	Summary	137
6.11	A Visual Representation of the Process of Re-engaging with Life	138
6.12	An Analysis of the findings	142
6.12.1	Introduction	142
6.12.2	Step 5: An exhaustive description of the phenomenon	142

6.12.3	Step 6: A general description of the phenomenon.....	147
6.12.4	Summary.....	149
Literature Review of the findings.....		150
7.1	Introduction	151
7.2	Overview of the Literature on the Lived Experience of Re-engaging With Life	151
7.3	The Process of Conducting the Review of Literature	152
7.4	Theme One: The Immediate Aftermath.....	154
7.5	Theme Two: Doing the Work.....	155
7.6	Theme Three: Life Reshaping into Something New.....	156
7.7	Theme Four: Finding a Place to Be	156
7.8	Theme Five: New Ways of Seeing	157
7.9	Theme Six: New Ways of Being	158
7.10	Theme Seven: Making a Difference.....	159
7.11	Theme Eight: In the Long Run.....	160
7.12	The Significance of the Study Findings	161
7.13	The Strengths of the Study	162
7.14	The limitations of the study	163
7.15	Summary.....	163
Implications & recommendations for policy & practice, education and training, and research.....		165
8.1	Introduction	166
8.2	Policy & Practice.....	166
8.3	Education and Training.....	167
8.4	Research	169
8.5	Summary.....	170
Timeline		171
Budget.....		173
References.....		174
Appendix A: CQU Ethics Committee Approval		181
Appendix B: Information Sheet		183
Appendix C: Consent Form.....		186
Appendix D: Using the Media.....		188
Appendix E: Suicide Prevention Resource Booklet.....		196

List of Figures

Figure 1: Awaken visions. Artwork by Daniel B. Holeman	Page 1
http://www.AwakenVisions.com This work is licensed under a Creative Commons Attribution-Non-Commercial-No Derivatives 4.0 International License. Artwork approved for non-commercial reuse	
Figure 2: Hope Desktop Wallpaper free from Gaia's Blog May 16	Page 14
http://blog.gaia.com/happy-hope-y-wallpapers/ free from this blog	
Figure 3: Hope at the edge of the Horizon by Lovely Ice Princess	Page 21
http://lovelyiceprincess.deviantart.com/art/Hope-at-the-edge-of-the-Horizon-433570904 Licence CC. Some rights reserved. Creative Commons Attribution 3.0 License	
Figure 4: Nature-flowers-plant	Page 31
https://static.pexels.com/photos/471/nature-flowers-plant-blur.jpg CC0 License. Free for personal and commercial use. No attribution required	
Figure 5: The Galaxy	Page 41
https://static.pexels.com/photos/25996/pexels-photo-25996.jpg CC0 License: Free for personal and commercial use. No attribution required	
Figure 6: Fern unfurling	Page 53
http://www.patrickklichen.com/2012_04_01_archive.html Copyright Richard Dorrell and licensed for reuse under this Creative Commons Licence	
Figure 7: Finding a way	Page 66
https://www.pexels.com/photo/compass-close-up-nostalgic-chain-28355 CC0 License: Free for personal and commercial use. No attribution required	
Figure 8: Theme One Sub-themes	Page 69
Figure 9: Theme Two Sub-themes	Page 79
Figure 10: Theme Three sub-themes	Page 87
Figure11: Theme Four sub-themes	Page 96
Figure12: Theme Five sub-themes	Page 105
Figure 13: Theme Six sub-themes	Page 112
Figure 14: Theme Seven sub-themes	Page 120
Figure 15: Theme Eight sub-themes	Page 128
Figure 16: The Lotus	Page 148
https://static.pexels.com/photos/1483/sea-lake-pond-flower.jpg	

CC0 License: Free for personal and commercial use. No attribution required

Figure 17: Peace dove Page 150

<http://manysparrowsart.com/2013/11/11/peace-dove-designs/> (free from this blog)

Figure 18: Blossoming Page 165

<https://www.pexels.com/photo/flowers-plant-nature-pink-19596/>

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List of Tables

Table 1: List of databases & No. of articles

Table 2: Themes, search terms and results

Table 3: About the participants

Table 4: Theme 1 – The immediate aftermath

Table 5: Theme 2 – Doing the work

Table 6: Theme 3 – Life reshaping

Table 7: Theme 4 – Finding a place to be

Table 8: Theme 5 – New ways of seeing

Table 9: Theme 6 – New ways of being

Table 10: Theme 7 – Making a difference

Table 11: Theme 8 – In the long run

Table 12: List of databases & No. of articles

Table 13: Themes, search terms and results

Table 14: Proposed timeframe of study Page 170

Table 15: Research higher degree budget

List of Appendices

Appendix A: CQU Ethics Committee Approval

Appendix B: Information Sheet

Appendix C: Consent Form

Appendix D: Using the Media

Appendix E: Suicide Prevention Resource Booklet

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Preface

We cannot arbitrarily invent projects for ourselves:
they have to be written in our past as requirements

(Simone de Beauvoir)

My son is raging. Periodically he is head butting the walls, or the wooden balustrade of the stairs, trying to cause himself damage, stalking the room and shouting, for hours. He is desperate and distraught. I am sitting here quietly blank. I am not listening. I can't take it in, it is too endless.

There is a knock on the door and he charges over, grabs the handle, throws the door open, ready for the battle but it is the Police. Everything stops, and there is shocked silence.

When he wakes in the mornings, he says he dreams of dying. He says he can't stop thinking about it. It has become an obsession for him. We are drowning in pain and I am the better swimmer but I am struggling to hold his head above water.

His father says, "Your Mind can be like a wild stallion and, it can trample you to death, crush you like an ant, it can run wild and lose like a stallion and kill you", and he knows that.

I am grateful to have them both, here on the earth.

There are many reasons why I wanted to do this research. Beginning with the first shocking attempt in 1999, by my son's father, and his subsequent diagnosis of schizophrenia, something I had despaired of for a long time but we lived in different states, a long way away from each other. I was the struggling, single parent of a small child and there was nothing I could do. He spent two weeks in the Intensive Care Unit, slowly recovering his strength, but the scars remain. Some things never heal and the horror of what he went through will never leave me but I choose not to think about it. After that, I began to learn about mental illness and mental health. I started with, "Tell me I'm here" by the wonderful Anne Deveson, journalist and founder of SANE Australia, the unparalleled tragedy of her son's schizophrenia, and his death at twenty-four.

I learned of my son's becoming suicidal shortly after I started the degree. He had moved to Melbourne with a friend to escape what was fast becoming the chaos of his life but he took it there with him. He was on the brink and seeing a psychiatrist twice a week. I am very thankful for that man who put the time into my son even if he did drug him to the eyeballs with massive amounts of Aripiprazole. It took a few more months before I came to fully understand the nature of that chaos. His initial experience of hearing voices confused him. He didn't know what was happening to him. He thought the voices he could hear were his own thoughts and he thought everyone else was hearing them as well, but they weren't; and the struggle we went through when he finally came home and asked for help, is a story for another time.

These experiences left me wanting to have a voice: I wanted to be listened to. I wanted to be heard. I wanted to have some power and I wanted to make a difference. In the end, my own journey of recovery from the traumas we live through...

Chapter 1

Background to the Study



Figure 2: Hope

1.1 Introduction

This chapter briefly outlines the magnitude of the problem of suicide and attempted suicide internationally, and in Australia. It describes the arguments put forth by international experts who want research to include the people most affected by suicide, that is people bereaved by suicide, and people who have attempted suicide. It provides an explanation as to the genesis of the study question; includes the study aims, and concludes with an overview of the seven remaining chapters in the thesis.

1.2 Suicide and Attempted Suicide

World Health Organisation (WHO) figures show that suicide is increasing worldwide, despite decades of efforts to prevent it. WHO has been measuring suicide rates since its inception in 1948 and cautions that its figures may be an underestimation of the number of people who have taken their own life or attempted to. They estimate nearly 1,000,000 people die by suicide each year, and that suicide rates have increased sixty percent over the past forty-five years. They further estimate another 20,000,000 people attempt suicide each year, (World Health Organisation (WHO), 2014).

Wynters and Welborn (2012, p. 23) state “In exactly eight minutes from the time you start reading these words, someone in Australia will attempt suicide. And in just over three hours, another will have succeeded.” That is forty-eight people a week, and seven people a day complete suicide in this country. There are estimates that over 60,000 people a year attempt to take their own lives that is, approximately 164 people a day, the majority of who are women (Australian Senate, 2010). Over two thousand people complete suicide annually, three quarters of whom, are men. The suicide rate has been rising since 2006 and the recently released, Australian Bureau of Statistics (ABS), 2013 suicide rate is the highest it has been in eleven years, (2015).

Other solutions and directions are emerging in suicide prevention. One of the most significant is the argument for research into the lived experience of people who have attempted suicide. Suicide Prevention Australia (SPA), in their 2009 submission to the Senate inquiry into suicide, (2009, p. 60) strongly advocate that future research incorporate the “lived experiences of suicide attempt survivors, and bereaved individuals.” They state “A much deeper understanding is also required of people’s capacity for resilience and optimism and the ways in which we might better develop pathways to hope and social cohesion in society” (2009, p. 8).

1.3 Lived Experience Research

The past focus on understanding the rates, causes, and risks of suicide has not been effective in reducing suicide rates. Rutter, Freedenthal, and Osman (2008, p. 4) argue that the historical focus on “suicide risk factors neglect the strengths and resilience that keeps people alive.” They cite a review by Goldston in 2000 of forty-one suicide risk assessment instruments in which, “95% assessed exclusively negative, deficit-related, or pathology-related factors such as depression, substance abuse, or hopelessness” (2008, p. 143). Chi et al. (2013, p. 1) state, “Literature has explored the process leading up to attempted suicide. However, there is a lack of information exploring the recovery and healing process after attempted suicide.”

Key proponents of suicide prevention around the world are calling for future research, to focus less on risk, and more on people who have survived suicide. In the belief that people who have experienced this phenomenon are an important but neglected source of information, and have a great deal to contribute to the field of suicidology (Alexander, Haugland, Ashenden, Knight, & Brown, 2009; Bergmans, Langley, Links, & Lavery, 2009; Cutcliffe et al., 2012; Dodemaide & Crisp, 2013; Hjelmeland & Knizek, 2010; Suicide Prevention Australia, 2009).

The American National Suicide Attempters Taskforce (2013, p. 1) concurs:

The field of suicide prevention has rarely tapped the experiential knowledge of suicidal behaviour and real-world wisdom about what might help stop suicide that suicide attempt survivors (also called attempt survivors) can bring to the table. This 'lived experience' can help save lives and provide hope for those experiencing suicidal thoughts and feelings.

Jerry Reed, Director of the Suicide Prevention Resource Centre (SPRC) in the USA, states there is a need to “encourage and support attempt survivors in bringing their expertise to the struggle against suicide, and their firsthand experience with facing and triumphing over suicide to others at risk” (Reed, 2013). These arguments and the literature review that follows, informed the development of the research question underpinning the study.

1.4 The Genesis of the Research Question

The focus of the study evolved from the critiques outlined in sections 1.2 and 1.3 and in SPA's “Submission to the 2010, Australian Senate Community Affairs Reference Committee Inquiry into Suicide in Australia”:

A way in which to address the social stigma associated with suicide, without glamorising suicide itself, is to give suicide a 'face' and encourage the personal stories of those involved in suicide prevention or postvention, including suicide attempt survivors and those bereaved by suicide. (2009, p. 46).

SPA's report contains many passages from people with “lived experience” of suicidal behaviour, including the following quote from a person who had attempted suicide:

My view is we must keep the conversation alive to keep the person alive. Peer support is critical; those who have attempted suicide and are here to share the

experience of coming back from that choice, are essential weapons of the power of their story to be given to those that believe there is no choice.

(Submission 068, 2009, p.18)

1.5 The Research Aims to:

1. Explore the “lived experience” of “re-engaging with life” after an attempted suicide
2. Provide deeper understanding and insight into this important phenomenon in order to help others in similar circumstances and improve service provision

1.6 The Research Question is:

“What is the lived experience of re-engaging with life after attempted suicide?”

1.7 An Overview of Each Chapter of the Thesis

Chapter Two consists of a review of literature available on topics of relevance to the study. It examines existing phenomenological studies of people who have attempted suicide, along with other studies concerned with how people recover from attempted suicide. The chapter concludes with a discussion of the significance of the project in the light of these findings.

Chapter Three describes the methodology chosen for the study – that of descriptive phenomenology in the tradition of Husserl. It begins with a description of the development of phenomenology as a philosophy and a research approach to inquiry and continues with a comprehensive account of descriptive phenomenology and its components: “The lifeworld and lived experience”, “Intentionality”, “Phenomenological reduction”, “Free imaginative variation”, “Phenomenological intuiting”, and “Universal essences”. It introduces the work of the Duquesne school of phenomenology, which developed processes for engaging in descriptive

phenomenological analysis. It ends by outlining Colaizzi's (1978) method of data analysis, which informs the analytic process for the study.

Chapter Four outlines the research methods used in the study starting with a description of: the selection criteria for participants in the study, followed by the process of recruitment, the key question guiding the interview process, information gathering, and the process of analysis using Colaizzi's (1978) seven-step approach. The chapter concludes with a discussion of the ethical considerations for the study and the strategies used to address each of them.

Chapter Five provides demographic information about the participants followed by a synopsis of each of their individual interviews.

Chapter Six documents the findings of the study which consists of eight themes: The immediate aftermath, Doing the work, Life reshaping into something new, Finding a place to be, New ways of seeing, New ways of being, Making a difference and In the long run. After this, an exhaustive description of the phenomenon pertaining to the essential structure of each theme is provided. The chapter concludes with a general description of the phenomenon, which is the final synthesis of the phenomenon's essential structure.

Chapter Seven presents a review of literature in relation to the findings. It does so by considering each of the themes in turn. The chapter concludes by identifying what is already known about the phenomenon, and what the current study contributes to knowledge about re-engaging with life after attempted suicide.

Chapter Eight describes the implications and recommendations for policy and practice, training and education, and research.

1.8 Summary

This chapter presented the background to the study. It began with information on the magnitude of the problem, before presenting the arguments for “lived experience” research. It also provided an explanation as to the genesis of the study, documented the study’s aims, the research question and a summary of the remaining seven chapters. The next chapter is a review of the literature pertaining to the phenomenon under investigation, the findings of which further corroborate the value of the present study.

Chapter 2

Literature Review



Figure 3: Hope at the edge of the Horizon by Lovely Ice Princess

2.1 Introduction

As previously stated in Section 1.5, the aims of the current study were to explore the lived experience of re-engaging with life after attempted suicide; and to provide a deeper understanding of the phenomenon in order to help others in similar circumstances. The chapter begins with a description of the processes used by the researcher to identify the literature relevant to the phenomenon. The review firstly identifies and discusses phenomenological studies of suicide attempters. Secondly, it presents articles on recovering from attempted suicide before discussing the significance of the study in relation to the findings.

2.2. The Process of Conducting the Review of Literature

This chapter reviews the literature in relation to the current study. Four databases were searched: CINAHL with full text, Academic Search Complete, Medline and PsycINFO. Table One below lists the databases and the number of articles located in each search engine. Of the twenty-four articles that informed the review of literature, sixteen articles were identified via the data bases mentioned above, six references are for websites, one is from a PhD dissertation obtained directly from the author, and one reference is from a government report. Table Two, which follows contains the themes, search terms/keywords, and results.

Table 1: List of databases & No. of articles

Database	No. of articles
Academic Search Complete	1
CINAHL with full text	3
PsycINFO	9
Medline	3

Table 2: Themes, search terms and results**Keywords:** phenomenology, attempted suicide, suicide survivors, recovery, lived experience

Theme	Search Terms	Results
Phenomenological studies of suicide attempters	Attempted suicide, AND Phenomenology AND Suicide survivors	10 relevant results
Recovering from attempted suicide	Attempted suicide AND Recovery	10 relevant results including three internet sites
The significance of the project	Lived experience AND attempted suicide	4 relevant results

2.3 Phenomenological Studies of Suicide Attempters

Suicidology refers to the body of knowledge and the discourse that has evolved from the extensive research into suicide prevention undertaken over the past twenty years. In the field of suicidology, the term “survivors” has been used to describe both people bereaved by suicide, and people who have attempted suicide (Suicide Prevention Australia, 2009, p. 7). More recently, the term “suicide attempters” has been adopted to distinguish more clearly between the two (National Suicide Attempters Taskforce, 2013). There are a growing number of phenomenological studies into the consequences of suicidal behaviour for a range of social groups including people bereaved by suicide, (Mitchell, Kim, Prigerson, & Mortimer-Stephens, 2004; Terhorst & Mitchell, 2011), Carers, (Talseth, Gilje, & Norberg, 2001), Nurses, (Cutcliffe, Stevenson, Jackson, & Smith, 2007) and Doctors (Talseth & Gilje, 2007). However, phenomenological studies of “suicide attempters” are limited in comparison to the other groups and only three studies were located in the search process.

Cutcliffe, Links, Harder, Balderson, Bergmans, et al., (2012) conducted a study into the “lived experience” of being discharged from hospital following a suicide attempt,

in Ontario, Canada. They sought to better understand the increased risk of suicide following discharge from an inpatient psychiatric service. They interviewed twenty people who were recently discharged former suicidal inpatients and identified two key themes, Existential Angst at the Prospect of Discharge and Trying to Survive While Living Under the Proverbial 'Sword of Damocles' (2012, p. 265). Each theme was broken down into five sub-themes. In the second theme, the identified sub-themes are Needing Post Discharge Support; Feeling Lost, Uncertain and Disorientated; Feeling Alone and Isolated; Suicide Remains an Option; and Engaging in Soothing, Comforting Behaviours (Cutcliffe et al., 2012, p. 265). They concluded that practitioners needed to communicate more effectively with patients regarding their treatment in hospital, and to consult with them in relation to their discharge because people who know what to expect are less fearful and in less danger of re-attempting suicide after their release (Cutcliffe et al., 2012, p. 265).

Pavulans, Bolmsjö, Edberg, and Ojehagen (2012, p. 1), contend there is limited research of suicidality as experienced by people who have attempted suicide. They conducted a study in Sweden, the aim of which was to "explore the lived experience of being suicidal and having made a suicide attempt, in order to identify possible implications for health care professionals." Pavulans et al. (2012, p. 1) interviewed ten people "shortly after they attempted suicide." They asked "How do people who have made a suicide attempt describe their situation, feelings and thoughts before and during the process of decision?", "How do people experience the act of attempting suicide?" and, "What are their own thoughts about the reasons behind their actions and about possible preventive factors?", (2012, p.2). They described the experience of being suicidal as "Being in want of control." People who had attempted suicide needed help to regain a sense of control in their life. Further, restoring a sense of control is critical to intervening in an acute suicidal state of mind. They concluded that it is very important to listen to a potentially suicidal person's experience and allow them as much control in their clinical treatment as possible.

However, they questioned whether health professionals were willing and/or able to do so (Pavulans et al., 2012, p. 10).

Kuzmanic's (2012) PhD dissertation also examines the experience of being suicidal. She too asserts that there has been little research into the lived experience of being suicidal (Kuzmanic, 2012, p. 13). Kuzmanic conducted her study in Slovenia, where she interviewed twenty adults drawn from the general community:

Seven themes with subthemes emerged from the analysis: profound loneliness and isolation; meaninglessness, emptiness and nothing(ness); self-deprecation, guilt and shame; seeing no way out; living according to 'having to'; unbearable embodied psychache; and solutions. The findings in particular point to the embodied and interrelated aspects of suicidality and support the identified need for more attention to be given to lived experience, and to the experience of existential givens of the human condition. (Kuzmanic, 2012, p.13)

Pavulans et al. (2012) and Kuzmanic (2012) focused on the pathology of the suicidal experience leading up to the attempt whilst Cutcliffe (2012) considered the "lived experience" of people who were about to be discharged from hospital after a suicide attempt. None of these studies however, considers what happens after the immediate crisis is over or how people who have attempted suicide re-engage with life in the longer term. The next section describes the limited research available on how people recover from a suicide attempt.

2.4 Recovering from Attempted Suicide

Whilst the concept, theory and practice of Recovery, has a long history in the mental health field, it is only now beginning to influence the field of suicidology. In 2013, SANE Australia produced the "Suicide prevention & recovery guide: A resource for health professionals" in which they state, "This guide is unique because it examines

suicide prevention through the lens of recovery”, (2013, p. 3). They suggest that applying the concept of recovery to suicidal behaviour is complicated by the term’s meaning within the mental health field, where it refers to “a process by which people regain hope and move forward with their lives, with or without the symptoms of mental illness”, (2013, p. 5). Whilst mental illness is associated with a high risk of suicide (Department of Health and Ageing, 2007), it is generally accepted that suicide is not restricted to people with a diagnosed mental illness.

That people can recover from the experience of being suicidal and attempting suicide, is evidenced by the lived experience voices being heard around the world demonstrated by McMaster University and St Joseph's Healthcare (2014) “Reasons to go on Living” Internet consultation project in Canada, the National Suicide Attempters Taskforce established in the USA in 2014, and the “attempters.com” web-site.

Long before everyone else, Bennett, Coggan, and Adams (2002) in New Zealand studied pathways to wellbeing for twenty-seven young people drawn from hospital emergency departments who had attempted suicide. The aim of their research was “to explore young people’s transitions towards resistance against future suicidal behaviours” (2002, p. 25). They conducted their main interviews nine months after the young peoples’ attempt. In 2009, Bergmans et al. used a Grounded Theory approach to “understand the transition to safer behaviours” (2009, p. 120) of sixteen, young adults with experience of repeated suicide attempts, after a period of approximately six months. They describe “a process of personal discovery of how to live in the presence of enduring symptoms or vulnerabilities; having choice; healing; and connection with others or with one’s role in the larger world” (Bergmans et al., 2009, p. 124). Chi et al. (2013) continued this work with a Grounded Theory study into healing and recovery after a suicide attempt, with fourteen participants who had not re-attempted suicide or experienced the desire to do so for one year

following the event. They found that recovery consisted of five phases: self-awareness, the inter-relatedness of life, the cyclical nature of human emotions, adjustment, and acceptance. All of the stages in Chi et al.'s (2013) study describe internal changes in understanding within the individual, whereas Bergman adds a sense of agency, connection with others, and a reminder of the ongoing difficulties people endure, whilst struggling to become well.

In Taiwan, Sun and Long (2013), developed a theory of recovery from suicide based on interviews with people who had attempted suicide within the previous three months. They interviewed twenty people: fourteen patients and six of their caregivers. The key theme identified in their research was "Striving to accept the value of self-in-existence". Sub-themes include "becoming flexible and open-minded; re-building a positive sense of self; and endeavouring to live a peaceful and contented life" (Sun & Long, 2013, p. 2030). These findings have similarities with Chi's references to self-awareness, self-acceptance, to re-adjusting and accepting life. Chi et al.'s (2013) and Sun and Long's (2013) findings complement each other but, unlike Bergman's et al. (2009) and others (below) they eschew consideration of the impact of the external environment and circumstances, on internal states of being.

Bergmans et al. (2009) and Pavulans et al. (2012) both posit that being able to be responsible for oneself and having a sense of personal control are a priori, conditions of mental health. Bennett et al. (2002) however, described the activities, which precipitate this state as "active help-seeking from professionals and peers, practical problem-solving abilities, thinking positively, and rediscovering a 'will to live'" (2002, p. 25). Thus they contribute actively seeking help from professionals and peers, and practical problem solving to the overall picture of how people recover from a suicide attempt. Whilst Bergmans et al. (2009, p. 124) importantly adds "connection with others or with one's role in the larger world."

The following year in the USA, Chesley and Loring-McNulty (2003) conducted a survey of seventy-one people who had attempted suicide aiming to increase understanding of the subjective experience of the suicidal individual, in order to identify factors that contribute to survival following a suicide attempt. They found the participants experienced profoundly negative emotional responses in the immediate aftermath of a suicide attempt, which gave way with time to gratitude for life. Along with Bennett et al., (2002) they count interventions by health professionals as one the key reasons cited for stopping suicidal behaviour. The sense of self-empowerment and a new outlook on life they describe is in keeping with the other studies. As with Bergman et al. (2009), they document the importance of relationships with friends, and participation in activities in the outside world as significant factors in their participant's survival. However, their study findings were the result of an 'investigator-designed survey' where the questions shape and therefore to an extent, predetermine the answers, which is a limitation.

Everall, Altrows, and Paulson (2006) undertook a descriptive qualitative study designed to understand how adolescents overcome suicidality. Thirteen previously suicidal female participants participated in the study. An analysis of participants' transcripts of interview revealed four domains of resilience: social processes, emotional processes, cognitive processes and purposeful action. Everall et al. found that these domains to be inextricably linked, with improvements in one area producing changes in others, adding momentum to the process. Resilience is an internal quality or a characteristic, a protective factor, which can be enhanced, or diminished. Everall et al's, (2006) study expands on the nature of resilience but as with Chi et al. (2013), and Sun and Long (2013), it does not reference external factors to the individual.

Heckler (1994) published a book *"Waking up Alive"*, which is based on hundreds of hours of interviews conducted throughout the USA, was the first research that

charted the steps and stages that must be negotiated after a suicide attempt. He posits five stages of recovery: dissolving the suicidal trance, rebuilding the self, building a new relationship with oneself, allowing others in, and giving back. Heckler (1994) describes the need for internal change, to re-build the self and includes re-establishing connection with other people. What he adds to the equation is giving back to society: a new addition to the conditions, which promote life documented in these studies of recovery.

2.5 The Significance of the Project

This literature review provides evidence of the need to include the “lived experience” of people who have attempted suicide in the work of suicide prevention (Chi et al., 2013; Cutcliffe et al., 2012; Hjelmeland & Knizek, 2010; Kuzmanic, 2010; National Suicide Attempters Taskforce, 2013; Suicide Prevention Australia, 2009; Sun & Long, 2013). These studies of the experience of people who have attempted suicide, and recovered, revealed many common features. With the exception of Heckler (1994), and Chesley and Loring-McNulty (2003) they all recruited high-risk participants from clinical settings and the research occurred a relatively short time after the participants’ suicide attempts. In contrast, this research has been undertaken with a non-clinical group of low risk participants drawn from the community, whose suicide attempt was two or more years prior to their involvement in the study. The foci of previous research around the topic of this thesis were concerned with life after attempted suicide in the short term, or with the experience of being suicidal. None specifically explores the phenomenon of re-engaging with life after attempted suicide.

2.6 Summary

The chapter described the search process used to identify articles relevant to the current study. It identified phenomenological studies of people with the experience of attempting suicide followed by research, which focused more broadly on recovery

from attempted suicide. There was a noticeable paucity of studies in both categories, and there are significant differences between the studies identified in the literature review and the current study. The final section on “The significance of the project” detailed these differences, and confirmed the importance of the study as one, which explores areas of experience not previously considered.

Chapter 3

Methodology

There are two worlds: the world we can measure with line and rule, and the world we feel with our hearts and imagination. To be sensible of the truth of only one of these is to know truth by halves. (Leigh Hunt, cited in Perl & Schwartz, 2006, p. 2)



Figure 4: Nature, flowers, plant

3.1 Introduction

This chapter begins with an overview of the philosophy and methodology of phenomenology before elaborating on descriptive phenomenology as informed by Edmund Husserl, whose philosophical principles of phenomenological inquiry underpin the thesis. An explanation as to why descriptive phenomenology is a suitable methodology for the study precedes an account of the key concepts and processes, which constitute phenomenological inquiry. These concepts include the “lifeworld” (Lebenswelt), intentionality, phenomenological reduction, intersubjectivity, the use of free imaginative variation, phenomenological intuiting (Anschauung), and the nature of universal essences. The chapter concludes with a brief discussion on the synergy between phenomenology and the health sciences.

3.2 Phenomenology

Phenomenology has more than a century-long history as both a philosophy and a research methodology since its inception in the works of Franz Brentano (1838-1917), Edmund Husserl (1859-1938) and Carl Stumpf (1848-1936). The term is “derived from the Greek word *phainomenon* meaning ‘appearance’” (Holloway & Wheeler, 2010, p. 214). Phenomenology therefore, is concerned with exploring things as they appear in the everyday subjective world of human beings - the world of everyday here and now experiences. Essentially, it is an exploration of the realm of lived experience, the purpose of which is to describe phenomena surfacing in this world.

3.3 The Evolution of Phenomenology

Phenomenology has emerged as a philosophical movement and research approach that provides an alternative lens with which to view the world of human beings, to that of positivism, which was the dominant paradigm at that time. The philosophy of positivism promoted the natural sciences with its emphasis on experimentation, observation of the natural world and empirical evidence as the only form of legitimate knowledge, in strong contrast to that of the phenomenological movement

with its emphasis on the subjective nature of experience as the foundation for understanding the life world of human beings. Finlay (2009, p. 274) states “The special contribution and strength of phenomenology is the way it can capture the richness, poignancy, resonance and ambiguity of ‘lived experience’, allowing readers to see the worlds of others in new and deeper ways.”

Phenomenology has permeated thinking in the 20th century and into the 21st century, influencing many fields of thought and leading to new forms of scientific enquiry (Wojnar & Swanson, 2007). Transcendental or descriptive phenomenology, first described by Brentano (1838-1917) as ‘descriptive psychology’ and later termed by Husserl (1859-1938) ‘transcendental phenomenology’, has as its central hallmark the importance of description in explicating the essential nature of phenomena. Heidegger (1889-1976), a student of Husserl expanded his work by positioning human beings as ‘Being-in-the-world’ meaning, that human beings exist in the world in a way that they cannot be separated from the world in which they live. Heidegger moved beyond description to an exploration of the meaning of being which required a hermeneutic approach to inquiry. He essentially brought together existential philosophy and hermeneutics to form a particular approach to inquiry termed existential-ontological hermeneutics (Taylor & Francis, 2013). He was followed by the French existentialists, Sartre and Merleau-Ponty being amongst the most well known. Various leading lights such as Gadamer, Van Manen, and the academics from the Duquesne school of psychology, see Section 5.3 below, have led phenomenology to the place it holds today as a legitimate and respected qualitative research methodology.

Phenomenology has, in recent times been recognised as an important approach to knowledge development concerning human experience (Dowling, 2007). The benefit of adopting such an approach to inquiry acknowledges the importance of the subjective nature of human experience. Thus, it provides the means to research such experiences in order to gain essential knowledge and understanding of the lifeworld of people within

the context of health and illness. For the purpose of the current study, however, further discussion is limited to that of Transcendental or descriptive phenomenology as it has become known, informed by the works of Husserl.

3.4 Descriptive Phenomenology

Descriptive phenomenology in the tradition of Husserl aims to explore and explicate the fundamental nature of human experience of phenomena as they present themselves in consciousness and reveal themselves through description and exploration (Moran, 2000). Husserl was of the opinion that people should be “guided by experience and not by taken-for-granted concepts or inherited principles” (Crotty, 1996, p. 51). He believed there were attitudes – that of the natural attitude concerned with the everyday experience of human beings, and that of the philosophical attitude, which is about contesting the taken-for-granted everyday experiences. In taking this stance, Husserl argued that the value and meaning of human experience be given precedence over uncontested assumptions and beliefs that limit the possibility of realising what it means to be human.

For Husserl, “the aim of phenomenology is the rigorous and unbiased study of things as they appear in order to arrive at an essential understanding of human consciousness and experience,” (Dowling, 2007, p. 132). Husserl’s driving force was to develop a methodology, which was scientifically rigorous and “firmly grounded, methodical [and] capable of making substantial contributions to the scientific community’s growing body of knowledge” (Giorgi, 2008, p. 519)

Descriptive phenomenology, as conceptualised in the Husserlian tradition depends on the researcher achieving “transcendental subjectivity (neutrality and openness to the reality of others), discovering eidetic essences (universal truths), and entering the life-world plane of interaction (researcher and participants interacting)” (Wojnar & Swanson, 2007, p. 174). Individual perceptions are as important as judgement and

reason. It involves a number of principles or central tenets: intentionality; the “lifeworld” (Lebenswelt) and lived experience; transcendental reduction; phenomenological reduction; inter-subjectivity; free imaginative variation; phenomenological intuiting (Anschauung); and the nature of universal essences, explained below.

3.4.1 The Lifeworld and “lived experience”

Husserl (1970) describes the “lifeworld” “as what individuals experience pre-reflectively, without resorting to interpretations. “Lived experience” involves the immediate, pre-reflective consciousness of life,” (Dilthey, 1985, cited in Dowling, 2007, p. 132). It describes the person in relation to their world, assuming the two, to be indivisible. It “is an experienced world of meanings, which encompasses a person’s sense of lived time, space and embodied relationships with self and others,” (Finlay, 2009, p. 475). Brown (2000) calls “lived experience”, “a filter through which experience and events are made sense of” (cited in Bowden, 2006, p. 2). Van Manen (2001) argues that phenomenological methodology is particularly suited to studies with people who have attempted suicide in stating:

The complexity of human experiences, especially concerning sensitive matters such as having made a suicide attempt, calls for methods that truly explore the ‘lived experience’. By listening to patients’ voices and their stories, it becomes possible to come closer to life as people live it, rather than as we conceptualise, categorise or theorise about it. In this way, we increase the possibility of gaining a deeper understanding of the nature or meaning of what it means to survive a suicide attempt (Van Manen, 2001). (cited in Pavulans et al., 2012, p. 2)

3.4.2 Intentionality

The term intentionality refers to “the human capacity for awareness of objects as well as their contextual features [that] allows humans to reason about objects in their

world and communicate with others” (Earle, 2010, p. 287). From a Husserlian perspective, intentionality is pivotal to exploring and understanding human experience (Earle, 2010). It involves the conscious attunement to an external object that is the focus of the experience (Crotty, 1996). The term ‘object’ refers to “things in the external world, facts ... dream images, essences ... anything” (Paley, 1997, p. 190) that presents itself to an individual’s consciousness as part of everyday life. Therefore, within the context of this research, intentionality was considered a cornerstone for the exploration of the phenomenon of re-engaging with life after attempted suicide.

3.4.3 Transcendental reduction

As mentioned, Husserl’s philosophical method (1913/1983) states that a researcher should bring an attitude of reduction to their experience of the phenomenon in order to make their descriptions as free from bias as possible. Adopting an attitude of transcendental reduction or *epoché* requires the researcher to “bracket” their pre-conceived knowledge and experience of the phenomenon, which is the focus of the inquiry, in order to give it their full and undivided attention. This involves “consciously and actively seeking to strip away prior experiential knowledge and personal bias so as not to influence the description of the phenomenon at hand”, (Wojnar & Swanson, 2007, p. 173). The result is to see the phenomenon without pre-conceptions, interpretations, or foregone conclusions. This requires discipline, concentration, a non-judgemental attitude, unconditional positive regard, and the ability to actively listen and respond to the information on hand. Maintaining an audit trail or field notes also helps the researcher identify and reflect on her or his biases and influences (Wojnar & Swanson, 2007).

The researcher involved in phenomenological inquiry does not claim that the phenomenon exists in any way other than as it appears, or presents itself. The goal is undertake an analytical and critical process, aided by free imaginative variation and

intuition, to discover the underlying structural meanings embedded within the data. A simple example of the colour on a wall may suffice to demonstrate the point: one person may say the colour is green and another may say the colour is blue. The researcher may see the colour as yellow. Each perspective is 'true' from the point of view of each observer. The researcher does not assume that the colour is blue, green, or yellow for that matter. The colour on the wall remains the same empirically, regardless of the words used to describe it, or the people doing the describing. However, it is the observed, subjective point of view, what the observer believes, which is paramount in phenomenological methodology.

3.4.4 Phenomenological reduction

Phenomenological or eidetic reduction is concerned with explicating the underlying meanings from the essential insights gleaned from the phenomenon studied in order to reveal the essence or essential structure of the phenomenon.

3.4.5 Free imaginative variation

For Husserl, "meanings come to consciousness and their essences are determined with the help of imaginative variation. This means that essences are 'seen', intuited, brought into the presence of the researcher's consciousness" (Giorgi, 2006, p. 308) by a process of deep engagement with the eidetic descriptions contained in the data. Cutcliffe, Joyce, and Cummins (2004, p. 310) describe "a process of insightful invention, discovery or disclosure. It is a process of seeing meaning; a process of determining the experiential structures that make up that experience." It is applying the creative faculty of imagination to the themes that emerge from the data, and testing the hypotheses gained against the evidence contained in the concrete descriptions of people's experience. It allows for consideration of the variations and subtleties within human experience, which may ultimately illuminate the phenomenon in new ways.

3.4.6 Phenomenological intuiting

Phenomenological intuiting or *Anschauung* is described by Husserl “an eidetic comprehension, or accurate interpretation of what is meant in the description of the phenomenon under investigation” (Streubert-Speziale & Rinaldi-Carpenter, 2007, p. 79). It involves having an innate sense of what it might be like to ‘live in another’s skin ... the intuitive process leads to the investigator owning a sense as if he or she had personally lived the participants’ experience” (Streubert-Speziale & Rinaldi-Carpenter, 2007, p. 176). The process of phenomenological “intuiting” occurs in concert with imaginative variation through which the researcher immerses her or himself with the participant’s description of the phenomenon in order to gain an in-depth understanding of the inherent meaning of the participant’s experience. Such a process demands a vigilant and attentive attunement to the lived world of the participants in relation to the phenomenon under investigation.

3.4.7 Inter-subjectivity

Within the Husserlian tradition, inter-subjectivity refers to the common ground of shared meanings held by individuals and others. It is a means of sharing individual experiences within a social context transcending personal subjectivity to share with others in the process of developing personal and communal meaning.

3.4.8 Universal essences

As previously stated the goal of phenomenological inquiry is the search for an explication of the essential nature or essence of a particular phenomenon, which is the focus of the inquiry. Essences are the fundamental structure of a phenomenon brought to light in the experiences of human beings by the process of eidetic phenomenological analysis. Cohen and Omery (1994) posit that eidetic phenomenological analysis:

...rests on the thesis that there are essential structures to any human experience. These structures are what constitute any experience. Each unique experience has distinctive structures that pattern the specific experience uniquely. When these

structures are apprehended in consciousness, they take on a meaning (or truth) of that experience for the participants. (Cohen & Omery, 1994, p. 137)

Thus, essences define the structure of experience of phenomena. Each of the abovementioned principles of phenomenological inquiry guided the researcher in exploring the particular phenomenon of the study: Re-engaging with life after attempted suicide.

3.5 The Analytic Process

In America in the seventies, a group of psychologists from Duquesne University in Pittsburgh built on the legacy of Husserl in developing a methodology that could inform the process of analysis, which respected the spirit of science, but used methods and concepts appropriate to study human experience. Giorgi, van Kaam and Colaizzi led the way in the development and acceptance of phenomenology as a legitimate form of qualitative research: “their proposed method involving description, reduction and the search for essential structures has been credited with the quest to establish reliable methods for conducting ... phenomenological research” (Dowling, 2007, p. 135).

All of the Duquesne psychologists (van Kaam, Giorgi and Colaizzi):

...employed a similar series of steps: (a) the original descriptions are divided into units, (b) the units are transformed by the researcher into meanings that are expressed in psychological and phenomenological concepts, and (c) these transformations are combined to create a general description of the experience. (Polkinghorne, 1989, cited in Dowling, 2007, p. 135)

This thesis employs Colaizzi’s (1978) approach to analysis as it provides a structured process in keeping with Husserl’s approach to descriptive phenomenological inquiry. The approach owes its strength to adhering to the principles or tenets of descriptive

phenomenology with a simple framework which none-the-less induces complex and detailed analysis, leading to explicating the genuine experience of participants.

3.6 Phenomenology and the Health Sciences

In recent times the importance and relevance of human experiences has emerged as a fundamental component of quality health care delivery. Understanding a person's lived experience can lead to improvements in the quality of health care service provision. As a result, there is a strong synergy between the current study and the health sciences in meeting the needs of the community in health and illness.

3.7 Summary

This chapter describes the methodology employed in the current study, which is descriptive phenomenology. It begins with an account of phenomenology as a philosophy and methodology concerned with the study of human consciousness, which has evolved over the course of the last century into different theoretical frameworks. It then elaborates on descriptive phenomenology, which is singular in its refusal to compromise with regard to the position of the researcher, as someone who applies research strategies in the service of objective data collection and analysis, using processes, which are consistent, thorough and transparent. It explains eight key concepts, which drive the process of data collection and analysis, and concludes by making clear the contribution of phenomenological studies to the quality of health care service delivery. The following chapter describes the methods used to implement the study

.



Figure 5: The Galaxy

4.1 Introduction

This chapter describes the research process undertaken for the study. It begins with information on the selection criteria and the number of participants, followed by an account of the difficulties encountered in the convoluted process of recruitment. It includes the research question that guided the collection of information, explains the methods of data collection, and outlines Colaizzi's (1978) approach to data analysis. The chapter concludes with a discussion of the ethical considerations entailed in the study and the strategies employed to address them.

4.2 Selection Criteria

The selection criteria for participation in the study were men and women:

- ❖ Aged 18 years and over
- ❖ Who have lived through the experience of attempting suicide
- ❖ Who attempted suicide two or more years prior to interview
- ❖ Who wish to share their experience of **“re-engaging with life”* and have access to support services

**“Re-engaging with life”* for the purpose of the current study, means that the person has had enough time since their experience of attempting suicide for changes to have occurred in their life, which have enabled them to re-balance, and create a better life.

4.3 Number of Participants

Phenomenological research aspires to obtaining complex, detailed information from a small number of people (Maggs-Rapport, 2001, pp. 374-375). The researcher seeks in-depth knowledge of the content of the experience. “The sample size in phenomenological research should be small, so that each experience can be examined in-depth” (Mapp, 2008, p. 309). Eight people participated in the study.

4.4 Participant Recruitment

Initially, Queensland Voices, a consumer organisation for people with a mental illness; Suicide Prevention Australia, the peak agency advocating for studies into the “lived experience” of people who have attempted suicide; and the Australian Institute for Suicide Research and Prevention (AISRAP) agreed to assist with recruitment for the study. The researcher first contacted Suicide Prevention Australia providing them with information about the study. They circulated the information flyer to the two hundred members of their ‘Lived Experience Network’, and placed the flyer on their web site. Two potential participants responded to the invitation immediately. This was early February 2015. The researcher waited two weeks before contacting the Australian Institute for Suicide Research and Prevention (AISRAP) who agreed to include the information flyer in their regular newsletter. The researcher sent information on the research project to QLD Voices, who also placed it in their newsletter. The researcher waited another two weeks and as there was little response, modified the ethics application to include contacting other peak agencies and sending out press releases. After receiving approval, she wrote a press release and sent it to the three major metropolitan papers, “*The Courier Mail*”, “*The Sydney Morning Herald*”, and “*The Age*”, all of whom failed to respond.

The researcher contacted SANE Australia who distributed the information to their speakers’ bureau. Two people volunteered immediately as a result. Next, the Mental Illness Fellowship of Australia sent information about the study to all States and a number of key agencies. The researcher received three enquiries from Western Australia; one person requested an interview via Skype, one person did not, and one person was ineligible. Next, the researcher contacted the Centre for Research Excellence in Suicide Prevention; they happily agreed to send the information sheet out to all of their networks. The Black Dog Institute put a notice about the research on Twitter. The researcher contacted Hope for Life, the Salvation Army, and then

recontacted AISRAP, Voices QLD, and SPA to ask them to continue advertising the study.

4.4.1 Using the media for recruitment

On Wednesday 25th March, the researcher sent a press release to the “Sunshine Coast Daily” and followed it up with a call to the editor. The paper published the story online on Monday 30th March, along with 14 other regional newspapers throughout Queensland. Five of those papers published an article to a circulation of 49,353 people. One woman volunteered after reading the article in her local paper, the Toowoomba Times, and another woman volunteered from Bundaberg. Finding people for the study was difficult in practice. By the end of March after two months of publicising the research extensively Australia wide, only seven people had volunteered, half the number the researcher had planned to recruit.

As the researcher was running out of time and options Marc Barnbaum, Central Queensland University’s Media Officer who had seen the media coverage from the press release, contacted the researcher. He suggested she prepare a one hundred and fifty word “letter to the editor”, which he subsequently sent to approximately one hundred regional newspapers Australia wide on Tuesday, 13th April (see 3.4.3 below). Two journalists rang the researcher to discuss the project, Emma Stone from Biloela, and Sherele Moody. Both journalists had published newspaper articles on the project. One of those journalists Sherele Moody, an APN journalist, contacted the researcher on the 15th April.

By this stage, the researcher had eight volunteers - four in Melbourne, one in Sydney, and three in Queensland. One person in New South Wales and one person in Queensland wanted to participate via Skype bringing the total to ten people.

Over the next two weeks, eighty-three newspapers picked up the story, and the researcher received daily enquiries about the study. On Monday and Tuesday 20th and 21st April, twelve newspapers, published the “Letter to the Editor” most of which were in Queensland, one in Western Australia, and one in VIC, with a total circulation of 131,068. The Mental Illness Fellowship of South Australia also circulated the information on the 20th April. One of the research subjects had a contact in Veteran Affairs who promised to distribute information about the research to their networks. Five people expressed interest in volunteering for the project on the 21st April, which was an unprecedented day. A small number of people did not meet the selection criteria and many were unwilling to travel for interview. One woman read the article whilst she was in Port Douglas in North Queensland, but as it turned out; she lived in Sydney and could participate easily. Similarly, one person read the article in a regional area and lived in Brisbane. One person changed their mind and withdrew. One person was prepared to travel to the University for an Interview the following week, on the 7th May. One person lived on the Sunshine Coast and became the first interviewee on the 6th May 2015. One person scheduled for 7th May had to pull out because of a personal emergency, but still wanted to participate. Another participant started work and could not meet during office hours. One more had a baby and in the end could not make it after all. One woman read about it in Bowen, northern QLD and was coming down to Brisbane in five weeks’ time. She was included. The final participant came from the Sunshine Coast but heard about the research from his mother who lived in regional Victoria and had read a story about it in her local newspaper. As is evident the recruitment process was very fluid resulting in the researcher losing and gaining people over the course of finding the participants.

4.4.2 Reflection on the process of recruitment

The researcher overestimated the influence of the key suicide prevention stakeholders and agencies in Australia in terms of reaching volunteers for the study,

initially believing that she would find all of the people she needed from these sources. Her eventual success in attracting a large amount of publicity was the result of enlisting the help of the university's expertise with the media. The researcher had worked alone initially, and it was more by good luck than good management that this collaboration occurred. The response was gratifying; many newspapers wrote articles on the prevalence of suicide in their communities and provided local suicide statistics proving that suicide is a topic that affects and interests many communities. It also demonstrates that articles in the paper are perhaps the best way to reach the public, and were ultimately a far more effective way of finding participants for the study, although both methods produced results. The researcher also found that if people were interested in participating in the study, they responded very soon after reading about it or not at all.

4.5 The Key Question

The question that guided the interview process in this research was "What is your experience of "re-engaging with life" after your suicide attempt?"

4.6 Data Collection

Descriptive phenomenology focuses on obtaining in-depth information from a small group of people, who share the experience of a particular phenomenon, (Maggs-Rapport, 2001, pp. 374-375). Phenomenological researchers are interested in the meaning of a phenomenon as it is lived by other people and interviews are the most frequently used means of collecting such information. An interview is not an experiment conducted in a laboratory with controlled conditions; instead, it involves a person-to-person relationship between the researcher and the participant (Englander, 2012). For the purpose of this research, semi-structured interviews provided the framework for an in-depth exploration of the participants' experiences of re-engaging with life after an attempted suicide. The interviews were audiotaped, and later transcribed for analysis.

4.7 The Interview Process

Before the principal supervisor would let the researcher conduct the interviews, he insisted that she conduct a trial interview, in this case with her associate supervisor. The researcher went down to the Brisbane campus and conducted a two-hour practice interview. The team then met and listened to the first forty minutes of the taped interview after which the researcher was deemed competent by her two supervisors to progress to the formal data gathering aspect of the study.

Over the course of February, March and April approximately thirty people expressed interest in participating in the research. A copy of the Information Sheet and Consent Form was sent to each person who enquired about participating and they were asked to get back in touch, if they wished to proceed. The researcher offered to conduct interviews at CQUniversity campuses in Brisbane, Sydney, Melbourne, and on the Sunshine Coast. She also needed to recruit all the people to interview before she could fly to Sydney and Melbourne. After dates and times were negotiated with each participant, the researcher booked an interview room. Participants were notified of the booking confirmation, provided with the campus address and map, and instructions on where to go once they arrived. The campus facilities were ideal because they were centrally located, easily accessible, quiet, private and comfortable, whilst at the same time being a safe environment for all parties.

The first meetings were scheduled for Tuesday, 5th May, Wednesday, 6th May and Friday, 8th May, at the Noosa campus. One participant did not attend the interview scheduled for the Friday. On Monday the 11th May, the researcher interviewed a participant at the Brisbane campus. Tuesday, 12th May, the researcher flew to Melbourne and conducted two interviews the following day on Wednesday 13th. The researcher conducted another interview on Thursday 14th May. With six interviews completed, the researcher flew to Sydney and conducted one more on Monday, 18th

May at the Sydney Campus. Two people who had been included in the interview schedule, pulled out. They were unable to fly to Brisbane as planned. The researcher had one more offer from a man who lived on the Sunshine Coast and so the eighth and final meeting was back at the Noosa campus on 16th June 2015.

The researcher felt it was extremely important to allow the people she was interviewing to tell their story in their own words, and in their own time. She did not intend to impose arbitrary time limits on the people who made the effort to come and describe their experiences to her. Such an intimate topic warranted a great deal of respect and care.

As a piece of pure phenomenological research where the focus is on the personal experience of each individual, there was only one question asked of each person; What was their experience of re-engaging with life after their suicide attempt? This is a sufficiently broad question as to allow each person to describe his or her relevant life experiences in this regard in whatever way, and with whatever emphasis, they chose. The researcher's focus in each interview was to keep quiet, remain silent, and to listen to the participant with her full attention. This requires a great deal of discipline and constant attention to the task. In this way, the researcher did not intrude on the participants in any way and she left it to them to direct the content of the interview. Most people came prepared. They had given thought to what they wanted to say. The researcher did not interrupt or try to direct the interview in any way. Some participants asked her if what they were saying was what she was looking for. However, she could honestly reply that she was not looking for anything in particular but only for what they wanted to tell her. She did contribute her opinion occasionally and answered any questions she was asked. The researcher recorded the interviews, which were then typed up by a professional transcription service.

The study went according to plan with regard to the main interviews but the researcher did not conduct all of the follow-up interviews by telephone. She rang the first two participants, but the third participant wanted to receive her evaluation questions by email. After that, the researcher emailed the other participants the list of questions but they did not reply. However, there was more than enough information to process from the main interviews. It was the mistake of a novice researcher to include the follow-up interviews in the original research design.

4.8 Colaizzi's Seven Step Process of Data Analysis

The process of data analysis involves starting with a mass of information, selecting, describing, categorising, re-organising and then condensing the data into some manageable, succinct, homogenous whole (Colaizzi, 1978). Colaizzi (1978) outlines seven steps in his data analysis process. This is not a linear process but an iterative one. In summary; firstly read the transcript of the interview to become familiar with its content. The second step involves "extracting significant statements that directly relate to the phenomenon under investigation" (Edward, Welch, & Chater, 2009, p. 165). This requires a line-by-line investigation of the transcript to identify the information relevant to the phenomenon in question. The third step is to use the process of phenomenological reduction to create meaning units - statements, which encapsulate the essence of each quotation from the perspective of the participant; after which each quote and meaning unit is, attributed a sub-theme. The fourth step is to combine the "formulated meanings into theme clusters" (Edward et al., 2009, p. 165). Once the sub-themes have been determined and grouped together, broader overarching themes start to emerge. The themes and sub-themes shift and change but gradually solidify as each interview undergoes the same process. The findings document the evidence for the themes and sub-themes divined in the data. The fifth step is to prepare "An exhaustive description of the phenomenon" based on the findings, and the sixth step is to develop "A general description of the phenomenon", the fundamental essence of the experience, the final reduction. A seventh step

suggests returning the results to participants for feedback and validation (Edward et al., 2009).

4.9 Ethical Considerations

All research involving humans and animals, carries with it ethical responsibilities and all researchers have a duty of care for the well-being of participants in their study. Meeting these responsibilities entails following guidelines for safe practice: monitoring participant well-being, using interviewers with sufficient skills, and providing options for follow-up care. The National Statement on Ethical Conduct in Human Research states that “Informed consent” is achieved when potential participants receive “an adequate understanding of the purpose, methods, demands, risks and potential benefits of the research” (National Health and Medical Research Council, Council, & Committee, 2007, p. 19), on which to make an informed decision concerning their involvement in the study. The purpose, methods and demands of the research were outlined above. The risks are detailed below.

4.9.1 Potential risks to participants

In a recent study regarding the ethical issues attached to interviewing people with the experience of attempting suicide, Biddle et al. (2013) collected data from four studies focusing on self-harm or suicide. The experience of talking about suicide in the context of research was beneficial, even cathartic to the majority of people who participated in these studies, but approximately twenty percent experienced a lowering of mood. However, the participants’ desire to contribute to the research outweighed any negative experiences. Biddle et al. conclude, “These findings suggest individuals are more likely to derive benefit from participation than experience harm. Overprotective gate-keeping could prevent some individuals from gaining these benefits”, (2013, p. 362).

There was a minimal, but none-the-less potentially high risk associated with this project given that the participants had been through the experience of a attempting suicide, albeit one that was two or more years in their past. Whilst this experience of trauma is not the subject of the study, it is its starting point. The focus of the study was on how people recovered from this experience, how they triumphed after adversity. Despite this, the researcher was cognisant of the risk that retelling their experience could trigger distress in some participants even though they were confident that they had re-engaged with life, and had something to offer the research. Consequently, at the interview, participants received a booklet (Appendix E) with a list of support agencies, their contact details, and internet resources; and the contact details for a telephone counsellor, should they feel the need to talk to anyone after the interview. None of the participants accessed the counselling services provided or requested additional support from the researcher.

4.9.2 Informed consent

For Mapp (2008, p. 309) "The following procedures must be achieved prior to data collection. Informed consent must be obtained, confidentiality ensured, permission obtained to audiotape the interviews and to publish the results, and a time and place is agreed for data collection." Participation in the research was voluntary and based on informed consent. Groenewald (2004, p. 10) suggests a Consent Form includes information on "the purpose of the research, the procedures of the research, the risk and benefits of the research, the voluntary nature of research participation, the subject's (informant's) right to stop the research at any time, and the procedures used to protect confidentiality." These requirements formed the basis for the Information Sheet about the study and they were reviewed at the beginning of each interview prior to obtaining written informed consent.

4.9.3 Confidentiality/anonymity

Participants' rights to privacy and confidentiality are an important component of ethical and legal practice. A commitment was made to participants as part of the contractual arrangement that the research process de-identifies each person's contribution (CQU, 2013). The information shared by the participants was available to the researcher's supervisors as part of their monitoring role in a de-identified form using pseudonyms to ensure confidentiality. The participants' stories outlined in the following chapter were compiled from the interviews. The research findings in draft form were sent to all participants. The researcher received thanks from most of the participants but no queries or recommendations. Each participant was sent a Plain English Statement of the Research Findings.

4.9.4 Storage of information

The interview tapes, their content and any information in hard copy that may lead to the identification of participants were stored in a locked filing system at the domicile of the researcher. All information on hard drive was password protected. Project information will be kept for a period of five years after the final publication of findings as per CQUniversity policy.

4.10 Summary

This chapter outlined the methods employed by the researcher to conduct the study. This included information on the selection criteria, the number of participants, the recruitment process, the research question informing the study, the means of data collection, and Colaizzi's method of analysing the data. A discussion of the ethical considerations entailed in the implementation of the study, including the risks to participants followed. The strategies used to address ethical matters: obtaining informed consent, maintaining confidentiality and anonymity, storing and disposing of information securely, completed the chapter. Chapter Five provides information on participants as described to the researcher in their interview

Chapter 5

About the Participants



Figure 6: Ferns Unfurling

5.1 Introduction

This chapter begins with information about the participants, their age, gender, and the number of years since their last suicide attempt. This information is listed below in Table 3, followed by an elaboration of the statistics. The remainder of the chapter is devoted to a summary of each participant's story as outlined in the interviews.

The researcher used a pseudonym for each participant.

Table 3: About the participants

No., Age, Gender, No of years since suicide attempt

No.	Age	Gender	Years since attempt
1	54	Male	15
2	33	Female	2
3	18	Female	2
4	20	Female	2
5	34	Male	2
6	36	Male	6
7	42	Female	27
8	57	Male	43

The study participants comprised four females and four males, aged from 18 to 64 years of age - 46 years difference between the youngest and the oldest participant. Four participant's suicide attempt was two years ago, relatively recent, whilst the other four participant's suicide attempt was in their past: 6, 15, 27, and 43 years respectively. Two participants were studying at university. One participant was a psychologist. One was an artist. One was a successful self-employed businessperson. One was the mother of two young daughters in the midst of a difficult divorce. One was single, working, comfortable, and approaching retirement, and one has been involved in suicide prevention as a 'lived experience' speaker.

5.2 Ryan's Story

"Until you invest in yourself and keep investing in yourself you're not going to get past that hurdle, whatever that hurdle is in your mind." For Ryan re-engaging with life depended upon a process of personal and mental growth, which entailed hard work, and which is ongoing. One of the ways he did this was to read books, and to educate himself. "I personally believe that if we stop learning we may as well be dead. You have to keep learning, that's what life is all about. You're wasting your time on earth if you're not learning." He had to learn to value and love himself. He believes the aim of life is to achieve inner peace and happiness.

After his release from the hospital, he trusted his doctor, followed his advice, and worked with him to get better. He found doing volunteer work with homeless young people therapeutic. He could relate to them, and focus on other people's problems and "funnily enough it was an opportunity to be positive again." He also believes "our lives are defined by the bad spots, not by the good ones. Bad spots give you something to work on." They force you out of your comfort zone, and enable you to grow.

Ryan says that in the end, we are all ultimately responsible for ourselves and that thinking makes it so. He says, "Thinking gets us into trouble, and thinking can get us out of it." He champion's personal responsibility, "at the end of the day, you have to do it, don't you?" "Basically every journey is not about transient outside support, it's about getting it right, you know, if I want to run a marathon, I have to train to run a marathon. If I want to be mentally fit, only I can do it."

5.3 Chloe's Story

Chloe is 37 years of age with two young daughters and she recounts an adult life filled with years of being ill with recurring bouts of depression, mental illness and suicide attempts, with a daughter who was very ill for the first five years of her life

and living with a man who was an alcoholic for nineteen years. As a teenager, she ran away from home, abused drugs and alcohol, rebelling against her parents, and disturbed by the fact that she was adopted.

Her life has begun to turn around only recently. She moved house six weeks ago. She started taking medication eight months ago and it has transformed her life. She feels able to cope. Fifteen months ago, she left her husband, a relationship, which had been destructive for both of them. She has completely changed her life circumstances and although it is difficult, with the help of medication, she is feeling up to the struggle, and finally in a position where she can to make a difference and help other people.

She reconnected with her birth mother, seven years ago and was welcomed into a huge extended family. She has a half-brother and half-sister who are twins. She loves them and feels loved by them. She found out three years ago that her birth mother suffers from mental illness and this has given her much more acceptance and understanding of her own, and her daughter's condition. Her world has expanded since meeting her birth family and she has a strong bond with them.

She participates in a parent's group for children with behavioural problems, sees a counsellor on a regular basis, and a doctor every three months to review her medication. She has one doctor whom she continued to see for sixteen years and who begged her to take medication many times, but never gave up on her. She has good friends and a community of people around her, as well as ongoing professional support for herself and her daughter. She feels she has an understanding of what mental illness and suicidality is like which enables her to understand people who are in similar circumstances, and she is determined to do something to help people who have experienced the same problems as her.

She has a large network of family, friends and professional people around her. She is taking life-saving medication, and feels passionate about a future in which she envisages playing her part to prevent suicide, and de-stigmatise mental illness in her community and to make a contribution and a difference in other people's lives.

5.4 Sienna's Story

After her suicide attempt, Sienna had to deal with many challenges including ineffective treatments but over the past two years, she has slowly climbed out of the hole she was in and is now enjoying the here and now and looking forward to her future. The thing that stands out in her mind as a major turning point was her stay in a private mental health facility for two weeks, exactly two years and one month ago, where she met other, like-minded young women whom she could relate to, and who understood what she had been through. This gave her a great deal of hope and validated her experience. It made her feel more normal to know there were other people, who shared her experience and who understood her, and she left with much more self-acceptance and self-understanding.

The things that hindered her were myriad but the things that have helped were family members who loved and accepted her unconditionally, who opened up and shared similar experiences, and told her that her great grandmother had also attempted suicide. This too, had a major impact on her understanding and self-acceptance. She describes going camping in the rainforest, following creeks, finding waterfalls, hunting for crystals and campfires at night, getting close to nature as being the best therapy she had.

She describes talking to close friends and her boyfriend; people who understand her, as being the most helpful in maintaining her current state of sanity. Largely she healed herself and found the mental health system and being medicated more of a

hindrance than a help. She believes she is responsible for her own recovery and well-being, not other people; that she is responsible for her ongoing mental health.

She is proud of the fact that she for the past eight months she has not seen a therapist, she has not been taking medication and she is on the road to recovery. She is currently in her first term of a Bachelor of Accident Forensics, which she is enjoying. She has a partner, good friends and plans to move to Melbourne in the near future.

She is struggling with her appearance because of her scars, which causes a negative reaction in too many people but she wants to move on. She has not stopped self-harming completely but it doesn't have the same hold over her it once had. Being normal is precious to her. She wants to blend in. She has a partner and good friends who accept her completely and provide her with the support and understanding she needs to believe in herself, and to contribute, despite the ongoing problems she still faces.

5.5 Jacob's Story

Jacob is 34 years old. He was diagnosed with depression when he was 14 years old, and has been living with his mental health difficulties for the past twenty years. He left home about ten years ago, spent a couple of years living interstate where he had a good job. He thought he had his depression under control until two years ago when he made his most serious attempt at suicide, after the collapse of his engagement. He says his recovery began from the time he came out of hospital. He did not go back to work for another sixteen months. Even then, he was not ready and was fired consequently. His break-up with his partner was particularly difficult and he was deeply hurt by the whole experience. In a fit of anger one Saturday night, he sent her a threatening text message. Two days later, he was arrested, fingerprinted and interrogated by the police for two hours, although the charges were subsequently dropped. He says this behaviour is completely out of character

for him but he was under a great deal of stress. He has no criminal record and he had not been in trouble before.

Jacob has a team of people who support him including two psychologists and a psychiatrist. He stopped seeing his psychiatrist eight months ago but Jacob attributes him with saving his life. His parents are ever vigilant now and are available whenever he needs them and sometimes when he does not. He has far fewer friends but they are very close. He says he finds it very difficult to socialise now whereas once upon a time, he was a much more outgoing person.

Four months after his suicide attempt, he wrote about it, posted it online and was overwhelmed by people's response. It literally opened new worlds to him. One of the respondents was from the federal government's suicide prevention web site and telephone counselling service, "On-the-Line." He subsequently became involved speaking and promoting suicide awareness for "On-the-Line", and "Beyond Blue". This is what he has been doing with his time over the past two years whilst he slowly recovered from his breakdown. He says he has gained a great deal of satisfaction and purpose in life, from helping other people who are suicidal over this period. He is about to start looking for a job and he is feeling confident that he will find one.

5.6 Karen's Story

Karen is 20 years old. She has a long history of family trauma, mental illness, suicidal thoughts, suicide attempts and involvement with the mental health system. Although her experience of going into hospital was very traumatic, it was ultimately positive because the other patients were kind to her and she formed strong bonds with them.

Despite the many good things that have occurred in the intervening two years, she is not free of the desire to die. She has moved on with her life in many positive ways.

After a semester break, she re-enrolled at university, changed disciplines and courses, and she is enthusiastic about her study. She began volunteering with special needs children and found she had a gift for relating to autistic children. The children, staff and parents appreciated her input. She began to realise she had something to offer.

She now works part-time as a nanny. She can use her ability to empathise with children and to treat them kindly to earn a living. Work has enabled her to participate more in life. It has opened up other opportunities. She started attending conferences, looking for clues as to how to get better. She is politically active in the field of suicide prevention as a person with lived experience, and attended the last two national suicide prevention conferences. She has met like-minded people, with similar experiences of trauma: people with whom she has an affinity, who listen to and value her opinion, and with whom she found friendship. One of the things she learned was to appreciate the impact of suicide on others: being exposed to people who have lost someone to suicide helped her to see it from a new perspective, and this was therapeutic. She can understand the horror that people who find the bodies must go through, and these thoughts buffer her against attempting suicide.

Her life now, is completely different from what it was at the time of her suicide attempt. She has a new group of friends: people who understand and appreciate her. She takes medication and sees a psychiatrist on an ongoing basis. She is independent although it has been a struggle. She is discovering and following her skills and interests. She has found her people. She is still fighting with the addiction to suicide but she has learned a great deal about it and its consequences for society and other people, in the last two years. She is still divided, but she wants to live now and she has found a completely new world and acceptance in a community of people working for change.

5.7 Mark's Story

Mark is 36 years old. He grew up in a small country town where he was ostracised for having mental health problems. He is a street artist, stencilling art on the walls of his city. He finds it difficult to get mainstream employment because he is honest about his mental illness, but has found his vocation as an artist. He says he wants to use his art to start a broader conversation about mental health issues. He is known as the “go to guy” if you are having mental health problems on the streets, which he sees as another reason to stay healthy. He sees he is a role model for people who are mentally ill. Mark like to talk about his experience openly, which often makes other people uncomfortable, but he says he does not really care. He is single and finds it difficult to know at what stage in a relationship to tell another person about his mental health issues.

Mark likes to paint during the day, out in the open, instead of in the dark at night. He gets a lot of commission work from being out on the street during office hours. He says nine out of ten people are friendly. His experience of being suicidal and attempting suicide has made him much stronger, but he also knows it is important to be able to bend. He has learned to be patient when his thoughts and feelings become suicidal, because he knows they will pass.

He believes in the power of storytelling to transform our negative interpretations of our experience into positive ones. He says if you feel like you don't fit in, then celebrate your difference. If the story is negative and it hurts you, look at it a different way. Mark believes it is important to find what you want to do in life and take whatever steps you need to take, to do it. He wrote a book as a way of dealing with his past. He tries to be nice to people. He wants to be able to communicate with people and he says story telling is the most powerful tool we have as human beings. He wants to find a way to get his point across without alienating people.

Becoming a street artist allowed him to re-invent himself. He gave himself a new name. He created a new persona for himself, which enabled him to leave the past behind. Every year he puts on a pop-up art show and gives away his work free. He finds that art gives him an outlet for his feelings and believes that individuals can control the way they think. He says he can't change the world or other people, so he focuses on the things he can change instead. He has read a many self-help books but says they didn't help him figure it out in the end. Reading is not doing. Some people do not understand why he gives his art away because they think it devalues it, but Mark says we give our hearts away free, and which is more valuable?

Mark gains inspiration from his cousin who is a quadriplegic. He admires his cousin's attitude to life, which puts his own problems into perspective. He is a man with a purpose in life. He takes medication to maintain his mental health. He aims to contribute to the world and to be a good person.

5.8 Shelly's Story

Shelly was born in England, and she is forty-two years old. She has a husband, and two daughters; one is twelve and the other is six. She is a psychologist. She attempted suicide when she was fifteen or sixteen years of age, to escape a destructive home environment, when she could not see any other way out: twenty-six years ago now, and yet, it has had ramifications throughout her life. She spent two months in a children's psychiatric unit in England, for which she is grateful, although she felt she was blamed for her behaviour, and no one listened to her.

She met her partner and married him when she was twenty-one, and they have now been married for twenty-one years. At twenty-four, she decided to study psychology as a mature age student, in a desire to understand her mother's behaviour, amongst other things. They moved to Australia in their late twenties and stayed. Recently, she decided that she needed to sever contact with her mother because the relationship is

too hurtful and she cannot seem to change it. She understands now that she was living with domestic violence, and that her mother was, and is mentally ill. Both her parents were professional people but behind closed doors, at home she said it was chaos.

Shelly worked in prisons where she met people who were far more disadvantaged than she was. She has spent a lot of time in counselling when she felt that she needed help. She practised yoga for a few years. Understanding her behaviour has given her insights into how she can stay mentally well. She needs to be organised and in a routine, she needs to have time on her own, to stay calm and think clearly. She knows to take time out when she feels she is losing control of her thoughts and feelings. She knows she is vulnerable to depression and negative thoughts. As an adult, she has learnt to control her thoughts and feelings, something she could not do when she was younger.

She has a great deal of empathy for people generally, and finds people open up to her easily, perhaps because of what she went through as a young person. She is concerned to give her children the tools to cope with their emotions, and the support they need to cope with life, the things she did not get.

Shelly acknowledged that there has been a silence in her life around her suicide attempt and she has not talked about it with her friends, her younger sister who also attempted suicide, or her parents. She has arranged to meet with her sister, so that they can talk about it and she decided that she would tell her friends about her participation in this research. She is interested in what her daughter's school is doing to address suicide. Despite the years, which have elapsed since her youthful suicide attempts she has been unable to move on with her mother. She still has to work to maintain her mental health for her own sake, and for the sake of those who rely on her.

5.9 Sean's Story

Sean is 57. He is the owner of a national business and had relocated. He has been married several times, has three daughters from a previous relationship, one of whom lives with him. He is on amicable terms with his extended family and finds their support invaluable. Sean has had rapid cycling bi-polar disorder for most of his life. He attempted suicide when he was fifteen years of age, forty-three years earlier. He went through the experience of being admitted to a mental asylum indefinitely, along with the criminally insane and anyone physical disabled. He was drugged and raped and the trauma of this experience has never left him. He said the people who showed him the most kindness in there were the people with Downs Syndrome.

When he came home from the asylum, he went back to school but they threw him out. He ended up becoming a very successful apprentice and tradesman, instead of completing high school, as he once hoped to do. At one stage in his career, he spent a decade as a motivational speaker at corporate events. He said he used to need an hour to talk to all the people who cued up to speak to him afterwards, which was exhausting. Lifeline, Beyond Blue or the resources available today did not exist, for people at risk of suicide.

Sean has been managing his disorder for most of his life and has developed a range of strategies including medication, which allow him to function optimally. He said it took him a decade of experimenting with different drugs and psychiatrists, in the nineties before he discovered the right drug at the right dose. Now his life is generally 'smooth sailing' but he needs to follow a routine, down to the smallest detail. The recent move proved too much for him and he ended up admitting himself into a private psychiatric hospital. This was the first time in his adult life that he had been back in hospital for his disorder, and to his relief, it was very helpful. He had time out from the stresses in his life. He had peace and quiet, and structure

and routine, and support from his psychiatrist. He recovered after a month, and is pleased to have this extra option to fall back on if ever the need arises.

He says that if he had his time over again, he would choose to have a bi-polar disorder because he felt he had lived life to the full because of the drive and capacity for work it gave him. He has a loving partner and a secure relationship. His teenage daughter is living with them and working. He is on good terms with her mother, and has the love and understanding of his family, as back up when times are difficult for him. As the person whose suicide attempt was most long ago in the study, he offers a great deal of hope that what the future may ultimately bring, is well worth the struggle.

5.10 Summary

This chapter provides a profile of each of the eight participants in the study. It commenced by providing statistical information about the participants before proceeding to a brief description of each person's story as told to the researcher. Chapter Six describes the results of the findings.

Chapter 6

The findings



Figure 7: Finding a way

6.1 Introduction

This chapter presents the findings of the study. It begins with a description of the process of analysis following Colaizzi's (1978) aforementioned seven-steps. A discussion of each theme evidenced by the participants' descriptions of their experiences follows. A diagrammatic representation of the findings of the study summarises the themes and sub-themes. The chapter concludes with steps five and six of Colaizzi's analytic process: the production of "An exhaustive description of the phenomenon" followed by "A general description of the phenomenon."

6.2 An Overview of the Process of Analysis

The first step of the analytic process entailed the researcher familiarising herself with the transcripts of interview. This initially involved reading through each one in order to obtain a general understanding of the participants' experiences. Step two involved re-reading the transcripts very carefully line-by-line to determine the significant statements or quotes. That is, those quotes that described the phenomenon of re-engaging with life after attempted suicide. These quotes were transferred into a table (see below). The next step involved formulating a separate meaning statement or unit for each quote, essentially re-stating the content by encapsulating its essential meaning, from the perspective of the participant. In the fourth step, the magic happens, each meaning unit is attributed a tentative sub-theme. This begins a detailed process of classifying the information and identifying common threads using the processes of "imaginative variation" and "phenomenological intuiting." The researcher's supervisors reviewed the analysis of each interview at weekly meetings. It was very labour intensive and required several revisions and iterations of each interview. This occurred for each of the eight interviews. The sub-themes gradually solidified and formed clusters. These clusters became the foundations for the eight main themes that describe how people re-engage with life after a suicide attempt. These are "The immediate aftermath", "Doing the work", "Life Reshaping into something new", "Finding a place to be",

“New ways of seeing”, “New ways of being”, “Making a difference”, and “In the long run”, which comprised the essential elements of the experience. Step five, brought all of the themes together into a detailed and comprehensive description of the phenomenon under investigation and step six conceptualised the fundamental structure of the experience of re-engaging with life after a suicide attempt. The seventh and final step involved providing participants with the findings of the study for comment and feedback. This researcher sent the draft findings to each participant. She received messages of thanks and congratulations but no feedback concerning the content of the findings.

6.3 Theme One: The Immediate Aftermath

6.3.1 Introduction

The first theme to emerge was "The immediate aftermath." Figure 8 below outlines the five sub-themes contained in this theme and Table 4, which follows, is a snapshot of the process of data-analysis, firstly identifying significant quotes, which were transformed into meaning units, sub-themes and themes.

Figure 8: Theme One Sub-themes

Theme One: The Immediate Aftermath

1. Being in hospital – “you haven’t got a clue lady, you don’t know what you’re talking about” (Shelly)
2. The benefits of hospital – “the start of my recovery back into society” (Ryan)
3. Dealing with other people - “having to deal with the emotions of people around you is really, really confronting” (Shelly)
4. Dealing with ongoing depression - “I would curl up in a ball and not want to think; the suicidal tendencies were still there” (Jacob)
5. Taking medication – “I was out of it for a lot of the time, I was sleeping way more than I should” (Karen)

Table 4: Theme 1 – The immediate aftermath
Examples of quotations, meaning units, and sub-themes

Quotation	Meaning Unit	Sub-theme	Theme
“You haven’t got a clue lady, you don’t know what you’re talking about I can do this better” (Shelly, p. 9).	Finding out her counsellor didn’t have a clue and thinking she could do it better	Being in hospital	The immediate aftermath
“You’re just this thing that people do bad things to” (Karen, p. 6).	Feeling violated by the staff	Being in hospital	The immediate aftermath
“That was the start of my recovery back into society, or trying to get some normality” (Jacob, p. 2).	Finding the motivation to change	The benefits of hospital	The immediate aftermath
“That really helped me out, being put in an area with the same people as you, and people that really are there to understand you, and try and help you through it” (Sienna, p. 2).	Finding other people she could relate to really made a difference	The benefits of hospital	The immediate aftermath
“I would curl up in a ball and not want to think” (Jacob, p. 3).	Wanting to escape life	Dealing with depression	The immediate aftermath
“No-one really contacted me; no-one visited me or anything” (Sienna, p. 2).	Feeling completely isolated	Dealing with other people	The immediate aftermath

6.3.2 Being in hospital

The first sub-theme to be explicated was “Being in hospital.” Participants’ experiences varied widely, and whilst they were disturbing, paradoxically significant benefits emerged. For Shelly, Jacob, Karen, Sienna, Ryan and Sean, being in hospital after their suicide attempt had both positive and negative aspects. Specifically they experienced the professional staff as unhelpful at best; however, their experience with other patients was life affirming. For the majority of participants the experience of being in hospital was a watershed moment, the beginning of a new life, a time for change.

Shelly who is now forty-two, spent one week in a general hospital ward in England, recovering physically from her suicide attempt at fifteen, before transferring to a secure children's psychiatric facility for two months. She received counselling from an eminent psychiatrist, "who I thought was pretty useless to be quite honest" (Shelly, p. 9). In fact, she thought, "you haven't got a clue lady, you don't know what you're talking about, I can do this better" (Shelly, p. 9). Shelly said no one listened to her:

No one took any notice; I didn't feel like I was being heard. My dad was in the medical profession, quite an eminent doctor, and my mum was a magistrate, she had a job with the Lord Mayor... Yeah, it was almost like, it wasn't their problem it was mine, you know. I felt quite frustrated by that. (Shelly, p. 1)

However, despite feeling dissatisfied with the professional help she received, she states, "I understand that I was extremely lucky as a teenager to get access. I don't know how it works and this was thirty years ago" (Shelly, p. 19). "I found the experience very confronting and realised that things weren't quite as bad as I thought. I was surrounded by other kids with some really extreme problems" (Shelly, p. 1). Jacob's first time in a psychiatric unit was similarly confronting:

I was put into the psych ward at the Northern Hospital... I stayed there for a few days, which was an eye-opener...and some of the stuff that you hear at night... I felt sorry, not felt sorry; you don't know what to do. (Jacob, p. 2)

For Karen who had attempted suicide, following a sexual assault, going into hospital was a continuation of the trauma she was already experiencing:

I had to have x-rays and ultrasounds on my uterus to make sure that there hadn't been any damage from the sexual assault... I was this inanimate object that people need to pathologise...and do all these things to. You're just this thing that people do bad things to, so, that was really unhelpful. (Karen, p. 6)

She continues, “So eventually half-way through they convinced me and I started taking some drug which I don’t think fits with any of my diagnoses... I’ve never been given a bi-polar, or psychosis diagnosis” (Karen, p. 7).

For Sienna, the experience of hospital was traumatic. She felt betrayed by the psychologist who shared what Sienna believed to be confidential information with her parents:

Well, firstly, it all started with the emergency psych in the emergency ward ... and that was my first bad experience with psychologists...She told my family things that...were supposed to be confidential. So that really impacted on my trust in psychologists and that, like, off the bat...made things a bit difficult...with my family...they didn’t know why I was in the hospital or anything, no one told them until they came to pick me up. So the way my family entered it [meant] they weren’t very good with it, at all. My dad’s side was, but my mum’s side was very like, you know, they didn’t believe in the whole you’re sick sort of thing, so that made it difficult to recuperate. (Sienna, p.1)

For Sean who is now fifty-eight years of age, his experience of the mental health system was frightening:

The Police came in the next day or whenever, and then they put me in a mental asylum. Back then, it was the mental asylum. It was at Beechworth... We used to joke about these kids at school going, ‘err, are you from Beechworth?’ that sort of stuff, you know – kids. It was about one hundred acres, magnificent grounds...but they had the criminally insane there... Back in those days, if you had a deformed birth, you were going to the mental asylum for the rest of your life. I had some lunches and breakfasts with some really, interesting people at fifteen. That was very influential. While I was in there, I was raped, and then I thought one day, I might go home. (Sean, p. 4)

Sean walked out of the grounds and walked home, only to have the Police apprehend him:

Yeah, they took me back to the mental asylum. The nurses got me. They put me in a cell with bars, stripped me naked, hosed me down, and they injected me. The injections kept going, and then the tablets, and when I would talk I'd go, "Ohhhhhhh ahhhhhh", and I was dribbling. (Sean, p. 4)

6.3.3 The benefits of hospital

The second sub-theme was "The benefits of hospital." Many participants talked about the experience of being in hospital as a turning point. Karen and Sienna were grateful for their time with the other patients. Finding people who understood why they behaved the way they did, who acted the same way, or who were simply kind, had a profound impact on them. Sean who recently admitted himself into a private psychiatric unit found the experience enormously beneficial. Although Jacob found the experience of being in psychiatric ward very difficult, it "was the start of my recovery back into society, or trying to get some normality" (Jacob, p. 3).

Sienna expressed similar sentiments about the importance of being cared for and accepted. For Sienna, the experience of going into a child and adolescent unit was lifesaving. Two years and one month before the interview, marks the point in time, when her life started to change for the better. She found it frightening at first in hospital, until she met other young women there who shared her experience and understood her:

The other patients in there...a few girls, we would sit together and talk about everything because we all have a history of sexual assault...of all sorts of other things that we could all relate to each other, and that really helped. We would get together in the games room on the beanbags, and chat, and eat chocolates, like a girlie sleepover, so that felt really, normal. (Sienna, p. 8)

That really helped me out, being put in an area with the same people as you, and people who really are there to understand you, to try and help you through it. It was only two weeks ... but when I was in there you feel like you understand it more and that was a crucial point for me, in getting back on with it. (Sienna, p. 2)

Likewise for Karen, the experience of being in hospital meant that she met other people who shared her experience. She stopped being alone. "All the positives are probably from other patients though. I would say that they became like my family," (Karen, p. 5). "I was just really, excited to be around people who got it, because I really wanted to talk to them about it," (Karen, p. 5).

6.3.4 Dealing with other people

The third sub-theme identified was "Dealing with other people." Initially Sienna's friends deserted her. "No-one really contacted me, no-one visited me or anything, so I felt more secluded, which can really make it hard to integrate again, you feel really isolated" (Sienna, p. 2). Her mother's family had no sympathy for her, "My mum's side [of the family], they didn't believe in the whole you're sick sort of thing... just because it's in my head, doesn't mean it's not real" (Sienna, p. 1). "One side [of my family] was very, very good and the other side made it difficult, so I was yo-yoing emotionally" (Sienna, p. 2). Sienna became suicidal again and went into a child and adolescent psychiatric unit for two weeks, which, as mentioned, she credits with being the start of her recovery, despite the fact that things became worse at home, at least for a time:

They started locking me up, and not letting me go out again. They threatened to put me back in Richmond. They were so angry my mum assumed I had been lying to my psych to get put into the institution. I was like no, it was the first time I had actually been honest with them and that's what happened,

and she said, what did you say to her, you shouldn't have said anything.

(Sienna, p. 5)

My parents wouldn't let me leave the house for months... Not even to walk to the shops...they'd just freak out and think I was going to do something stupid, which was fair enough but it also made things difficult trying to get that trust back and everything. It was difficult to get my own independence because I was eighteen, no I was seventeen, but I was almost an adult. It was hard to get the whole feeling of maturity, like how can you expect me to move out of home when you treat me like a child, so that was another difficult part. I had to convince people that I wasn't just vulnerable... I do think and feel and I'm not completely stupid. (Sienna, pp. 2-3)

However, she appreciates now that "The reason they acted the way they did is because they were scared" (Sienna, p. 2).

Shelly, at just fifteen found, "You have to justify your position because people are really pissed off and angry and upset and having to deal with the emotions of people around you is really, really confronting, it's hard" (Shelly, p. 10). Karen recalls, "I remember the second time I was admitted, I called mum and she said, not again, when will you stop doing this?", (Karen, p. 20). She found it very hard talking to people about her suicide attempt. "After a suicide attempt, people become so shocked that you almost need to discredit how severe it was" (Karen, p. 23):

That whole thing about how could you possibly feel that way meant that you end up down-playing it, and saying it wasn't that bad, and saying you feel much better now but you want to be able to tell your story without having to sugar coat it. (Karen, p. 23)

6.3.5 Dealing with ongoing depression

The fourth sub-theme to emerge was “Dealing with ongoing depression.” After leaving hospital, Jacob needed time out to recover physically and mentally. He spent the first three months at his parent’s place on the coast, interspersed with time at his home in the city:

I spent a lot of time up the coast... where mum and dad are... I’ve been out of home almost ten years so living under the same roof with more than two people became a bit of a, not a task, but I was heavily depressed. I would wake up and sleep. I would curl up in a ball and not want to think about anything. The suicide tendencies were still there and you think about ways to get out... I was there for four weeks straight, and then I came back to the city because I needed to catch up with friends. I needed my own space. I would go out with some friends, and one would stay at my apartment and then we would go back to the coast... that was for about three months... I spent 75% of my time there being looked after. (Jacob, p. 3)

For Karen leaving hospital was not much better:

The main thing was that when I came out of hospital I was still suicidal, because like I was saying before, if you don’t change what someone is coming home to, you don’t really change the circumstance at all... So I felt much better in hospital because I was away from everything... But then it’s going back to your old place and your old life, and everyone is expecting you to be fine because you’ve been four weeks in the psych ward. Surely, there is nothing else to sort out, and you’re done for your whole life with having problems. (Karen, p. 7)

6.3.6 Taking medication

The fifth sub-theme was “Taking medication.” Karen and Sienna were both prescribed levels of medication, which significantly reduced their ability to function. Both reduced their doses at home only to have them increased again by their clinicians. For Karen, the first two months after her suicide attempt was a blur before she decided to take charge and wean herself off the medication, which gave her more control:

It was pretty difficult for the first two months...I was quite drugged so in a way that softened it quite a lot because I was sleeping way more than I should. I fell asleep on public transport, in the car, studying... I was out of it for a lot of the time... But then I weaned myself off it because I realised it wasn't good and then called my psych and [told him] I am really glad I did, and I think that gave me a lot more control because I didn't feel very present, I felt like I was a bit detached. (Karen, p. 7)

Sienna was very unhappy with the level of medication prescribed for her:

They tried to over-medicate me, to dull me out like a zombie, and that made things more difficult again because I was going off the meds, and going back onto them because I was told to, and I'd say I don't want to because I couldn't think. ...that really jumbled me around a bit, and made things a bit difficult. (Sienna, p. 2)

Karen continues to take medication, as does Jacob, Sean, Mark and Chloe. Sienna stopped taking her medication eight months ago. Ryan took medication for the first three months after his suicide attempt, and Shelly does not take medication. Therefore, at the time of the interviews, five participants lived with medication, and three lived without it. Of those five people, three would like to stop taking medication some time in their future.

6.3.7 Summary

For the participants in the present study the immediate aftermath of their suicide attempt was a period of continuing trauma. They found being hospitalised was paradoxically a stressful experience, and at the same time, a valued one in which participants found a sense of solace in meeting others who cared, and with whom they could connect amidst a world of confusion and uncertainty. Their lives remained at risk on discharge from hospital as they struggled to cope, dealing with ongoing mental health challenges, fraught relationships, and disorientating levels of medication.

6.4 Theme Two: Doing the Work

6.4.1 Introduction

The second theme to emerge was from the study was “Doing the work.” Figure 9 below outlines the six sub-themes contained in this theme and Table 5, which follows, is a snapshot of the process of data-analysis undertaken for each interview, firstly identifying significant quotes, which were then transformed into meaning units, sub-themes and themes.

Figure 9: Theme Two Sub-themes

Theme Two: Doing the Work

1. Little steps every day (Chloe)
2. Seeking knowledge – “Lots of reading, research, and conversations, once I was able to have conversations” (Chloe)
3. Finding help - Feeling hopeless and helpless yet wanting to reach out “When you feel hopeless, that’s when you are in danger, but if you feel helpless, you are going to reach out” (Sean)
4. Strategies to maintain mental health - “I still have my bad days, but I know how to manage them now” (Jacob)
5. Making changes – “I have to ensure that I tell the people around me what I want” (Shelly)
6. Pretty smooth sailing “most of the time” (Sienna)

Table 5: Theme 2 - Doing the work
Quotation, Meaning unit, sub-theme and theme

Quotation	Meaning Unit	Sub-theme	Theme
"Yes, little steps, don't expect it to happen overnight, or in the next hour, or in the next 24 hours, or the next week because it's not going to happen, be realistic" (Chloe, p. 19).	Understanding that progress is slow	Little steps every day	Doing the work
"It's taken a long time to get back into society after those attempts, and realise what I was going to miss, and what I was doing" (Jacob, p. 13).	Taking a long time to recover and appreciate life	Little steps every day	Doing the work
"If we stop learning we might as well be dead. You have to keep learning. That's what life is all about" (Ryan, p.17).	Believing in the value of learning	Seeking knowledge	Doing the work
"I think when you feel hopeless, that's when you are in danger, but if you feel helpless, you are going to reach out" (Sean, p. 11).	Believing people will reach out if they feel helpless	Finding help	Doing the work

6.4.2 Little steps every day

The first sub-theme to emerge within the theme "Doing the work" was "Little steps every day." The time and effort it takes to re-engage with life after a suicide attempt varies according to the circumstances and the person, but most of the participants found it required a great deal of dedication. It is not a short-term pursuit. It is a slow and arduous process of healing. Shelly's suicide attempt was twenty-seven years ago but, "The actual recovery process has been very long and...I'm trying to find the words for it...like getting all the little building blocks together and building up very slowly" (Shelly, p.1). "Yes, I think that it takes years, and it has to take a lot of determination as well. You have to want to do it," (Shelly, p. 10). Chloe describes the process as "Yes, little steps, don't expect it to happen overnight, or in the next hour, or in the next twenty-four hours, or the next week because it's not going to happen, be realistic" (Chloe, p. 19). Jacob says simply "It's taken a long time to get back into

society after those attempts, and realise what I was going to miss and what I was doing” (Jacob, p. 13).

Karen “took six months off uni[versity]. I had already missed too much anyway. So I took a leave of absence, and I tried to cook more, but wasn’t very successful” (Karen, p. 7). For her just getting up in the morning and getting out of the house was a daily challenge that other people didn’t understand:

I always got asked, ‘What do you do, with your time?’ I used to say, ‘Between what?’ It already takes me two hours to leave the house just because it is so frigging hard to get myself up, get dressed, and eat breakfast. That was one of the things that was really hard, I’d set my alarm for eight every morning about five months after I left hospital and I always left the house with breakfast. ...but the idea was even if it takes you two hours to get out of bed and have a shower and get dressed, at least you have woken up with a sense of purpose, at a regular time. (Karen, p. 14)

Taking time to recover over a long period was the general experience of most of the participants in the study, as is purposely seeking to gain the knowledge to help them along their way.

6.4.3 Seeking knowledge

The second sub-theme was that of “Seeking knowledge.” Most of the participants have consciously striven to increase their knowledge about what it means to be mentally healthy. Many learned a great deal from reading, although for Mark reading was not the key, “I’ve got all these wonderful books, but I didn’t figure it out with self-help books” (Mark, p. 9). Instead, he mentions:

I was watching a documentary from Eckhart Tolle. One of the subjects he was talking about was ‘accepting betrayal’. He’s got that great accent, the whole thing. It’s a very heavy word ‘betrayal’. What if we change it to something I

didn't like, just that interesting breakdown in language, and language is how we describe the world. (Mark, p. 13)

Ryan found reading useful. "I got onto Louise Hay, and other books, and just worked my little butt off to find out how nice a person I guess I was" (Ryan, p.1). "It's basically, trying to teach you to have inner peace, and love who you are," (Ryan, p. 3). "If we stop learning we might as well be dead. You have to keep learning. That's what life is all about" (Ryan, p.17). For Chloe learning entailed, "Lots of reading, lots of research, and lots of conversations, once I was able to have conversations" (Chloe, p. 10).

Karen's way was to attend conferences, and there she met like-minded people who shared similar experiences. It opened a door into a new world:

I started going to a lot of conferences and things, which is probably very typical of me. I went to a trauma conference. I went to a post-traumatic stress recovery conference, which is where I met my friend, whose sister had died. (Karen, p. 11)

6.4.4 Finding help

The third sub-theme was that of "Finding help." In their quest to re-engage with life, nearly all of the participants have developed a network of clinical support people, be they G.P.'s, psychologists, counsellors, and/or psychiatrists, who play an essential and ongoing role in their lives:

I went to my GP and on a mental health plan, and I asked for a specific type of psychologist, someone that was closer to my age. I guess someone that had probably similar, a bit of Eastern European background, and could understand where I came from, and that's how I got the person I see now. She's been my psychologist ever since and it's been ongoing for almost two years now. (Jacob, p. 2)

Sean says:

I have had more shrinks than most people have had meals, but I don't feel hopeless, I feel helpless, I've never felt hopeless. I think when you feel hopeless, that's when you are in danger, but if you feel helpless, you are going to reach out. (Sean, p. 11)

Chloe has been seeing a counsellor for many years, "I go to a counsellor at Women's Health and I've been seeing her probably for twelve months. Prior to that, I was seeing a different counsellor" (Chloe, p. 12). Karen is still seeing the psychiatrist she met in hospital after her suicide attempt. "I saw my psychiatrist as an outpatient about four weeks after I got out, and that was the closest appointment I could get after leaving" (Karen, p. 8) . "It didn't feel like follow up when I was seeing him because I already had a different relationship with him, than what I did with the other nursing staff. Yeah, I still go to this day" (Karen, p. 8).

At a time of relapse, Shelly found a psychologist "and I saw him every week for two years, and I would say it took me that long to get to a point where my head was above water. I found it really, really hard" (Shelly, p. 10). She states:

I think what he did was he helped me to understand the myriad of emotions and symptoms that had got me to the point that I was at. I think it's like having a very tangled spider's web that you have to unstick every little thread and lay it out on its own for what it is. It's not just one thing that gets you to that point. It's being able to understand the difference between emotion and circumstances and to not let the circumstances bring on your emotional state. That's the way I've had to understand it for myself. That probably sounds a little bit confusing but that it the only way I can explain it. (Shelly, p. 7)

I've actually been through a lot of counselling, I've had to learn how to control my rage...as well. I do think that is quite a large part of where I was,

the source of it, from being a tiny child, maybe that's the wrong word for it, but that's what I think it is, anger and a rage. (Shelly, p. 6)

The right professional help is a solution most participants employ/ed to assist them to re-engage with life.

6.4.5 Maintaining mental health

The fourth sub-theme was "Maintaining mental health." Many of the participants continue to struggle with their mental health and re-engaging with life entails monitoring it on an ongoing basis. Jacob says, "it's about management for me now and I think I'll take that on throughout the rest of my journey however long it may be" (Jacob, p. 13). He says:

I still have my bad days but I know how to manage them now. I'll talk myself around, or I'll go for a walk or drive. I steer clear of coffee; I try to have only one a day now... I've changed my lifestyle; I'm getting back into the gym and getting my confidence back up to just feel good again, you know. I saw some photos of me two years ago, and I thought oh my God I was a different person and I want to go back to feeling that way. So I stay away from triggers. (Jacob, p. 7)

Sean needs systems and structure to manage his health:

It's really important to have structure, that if I am going to go out to do errands, before I leave the house, I know that I'm going to go to the Post Office, then I'm going to go to Coles, then I'm going to go here...and I'm going to go that route. No matter what happens. (Sean, p. 15)

Shelly is the same. "I do have OCD [Obsessive Compulsive Disorder] tendencies in my external life, everything has to be quite organised, so that my head knows where it's at. I feel if things around me are quite categorised, my brain works better"

(Shelly, p. 8). "I am really, good when I am in a routine and when things start to get out of order my thoughts follow suit," (Shelly, p. 8).

Having a routine, being methodical and avoiding triggers are some of the strategies used by the participants to maintain their mental health and their ability to re-engage with life, fruitfully.

6.4.6 Making changes

The fifth sub-theme was "Making changes." Sienna, who at eighteen is the youngest participant, has been through many changes in the two years since her suicide attempt. In that time, she gained her Drivers Licence, moved out of home, started university, found work, and she was about to move to Melbourne with her new partner. Karen, the second youngest, has also made many changes in her life since her suicide attempt. She re-established some contact with her family:

I reconnected with my family somewhat and I saw my dad for the first time in the whole six months of that year. We had a coffee then we emailed a little bit, which was a bit more manageable for me. (Karen, p. 7)

She stopped seeing her old psychiatrist. She moved in with other people. "My lease ran out and I decided to find another kind of housing, I thought I needed to live with people because I still wasn't really cooking, or doing basic home things" (Karen, p. 11).

Since Shelly's suicide attempt many years ago, she has married, moved to Australia, established a career, and had two children. Now the changes she is making are more internal. She is working on her communication skills, "I have to ensure that I tell the people around me what I want, and actually that specifically hasn't happened until quite recently" (Shelly, p. 1).

6.4.7 Pretty smooth sailing

Sub-theme Six was “Pretty smooth sailing.” Sienna has been through a time of great turbulence and change. Add to that, arms that are noticeably scarred; a habit of self-harm; a history of depression and attempted suicide, and she faces significant challenges. She describes seesawing between happiness and depression. “Moving out, and going all over the place, and all of these sorts of things cause me a mini stress, and then I’ll go up and down; but most of the time it is pretty smooth sailing” (Sienna, p. 7). For Sean the secret is to just keep going, no matter what:

The tide goes out, the tide comes in, and that’s life... I think probably the most important thing for me is to keep going, because I know if I don’t keep going, I’m going to get back to where I was. (Sean, p. 6)

6.4.8 Summary

This section described the theme “Doing the work” and the ways that participants began re-engaging with life after attempting suicide. It is not a simple process. It involves hard work and making many small changes over time, “Little steps every day”, “Seeking knowledge”, “Getting help” when they need it, developing “Maintaining mental health”, and “Making changes.” Despite the ongoing vicissitudes, they face, most of the time it is “Pretty smooth sailing”. The participants are managing to right themselves by making a continuous effort on many fronts to learn, and change, and create a life worth living.

6.5 Theme Three: Life Reshaping into Something New

6.5.1 Introduction

The third theme to emerge was “Life reshaping into something new.” Figure 10 below outlines the three sub-themes contained in this theme, and Table 6, which follows, is a snapshot of the process of data-analysis undertaken for each interview, firstly identifying significant quotes, which were then transformed into meaning units, sub-themes and themes.

Figure 10: Theme Three Sub-themes

Theme Three: Life Reshaping into Something New

1. Life changing decisions - “I knew we needed to get away from the UK, I needed some form of escape” (Shelly)
2. Finding what I want to do... “not where I can fit in, what I want to do” (Mark)
3. Finding inspiration - “I have a life ahead of me, I want to be here, I want to help other people, and I want to survive” (Chloe)

Table 6: Theme 3 – Life re-shaping into something new
Quotations, Meaning units, and sub-themes

Quotation	Meaning Unit	Sub-theme	Theme
"I knew we needed to get away from the UK, I needed some form of escape, we didn't know anyone at all" (Shelly, p. 10).	Needing to escape life in the UK	Life changing decisions	Life Reshaping
"I started to want to be here. I started to want to go out and socialise and have conversations with people instead of hiding under the doona or being paranoid" (Chloe, p. 5).	Being able to communicate again after taking medication	Life changing decisions	Life reshaping
"I stopped seeing her, and I stopped taking medication ...it was October last year, or September and since then I haven't had anything, no medication, no nothing, just talking to my mates" (Sienna, p. 14).	Finding a way to live without a counsellor or medication	Life changing decisions	Life reshaping
"I have a life ahead of me, I want to be here, I want to help other people, and I want to survive" (Chloe, p. 4).	Wanting to live and help others	Finding inspiration	Life reshaping
"You know it would be just as easy for him to curl up in a ball and say 'Oh, my horrible life, I can't walk, I can't do anything with my hands', but, he tells himself a different story" (6, p. 11).	Feeling admiration for the way his cousin deals with his disability	Finding inspiration	Life re-shaping

6.5.2 Life changing decisions

The first sub-theme to emerge in theme three was "Life changing decisions." Two participants in the study were at university, which they supplemented with casual work. One person had moved from the other side of the world. One person started taking medication, and it transformed her life for the better. Another participant stopped taking medication. Another began volunteering with special needs children and found she had a gift for it, then found work as a nanny – life reshaping.

For Shelly:

I must have been about twenty-four when I went to university as a mature student. I completely changed the subjects that I wanted to do. If I had gone at eighteen, I would have done French and Russian, which probably is not a great idea. But being that bit older and having been married for a couple of years and being independent and living away from home, that's when I started to really get interested in psychology. (Shelly, p. 9)

When Karen resumed her university studies, she transferred from science to the arts and now she enjoys her time there:

I went back to uni[versity] when I was living there, which was a really, big deal, and I swapped from OT to an Arts degree. So now, I am studying English and anthropology, whereas before I was barely scraping through anatomy and physiology and health science. It was awful. (Karen, p. 11)

Sienna is studying Accident Forensics. She is learning to be logical:

I am studying a Bachelor of Accident Forensics. You analyse accident scenes, plane crashes, car accidents, and things like that... I have a strong stomach, so I thought I would utilize it to do some good...there's a lot of logic-based work...real world investigation, we're studying a lot of scenes and scenarios...it is really interesting and I like it a lot. (Sienna, pp. 10-11)

For Shelly, leaving the past and her family behind, and moving to Australia was a way to make a new and better life with her husband, which she has succeeded in doing. "I knew we needed to get away from the UK, I needed some form of escape, [to a place where] we didn't know anyone at all" (Shelly, p. 10).

After many years of recurring mental illness, and resisting medication, Chloe finally relented and the result was miraculous. "I ended up getting on medication to stay

here, and now I know that ...I may be on it for the rest of my life" (Chloe, p. 2). She states:

Within six weeks, I felt the benefits of the medication.... I started to reconnect with life. I started to want to be here. I started to want to go out and socialise and have conversations with people instead of hiding under the doona or being paranoid that everyone is talking about you, everybody knows what's going on, everybody knows that you're mentally sick, everybody's judging you, everybody is looking at you, everybody's thinking that you're bonkers or whatever. Clearly, they're not doing that but that's the process that's going on in my head the whole time. (Chloe, p. 5).

Sienna's life changing decision was to stop seeing her psychologist, and taking medication approximately nine months prior to the interview. "I stopped seeing the psych I was seeing because she wasn't that great, around the HSC. And I haven't seen anyone since then" (Sienna, p. 7). She is not going it alone. She has a support network around her. She is re-engaging with life on her own terms now, without the medication or counselling, both of which she dislikes:

I stopped seeing her, and I stopped taking medication...it was October last year, or September and since then I haven't had anything, no medication, no nothing, just talking to my mates. I think that has been the best for me. I think going through the public mental health system, I am glad I did it, so I could try it out and see what works best for me, and it just didn't. (Sienna, p. 14)

6.5.3 Finding what I want to do

"Finding what I want to do" was the second sub-theme to be explicated. Finding out what it is we want to do with our lives, going where our gifts and interests take us can make a big difference in life. Shelly decided to become a psychologist and worked with people in prisons. Mark is a street artist, prior to which, he wrote a

book about his experience with mental illness, domestic violence and suicide which he self-published on the net. He says:

When you write, it's almost like, if you can imagine your whole life - an experience is like a cut gem, it is easy to look at one facet and imagine that's the whole gem, but by writing you can actually change the physical way you look at that experience. That's magic. Storytelling is an incredible thing. It's the most powerful tool we have as human beings. (Mark, p. 13-14)

So for me, re-engaging into society has always been about finding what I want to do...not where I can fit in, but what I want to do, and the rest of the world, as I say, you already fit into it, you are already here, you are already breathing. What do I want to do? What do I have to do, to do that? (Mark, p. 4)

Karen "started volunteering at a child care for kids with special needs which was really good" (Karen, p. 12). She discovered that she could relate well to the children and people appreciated her input:

I can do this, and I can do a really, good job and the other day, about three months ago, I got a call from the childcare centre saying they were advertising a job and they said they wanted me to apply before they advertise... They said I was so good with the kids and the parents constantly ask about you, and I was thinking oh my gosh, I matter. (Karen, p. 12)

For Karen, finding work as a nanny enabled her to re-engage in life in ways, which would not have been possible otherwise. "Now this year I got a paid nanny job twice a week, which fits exactly into how much Centrelink thinks that I should work per week which is great" (Karen, p. 15):

So that has been really good just in terms of having a little bit more money and being able to do things. Like I went to Perth last year for the conference with my friend whose sister passed away, and we loved that. (Karen, p. 15)

For Jacob, re-engaging with life now is about finding work. “I just need to find a job. That’s my number one priority right now, getting that job, and getting back into work,” (Jacob, p. 12):

I’ll find work, even if it means doing casual work. I’m not afraid of getting my hands dirty. I haven’t hit panic stations yet, something will happen, something will come up. The market is competitive but I believe I’ve got enough experience to get a job doing something that will make me fulfilled. People complain about work – I will swap with anyone. After the two years I’ve had, I realise work gives you a sense of purpose, a sense of belonging, you’re part of society. In life, you have to work. It’s not just about the money it gives you somewhere to go every day and to feel part of something... When that is taken away from you, I guess now I realise, but before I didn’t. Before I took my career as whatever happens, happens. Now it is so hard to find a job. (Jacob, p. 6)

6.5.4 Finding inspiration

The third sub-theme in “Life re-shaping into something new” was “Finding inspiration.” All of the participants talked about finding inspiration, which gave them the courage and motivation to keep going. It came from many different sources but mainly from the example of other people who had survived and overcome extreme difficulties in their lives. Disabled people taught two of the participants to appreciate life. One participant found going camping was the best therapy for her.

For Chloe, out-of-the-blue, “...something would trigger a change; I don’t know what, that I can make it, and that I will be OK... Something would come around the corner and you start fighting for life, you start fighting” (Chloe, p. 1) “I watched a very valuable Australian Story that actually brought me back out of a very dark hole, and it was all to do with Alan Bond’s wife Diana Bliss” (Chloe, p. 1):

I watched that Australian Story [and saw] you can have it all and still be messed up and accepted the fact that I have a life ahead of me, I want to be here, I want to help other people, and I want to survive. (Chloe, p. 4)

For Karen, one source of inspiration is a book written by a psychiatrist who recovered from mental illness:

The Night Falls Fast by K. Redford Jamison - it is an amazing book. She published it in about 2001, so all of her research is probably about 15 years out of date now, which is weird because it doesn't seem that long ago... She is a psychiatrist in the States who has bi-polar and attempted suicide... I read it when I was recovering. She has an undergraduate literature degree; she is like one of my heroes. Then she did her masters and postgraduate degree and she has this beautiful way of writing about it, coming from an experience of being a survivor and being a treating psychiatrist, it's amazing. (Karen, p. 21)

Mark's source of inspiration, on the other hand, was his cousin:

I have a cousin who is a quadriplegic. He's got cerebral palsy. He was supposed to have died by the time he was seven. He's forty-two now, a big guy...he doesn't have a lot he can do. He can type with a stick on his hand. But you know, we take him out, and end up at a pub with him... By the time he's paralytic later in the night, he's getting around, 'Oh I can't fucking walk'. He's like having a ball with it. It's hilarious stuff, but you know it would be just as easy for him to curl up in a ball and say 'Oh, my horrible life, I can't walk, I can't do anything with my hands', but he tells himself a different story. (6, p. 11)

For Sean the experience of meeting a young disabled man at Beechworth, who, had with such a difficult future ahead of him through no fault of his own, changed his life:

Anyway, so I'm sitting out under the tree. They wheeled this guy out and we were starting to have a conversation...he was in his 20s, and I said, 'So, what happened?' He said that he was an architect. He worked 7 days a week, he was in his own business, and his friends used to give him a hard time, because he was a workaholic and he would rather go to work than spend time out partying and all the rest of it, but he said that it didn't worry him, he said, 'I had a dream'. He wanted to do things with his life. He had a fiancé and he showed me a photo. I mean all I can remember at fifteen was that she was stunning. She was just beautiful, and he says, 'She doesn't want to know about me now'. He was coming home one night and a drunk guy went on the other side of the road, and hit him head on and that's what put him in hospital and that's what gave him the mental and physical handicaps. So he had a picture of his fiancé, and right in front of me, he just tore it up. It was as traumatic for me as what it was for him. As I'm watching this, a life, a relationship, a future – it might have been just a bit of paper, but it...can never be put back. That really affected me a lot. No one had ever come to visit him, the whole time he was in there, not one person... He said, 'So, what are you in here for?' I reckon you could've seen the anger start at his feet, when I told him that I had tried to commit suicide. He said, 'Look at you, why don't you do something with the life that I won't have?' (Sean. p. 5)

For Sienna, with all her experience of hospitals and medication and psychologists:

I reckon the best therapy I've done is probably because we live in a really nice area, with all the mountain ranges, and waterfalls, and beautiful creeks, and stuff. We just go up there and go right into the bush and go camping for a few days and walk up and down the creeks, and go looking for crystals... You know I was living in the city, and just getting away from that into the rainforest was probably the best... My friend that I've grown up with since I was a baby. We would go out with our boyfriends and go camp for a few

nights. We would have our own campfires and firewood and make our own food, and everything. We felt like survivalists...just walking up and down the creeks for hours and hours, and finding waterfalls was real, cool. (Sienna, p. 8)

6.5.6 Summary

“Life reshaping into something new” just happens. It can be out-of-the-blue or it can be gradual. It may be planned or accidental. The people in the current study made decisions that propelled them into a new life, moving countries, deciding to study, volunteering, and finding a vocation. They find inspiration in other people, in reading, and nature, which helps them keep going. Labouring up the mountain requires hard work; it does not come easily.

6.6 Theme Four: Finding a Place to Be

6.6.1 Introduction

The fourth theme to emerge from the findings was “Finding a place to be.” Figure 11 below outlines the seven sub-themes contained in this theme, and Table 7, which follows, is a snapshot of the process of data-analysis undertaken for each interview, firstly identifying significant quotes, which were then transformed into meaning units, sub-themes and themes.

Figure 11: Theme Four Sub-themes

Theme Four: Finding a Place to be

1. With family – “And knowing there was a family history of it made me feel a whole lot better” (Sienna)
2. Without family – “I don’t think I have the skills to deal with them” (Shelly)
3. With friends – “I was with someone who got it” (Karen)
4. With partners – “He’s been in the same boat, he understands” (Sienna)
5. In the community - “other people feel like this too” (Karen)
6. With professional help – “She allowed me to talk. She listened... I needed someone to listen to what I was going through” (Jacob)
7. Gathering around – “I have built a whole new support system of people” (Karen)

Table 7: Theme 4 – Finding a place to be
Quotations, Meaning units and sub-themes

Quotation	Meaning Unit	Sub-theme	Theme
“They gave me a real sense of it’s OK, you can get through it and knowing there was a family history of it made me feel a lot better” (Sienna, p. 5).	Learning to believe in herself with the help of her family	With family	Finding a place
“I had my year anniversary of surviving, which was really lovely, as I was with someone who got it. So that was good, being in a different place physically and emotionally” (Karen, p. 15).	Feeling fine with a friend who understands	With friends	Finding a place
“Talking to him is ten times better than the other psychs... He’s been in the same boat, he understands, because he’s my age and very empathetic” (3, p. 7).	Finding someone who understands her is ten times better than talking to professionals	With partners	Finding a place
“It doesn’t matter how much milk you spill, don’t lose the cow” (Sean, p. 6).	It is OK to make mistakes, but they need to be fixed	With partners	Finding a place
“I needed someone to listen to what I was going through” (Jacob, p. 7).	Needing someone to listen	With Professional help	Finding a place

6.6.2 With family

The first sub-theme to emerge was “With family.” Sienna, Sean, Jacob and Chloe all have a good relationship with their families. Sienna and Jacob’s relationship with their families ultimately improved after their suicide attempt. Sienna’s mother adjusted over time to her daughter’s actions, “I think she is getting a bit better at it, understanding” (Sienna, p. 5) and her father’s side of the family played a key role in her recovery:

He is Byron Bay born and bred since the 1940’s, so that whole side [of my family] is just so easy-going and funny, and really chilled. They were really, supportive and I would leave Mum’s to go and stay there, and just hang out.

They were my grandparents, they would even joke about it they would say, 'How are you going tiger stripes?' and they would make it humorous and they would make it not a big deal, which made it feel a lot better, whereas Mum would make it the most immense thing in the world. ...The others would say when I was your age I went through a bout of depression, and they would share their own experience. My grandmother said her mother tried to self-harm once... They gave me a real sense of its OK, you can get through it and knowing there was a family history of it made me feel a lot better. (Sienna, p. 5)

Jacob spoke about his uncle. "My uncle was someone I didn't lose touch with during those tough periods. He was someone I could turn to, rather than mum and dad," (Jacob, p. 3). Although Jacob's relationship with his mother had been under strain prior to his suicide attempt "because mum had got involved with religious views. I'm not what I would call a religious person but the conflict of ... it just drove us apart" (Jacob, p. 1), now she is vigilant:

My parents, my mum - if I don't answer the phone within two or three rings, she would be halfway down the highway. So I am trying to educate her now, that sometimes I am busy or if I am going to the gym, I call just so I know that she hasn't called a million times and she is halfway here. I know it is a parent thing, and I get it but she is slowly becoming easier with it. So if I don't answer the phone she'll know it's nothing bad. (Jacob, p. 8)

Sean greatly appreciates his family's support. "You've got to have good support around you. My wife is just the best, my family is the best, they're just really cool" (Sean, p. 9).

6.6.3 Without family

The second sub-theme was “Without family. Whilst a person’s family can sometimes be lifesaving, it is a double-edged sword. Some participants viewed their families as the cause of their suicide attempt and the relationship remains fraught. Karen says:

I moved out of home when I had just finished Year 12. I was eighteen. I was escaping I guess you could say my family circumstances, which were quite traumatic, and sort of physical, verbal violence, abuse, whatever you want to call it, those kinds of things, which had been going on for years. (Karen, p. 1)

Shelly moved continents to get away from her parents but she maintained contact with them until recently. She recently cut off contact with them because no matter how hard she tried to change, the relationship was destructive to her mental health:

I don’t speak to her. ...There were a succession of events; mum and dad’s relationship is pretty screwed up. My dad has to take responsibility as well... I don’t think I have the skills to deal with them. I have to look after my own mental health. I can’t function in a relationship with them when they’re behaving that way because it’s not good for my mind. (Shelly, p. 7)

6.6.4 With friends

Sub-theme Three was “With friends.” Friends have played a big part in Sienna, Jacob and Karen’s new life. Sienna especially relies on her friends and partner to be her sounding board, instead of professional people:

I have been relying on talking to all my close friends... It was good to have a friend to talk to whenever I needed to, rather than going through all the medication... And I do everything else on my own, and that was the best way to go about it for me. (Sienna, p. 13)

We’re going to go to Melbourne but temporarily we’re going to be at mum’s...we’ve got a lot of friends down there. A lot of our friends that were

up here, moved down there and they say, 'When are you moving down?'
Let's get a share house down here, it'll be really cheap. So yes, it will be really, cool. (Sienna, p. 10)

For Karen finding a real friend has made the world a better place:

We both hadn't really been on a holiday so we went to the beach and got the bus into town, and saw Fremantle, and I had my one-year anniversary of surviving, which was really lovely, as I was with someone who got it. So that was good, being in a different place physically and emotionally. (Karen, p. 15)

Jacob's closet friendships are now very important to him: he feels uncomfortable with people he does not know:

There are mates that I've got, the sort of friends that are in my circle that I can talk to about anything, ones that know from the darkest of dark, to where I am now. It doesn't feel like an effort with them, but with other people it feels like I have to make an effort and when it comes to that, I just get scared and put off, and I go back into my shell. (Jacob, p. 6)

6.6.5 With partners

Sub-theme Four was "With partners." Partners, like family can be an invaluable support to someone re-engaging with life after a suicide attempt, or like family, they can tear a life apart. Ryan's marriage break-up, and Mark and Sienna's relationship breakdown led to their suicide attempts. However, Sienna, Shelly and Sean all have partners to back them up, for whom they are grateful. Mark, Jacob, Ryan, Sienna, and Karen all attributed their suicide attempt to their relationship with their partners. Chloe, who married young, is leaving behind an eighteen-year-old marriage, whilst Ryan, the oldest participant, is content with the single life.

For Sienna, talking to her partner “is ten times better than the other psychs...He’s been in the same boat, he understands, because he’s my age and very empathetic” (Sienna, p. 7). Shelly has a life-long partner and two daughters, twelve and six years old. Her husband is a great source of support in her life. “I suppose the other significant event that happened was that I met my husband. I was quite young. We were married when I was twenty-one. We’ve been together ever since and he is a really stable influence” (Shelly, p. 1). “I think what he has given me, is the understanding and realisation that everything doesn’t have to be dramatic it doesn’t have to be extremes” (Shelly, p. 5). “He’s the sort of person that would just keep going. He is really determined and focused. I think that helped me to carry on” (Shelly, p. 10).

Sean is close to his ex-wife, the mother of his children, “We are still parents for the rest of our lives, and I’m really glad that we’re the team. We make a very good team,” (Sean, p. 6). He says, “It doesn’t matter how much milk you spill, don’t lose the cow” (Sean, p. 6).

6.6.6 In the community

Sub-theme Five was “In the community.” Community is the opposite of isolation, and the vulnerability this entails. Everyone has experiences, skills and interests, which can lead them to a community of people where they find a place to be themselves, where they find themselves accepted. For the participants in the current study, volunteering, finding work, using their gifts, attending conferences, bringing up children, all bring contact with new circles of people, and new possibilities for purpose, understanding, companionship, and acceptance; some of the signs of a re-engaged life.

“I started going to a lot of conferences and things which is probably very typical me” (Karen, p. 11). “I remember writing in my diary really early on when I started to go

to things, other people feel like this too, and this was really new to me” (Karen, p. 17).

Chloe has two daughters with special needs; one in particular is very, unwell and she has spent many years struggling to help her. Chloe finds strength and support attending a group attached to her daughter’s school, called “My Time”, with other parents of children with similar needs:

This was facilitated through this group called My Time and it’s for parents of primary aged children that have special needs or whatever. So they have different talks every fortnight... This has been wonderful for a lot of parents that are battling on with children with various needs. (Chloe, p. 11-12)

6.6.7 With professional help

The sixth sub-theme to emerge was “With professional help.” Finding the right professional support was an important part of re-engaging with life for Jacob, Karen, Sean, Chloe and Ryan. Having input from health professionals including G.P.’s, psychologists, and /or psychiatrists was and is a means of staying well. Karen has been seeing the same psychiatrist for two years, “... my psychiatrist has always been sort of neutral when I’m saying things. That was really helpful because I could just get it out, and he would go OK, alright” (Karen, p. 23). Jacob found a psychologist that he has been seeing for the past two years, previously referred to in Section 6.4.4. “She was the first one I went to, and boom she allowed me to talk. She listened...I needed someone to listen to what I was going through” (Jacob, p. 7):

I went to my GP and was put on a mental health plan, and I asked for a specific type of psychologist, someone who was closer to my age. I guess someone that had probably a similar bit of Eastern European background and could understand where I came from, and that’s how I got Vicki, and she’s been my psychologist ever since ... for almost two years now. (Jacob, p. 2)

Chloe went to the same doctor for sixteen years, until the doctor decided to travel around Australia. “We had become very close over the sixteen years as you would imagine; a sixteen-year relationship with this doctor who has seen me go to hell and back I don’t know how many times” (Chloe, p. 24). When she found out her doctor had returned to the area, Chloe tracked her down and made an appointment to see her:

She walked out of the room and just lit up like a Christmas tree and here we are in the medical reception area hugging and carrying on like two teenagers who’ve seen each other for the first time in twenty years. I went into the room and had a long chat with her, and told her that I had gone on medication and she just about jumped off the chair, she was so excited and so thankful that I had finally done it. (Chloe, p. 25)

Sean, having recently availed himself of a private mental health facility, is thankful he can access the service again if need be, “I could stay in there as long as I liked; there was no one kicking me out... I stayed a whole month,” (Sean, p. 8):

Knowing that’s still there, it’s good that I can just ring up and say who I am, and maybe could I have another month, or couple of weeks, or something, in there. And there’s probably been a couple of times – we’ve been married now for five years, and in that five years, there has probably been one other time that it would’ve have been good. (Sean, p. 10)

6.6.8 Gathering around

The final sub-theme was “Gathering around.” People are in a different place entirely now. They are relatively safe, in comparison to the time when they made their suicide attempt. They are up in the open air, and moving more freely. All of the participants have multiple sources of support around them: family, friends, professional people, communities of interest, back up in the project of re-engaging with life. Jacob for example:

Transitioning into society has been tough; but it's been a journey with the right people around me. I've got Vicki my psychologist, I've got my GP. I've got my family and I've got my friends. I've also got my psychologist from work that stays in touch, and he's become more of a friend than someone I speak to once a week or twice a week. The guys at Beyond Blue, and the guys and girls at Men's Line... So having what I call a good team around me is the reason I'm still here, and functioning, and trying to get on with life. (Jacob, p. 7)

Karen's whole life has changed in the two years since her suicide attempt. She moved house; she is studying a new course at university, she has a new set of friends, a job, and options in life:

I had moved house twice, I was volunteering. I was back at uni. I had moved to arts, I had met all these new people. Basically, all my friendship group that I had gone into hospital with had left, and I have built a whole new support system of people who all know me through a very illness-orientated lens I guess, but a very compassionate one as well. (Karen, p. 15)

6.6.9 Summary

Re-engaging with life requires many changes including finding where you belong in the world. The seven sub-themes refer to the nature of this belonging: be it with or without family, with friends, partners, in the community, and with professional help. "Gathering around", is bringing it all together, giving people the strength and motivation they need to carry on the climb.

6.7 Theme Five: New Ways of Seeing

6.7.1 Introduction

The fifth theme to emerge in this study was “New ways of seeing.” Figure 12 below outlines the five sub-themes contained in this theme, and Table 8, which follows, is a snapshot of the process of data-analysis undertaken for each interview, firstly identifying significant quotes, which were then transformed into meaning units, sub-themes and themes.

Figure 12: Theme Five Sub-themes

Theme Five: New Ways of Seeing

1. Re-evaluating life - “I had to re-evaluate what I want in life, where I am at, what I used to believe, and what I don’t believe any more” (Jacob)
2. Moments of clarity – “it was almost like a light came on in my head” (Shelly)
3. Understanding other people – “Other people don’t understand, and that’s OK because one day they will” (Sienna)
4. The impact of death – “I suppose the difference for me now is that I just think life is so precious” (Shelly)
5. Who defines mental illness – “There’s no line in the sand with it, isn’t it just who we are as human beings” (Shelly)

Table 8: Theme 5 – New ways of seeing
Quotations, Meaning units, and sub-themes

Quotation	Meaning Unit	Sub-theme	Theme
“The last few years have been a real eye-opener for me big time, on all fronts. I had to re-evaluate what I want in life, where I am at, what I used to believe, and what I don’t believe any more. It has taken a lot of adapting to life and society but I feel like I can now function” (Jacob, p. 12).	Re-evaluating his wants and beliefs, adapting and learning to function	Re-evaluating life	New ways of seeing
“God bless him, he was great. And he has helped me along the way in doing what I am doing, and he is why I am still here” (Jacob, p. 17).	Being grateful for the man, a mentor	Moments of clarity	New ways of seeing
“That’s where art is magic. You can pour any emotion in one hand, it’s like a black box, pour something in one hand, and it comes out something different in the other” (Mark, p.7).	Transforming the energy of anger into art	Re-purposing emotions	New ways of seeing
“I’ll see someone smoking a cigarette and they’ll give me a dirty look, and I’m like, you’re openly self-harming. Just my scars are visible, and yours are on the inside” (Sienna, p. 4).	Seeing the irony in people who smoke looking down on her	Understanding other people	New ways of seeing
“I can think sensibly now, and I can see the effect it really has. Because I was self-absorbed, thinking poor me, and then I was like you poor guys, I can’t believe I did that to you all” (Sienna, p. 12).	Understanding the impact of her actions on others	Understanding other people	New ways of seeing

6.7.2 Re-evaluating life

The first sub-theme in “New ways of seeing” was “Re-evaluating life.” Jacob’s life has been hard in the two years since his suicide attempt. It has caused him to question himself and to re-think his priorities, his values and beliefs:

The last few years have been a real eye-opener for me big time, on all fronts. I had to re-evaluate what I want in life, where I am at, what I used to believe, and what I don’t believe any more. It has taken a lot of adapting to life and society but I feel like I can now function. (Jacob, p. 12)

Despite the constant discipline entailed in maintaining his mental health, Sean values his “illness.” He is grateful for it:

Yeah, if I had the opportunity of starting life again, the first thing I’d put on the paper is I’d want to be someone with bi-polar. I just feel sorry for everybody else. You miss out on so much... I’ve lived so much life, in one life – you’ve got to manage it, you’ve got to be on medication, you’ve got to have a combination of the two. (Sean, p. 9)

6.7.3 Moments of clarity

Sub-theme Two was “Moments of clarity.” Jacob found a psychiatrist who helped him gain insight into his behaviour, and learn to change, but more than that, he credits him with saving his life:

He said in relationships you tend to... be the guy that is always compromising and you do that in life and you’ve lived by that and this is where it stops because it has got to be about you. He just kept going and I was like what. This guy for the first hour and a half I didn’t think he was listening and he summed up my life. I just found it remarkable. He was one of the team... He was an old fella too, but God bless him, he was great and he has helped me along the way in doing what I am doing, and he is why I am still here. (Jacob, p. 17)

Similarly, Shelly’s counsellor helped her to understand herself. “Yeah so I suppose recognising some of the issues that were around me getting to the point where I felt I had no control, I had no choice, I felt quite passive” (Shelly, p. 1). She describes a moment of clarity in her life, where the environment she had grown up in, suddenly became understandable. “I didn’t realise until I was an adult that that wasn’t normal” (Shelly, p. 3):

I remember really clearly getting a proper understanding of the environment I had grown up in. I was talking to another student who was doing a subject

with me and he was doing some research on women as perpetrators of domestic violence, and I was talking to him and I had this sudden realisation that he was talking about my mum... I was twenty maybe at the time, and it was almost like a light came on in my head, and I thought that was our situation. When I understood that, then it was almost like crossing a line where you're in it, and then going over to the other side, to be able to see what happened a bit more objectively. (Shelly, pp. 3-4)

Mark channels his anger into his art, and transforms it into something of value:

How do I figure a way around this? You know, it's repurposing your emotions. Anger is fantastic... You've got enough fuel there to change the whole GDP of five different countries, if you can repurpose the passion. That's where art is magic. You can pour any emotion in one hand, it's like a black box, pour something in one hand, and it comes out something different in the other. (Mark, p.7)

Finding some resolution to an issue, feeling at peace with it, allows people to let go of a troubled past, to move beyond it, out into the world, re-engaging with life with fresh energy.

6.7.5 Understanding other people

The third sub-theme was "Understanding other people." Enduring great suffering gives people an understanding other people's distress. If she exposes her arms in public, Sienna is frequently faced with other people's discomfit, and this is a dilemma for her. She wants to be "normal" again but she can't. She forgives other people, their reactions to her body, "Other people don't understand, and that's OK, because one day they will" (Sienna, p. 3), and she sees other people are damaged too and she has learned tolerance:

I'll see someone smoking a cigarette and they'll give me a dirty look, and I'm like, you're openly self-harming, just my scars are visible, and yours are on the inside. We all make our own choices, and if that's what you want to do, it's your own business. We all wear our own arms. (Sienna, p. 4)

Mark uses his art to question society's beliefs but he wants to communicate with people, not challenge them. Mark believes it is possible to find ways of telling stories, which open up discussion. He wants to get through to people, not harangue them. He believes his experience of attempting suicide has made him wiser and kinder, despite the anger:

Well what story do I have to tell to myself, to get my head around that, and not make those guys the bad guys, and not make them wrong, but be able to open up a dialogue with people? That has flowed on from the suicidal idea and experiences of suicide. (Mark, p. 3)

6.7.6 The impact of death

Sub-theme Four was "The impact of death." Seeing the impact of death on other people and/or experiencing it themselves; helped three women in the study, Sienna, Karen, and Shelly, to resist the pull of suicide. Seeing the consequences for other people strengthened their desire to live. Within a couple of years of her suicide attempt at fifteen, the brother of Shelly's boyfriend died in a car accident. Then, her boyfriend died as well a few years after that, possibly from diabetes. "I could see the impact that their deaths had on their parents. So it changed my perspective" (Shelly, p. 1). Now that she is older, she has experienced more deaths:

I suppose the difference for me now is that I just think life is so precious. I've seen people lose their children because they've been ill, or in accidents, and through suicide as well, and you see it from the other side, but I do understand how people get to that point where they can't carry on. (Shelly, p. 5)

Karen came to see the impact of suicide on other people, when she attended the National Suicide Prevention Conference, and when she made friends with a girl whose sister had died by suicide:

I really appreciated being there because I got to see how other people were reacting and it was good because it was like a protective factor...I saw people who had lost people in the 80's, and were still affected... I think exposure to the fallout is quite therapeutic. I remember thinking, I get that this could have been me, and I don't want that to be the case. (Karen, p. 9)

"I went to a post-traumatic stress recovery conference, which is where I met my friend whose sister died" (Karen, p. 11):

And she was really great in that first twelve months because I got to see her family and got to watch what it's like to have one person less in a really visible form. They seemed genuinely comforted when they got to talk about her, and they also got to hear...what it feels like, and they really seemed to appreciate that. (Karen, p. 11)

Sienna also came to see things from the perspective of the people affected by her suicide attempt. "I can think sensibly now, and I can see the effect it really has. Because I was self-absorbed, thinking poor me, and then I was like you poor guys, I can't believe I did that to you all" (Sienna, p. 12).

6.7.7 Who defines mental illness?

Sub-theme Five was "Who defines mental illness?" Shelly questions the very notion of mental illness. "This definition of what mental illness is, I think it is such an umbrella term for everything that you'd think, I just think it needs to be more clearly defined" (Shelly, p. 14):

Does being mentally ill mean being upset, does it mean having a bad day, is it having five bad days, or is it having ten? There's no line in the sand with it,

isn't it just who we are as human beings...Where is that point [when] you are officially mentally ill, and who decides that anyway? (Shelly, p. 13)

Having worked with some of the top or bottom 5% of the population in a prison environment completely changed my perspective on what normality was because the moment I walked into that prison my normal range had suddenly become like here, and in the grand scheme of things. I was actually high-functioning and pretty normal... It's like what is your perspective going to be, and who is going to decide what is right or what is wrong? And, is it OK to opt out of that and say I see things differently? So do a lot of geniuses, who weren't considered normal at the time, Einstein. We need that sort of extreme of thinking in order to move forward as a society. (Shelly, p. 14)

6.7.8 Summary

Seeing the world in a new way, from a new perspective sheds light on the past, and lights the way forward. Re-evaluating life and re-thinking priorities gave the participants something to work on. Discovering new insights, having "Moments of clarity" helps people move beyond the limitations of a suicide attempt.

"Understanding other people" and being able to re-interpret personal experience in ways that are beneficial to self-well-being, are all part of looking at the world in new, and better ways than in the past. "The impact of death" helped some participants turn away from suicide as an option. New ways of seeing in turn creates new ways of being in the world, adaptive behaviours, which constitute a new lease on life.

6.8 Theme Six: New Ways of Being

6.8.1 Introduction

The sixth theme to emerge was “New ways of being.” Figure 13 below outlines the six sub-themes contained in this theme, and Table 9, which follows, is a snapshot of the process of data-analysis undertaken for each interview, firstly identifying significant quotes, which were then transformed into meaning units, sub-themes and themes.

Figure 13: Theme Six Sub-themes

Theme Six: New Ways of Being

1. Starting again – “It allows me to compartmentalise that story, and all the negative elements of it” (Mark)
2. But thinking makes it so – “you can change the way you think about things” (Mark)
3. Gaining control and becoming self-reliant “The only person that can get you well is yourself” (Chloe)
4. Loving yourself – “If you love yourself enough, then you can love others, and others can love you” (Chloe)
5. Coming to terms
6. Staying mentally healthy– “That leaves me 10% left and you know that with that 10%, you can change the world, with dreaming and thinking, imagination” (Sean)

Table 9: Theme 6 – New ways of being
Quotations, Meaning units and sub-themes

Quotation	Meaning Unit	Sub-theme	Theme
“For me, it has been about re-engaging with the world on my terms” (Mark, p. 5).	Being in control of re-engaging with life	Starting again	New ways of being
“How do you get around the fact that you feel like you don’t fit in? You feel different, you feel separate. In the end, my response was ‘That’s fantastic. I stand out’” (Mark, pp. 3-4).	Deciding that standing out is better than fitting in	But thinking makes it so	New ways of being
“That’s only something I have discovered as an adult that I have control over my thoughts and I can change the way I feel” (Shelly, p. 8).	Discovering the ability to control one’s thinking, as an adult	But thinking makes it so	New ways of being
“...because if you can’t help yourself, you can’t expect anyone else to be able to help you” (Chloe, p. 18).	Not expecting help from others without helping yourself first	Being self-reliant	New ways of being

6.8.2 Starting again

The first sub-theme to emerge was “Starting again.” Being a street artist enabled Mark to forge a new identity, to do things his own way, and leave his past behind. It has given him the freedom to move on:

For me, it has been about re-engaging with the world on my terms, so with the art for example, as a street artist, you are not meant to reveal your identity ever, to anyone. I said, ‘Well, that’s not the way I want to do it’. This is the start of a broader conversation. I will do things my way. (Mark, p. 2)

You know, street art has allowed me a process of sealing things off, by saying here’s a different name I’m going to attach to this period of time. It’s probably a completely insane thing to do... But its worked for me enormously. It allows me to compartmentalise that story, and all the negative elements of it. (Mark, p. 5)

6.8.3 But thinking makes it so

Sub-theme Two was “But thinking makes it so.” Telling new stories – reframing thinking, the power of the mind to influence who we are, and how we are, was a common thread in the thinking of most participants. Ryan says, “You know, my advice to people is, and it’s simplistic I know, but your thinking gets you into that position, and the only thing that can get you out of it, is your thinking.” (2015, p. 2). Mark agrees that how a person interprets their experience makes all the difference. He believes the stories we tell ourselves can be negative or they can be positive. Mark asked himself:

How do I fit myself into the world after this? And, you know the answer is that it’s never been about fitting yourself into the world. We’ve already fitted into the world, you are here, you are breathing, and you are alive. You’ve fitted into it just fine and dandy, no problems whatsoever. But how do you get around the fact that you feel like you don’t fit in? You feel different, you feel separate. In the end, my response was ‘That’s fantastic. I stand out’.

(Mark, pp. 3-4)

For Shelly, staying mentally healthy is all down to her ability to control negative thinking, which she is getting better and better at doing:

That’s only something I have discovered as an adult, that I have control over my thoughts and that I can change the way I feel, and I can do it quite quickly now. There are days when I find it more difficult but the longer the time goes on, those really, negative thoughts become less and less. (Shelly, p. 8)

6.8.4 Gaining control and becoming self-reliant

The third sub-theme to emerge was “Gaining control and becoming self-reliant,” Ryan, Jacob, Sienna, Chloe, Shelly, Sean and Mark all specifically talked about becoming self-reliant. They believe they are ultimately responsible for their own well-being. Ryan states, “If you rely on somebody else for your emotions...it doesn’t

give you inner peace and happiness. You have to find that yourself: and then all the other things are a bonus" (Ryan, p. 4). He believes "You know basically, no journey is about transient outside support... If I want to be mentally fit, only I can do it" (Ryan, p. 7).

Sienna believes her ability to be self-reliant specifically helped her to re-engage with life:

I became very self-reliant and learned not to depend on anyone... I think that is kind of good, and a lot of the reason I re-engaged as well as I did was because you think this is no-one else's responsibility but your own. It's your life; don't expect others to sort it out for you. (Sienna, p. 13)

And Chloe concurs, "The only person that can get you well is yourself" (Chloe, p. 1):

Like I used to have a big whiteboard in my kitchen and every day, I would go out there and write an affirmation for the day or I'd write something that was trying to help myself because if you can't help yourself, you can't expect anyone else to be able to help you. (Chloe, p. 18)

Shelly says it took her a long time after her suicide attempt to take responsibility for her well-being, "I don't think I really took responsibility for myself being in control of recovering until I was probably in my thirties" (Shelly, p. 1):

You can't blame it all on everyone else. I take responsibility now for my health. I take responsibility for my happiness. If I'm not happy, it's not my husband or the kid's fault and I need to sort it out. I have to find a way to make myself better. (Shelly, p. 11)

She is still battling with the trauma of her childhood and her suicide attempt as a teenager, "it has taken me a long time as well to learn to feel things that it's OK to feel because in the situation I was in, I wasn't allowed to feel things" (Shelly, p. 6).

However, Mark points out, “the terms that I work within are not all exclusively my terms, because that’s not how the world works, but there are some things that I will do and some things that I won’t do” (Mark, p. 6). For all of the participants re-engaging with life entailed a process of gaining control over themselves and their lives, and becoming stronger for it.

6.8.5 Loving yourself

Sub-theme Four was “Loving yourself.” Self-love is different from self-reliance although the two go hand in hand in an upward spiral. Learning to love yourself is a significant change for someone previously on a path to self-destruction. Ryan states, “If we don’t love who we are, how can we love anybody else?” (Ryan, p. 13). Chloe expands on this:

I’m talking about having a healthy relationship with yourself. Enough to say that I’m an OK person and that I value myself enough to be on this earth and do the best I can, because at the end of the day that is all we can do... If you love yourself enough, then you can love others, and others can love you.
(Chloe, p. 28)

6.8.6 Coming to terms

The fifth sub-theme to emerge was “Coming to terms.” Coming to terms with loss is an essential component of re-engaging with life and there are many things, which require the effort. The suicide attempt for a start, the loss of the person you used to be, the loss of others, and the inevitable hardships that life throws up as shared by Sienna:

I’d say the first six months was nothing near anything like stable and then you have to get to the point where you see it as something that happened rather than something that recently happened. It’s like when everyone else starts to forget about it, when my mum started trusting me again, and my family stopped being so...you think, OK it’s over now, and the acceptance is

done and dusted. You can put it behind you because everyone isn't bringing it up, again and again. (Sienna, p. 11)

Karen has not recovered emotionally, two years down the track from her suicide attempt. She says, "I still feel bereaved from suicide in different areas" (Karen, p. 18) and Mark explains it further:

There's also a process where you've got to grieve. You've actually got to say, 'Well, those situations I've put myself in that I thought would be fantastic, have caused me enormous problems. I...took myself down the wrong road.' You do have to mourn for those things, because you wanted them; desperately wanted them in some situations. (Mark, p. 4)

For Sean, the loss of libido associated with his medication and the accompanying weight gain are things he has come to terms with:

I have absolutely no interest in sex with women, zero, or guys. That part of me is just all dead. There's nothing there. So I guess chemically, it's a castrator I suppose, if you want to call it that... It's really interesting because it makes you focus, because you're not thinking about something you shouldn't be thinking about...so, in a way I took advantage of that. I thought this is pretty, cool but there is no interest, it's gone forever. My wife was great, she said, 'Yeah, that's fine', a very, very special person that would allow that... You put on weight; I put on a lot of weight; I was as slim as, all my life. (Sean, p. 20)

For Ryan coming to terms with loss concerns his relationship with his daughters. "I don't get to see my girls... I talk to them occasionally, especially one, but...it's not like it's a warm fuzzy, but you know, it is something that you accept and get on with life" (Ryan, p. 1). On campus, for Sienna, "Not a single person has spoken to me and it's been three months now, and still...it doesn't really matter, like you get used to it, and I turn a blind eye" (Sienna, p. 5). Talking about her destructive relationship with

her mother, Shelly says, “I don’t think that’s going to change, so I have to accept that it is the way it is” (Shelly, p. 7).

For Mark, coming to terms lies in understanding one’s limitations and forgiving yourself. “What are the things I can change, that which is within my immediate reach? We can change ourselves but we can’t change other people. We can tell ourselves stories that lift us up, or bring us down” (Mark, p. 9):

But yeah, it’s always been about finding a way to tell that story in a better sense. Anything that gives you strength is good. If it destroys you, if it damages you or if it makes you feel worse about yourself, tell a different story. It really makes all the difference in the world. (Mark, p. 11)

6.8.7 Staying mentally healthy

Theme Six was “Staying mentally healthy.” Shelly is constantly guarding her mental health:

I recognise that I have different types of depression. One is a very physical depression that I cannot control...it’s almost like a wave comes over me; when that starts to happen, I know that I have to put some things in place to ensure that my mental state is OK. (Shelly, pp. 1-2)

Sean guards his mental health by sticking to routines:

Management mode is 90% of my life... I’ve adopted those traits so that everything is copy paste. I do exactly the same today as I will do tomorrow. I have a 13C seat on a plane, I get the same hire car, don’t upgrade me. I go to the same cafes and work. Everything is identical, everything, I’m so predictable. (Sean, p. 8)

More than that, he rides the waves of his mental illness, taking advantage of the highs and resting with the lows:

I must get routine. That leaves me 10% left and you know that within that 10%, you can change the world, with dreaming and thinking, imagination and that's what I do. That's where I exploit bi-polar, and I use that creativity...when I'm high, I'll build a tunnel to somewhere. When I'm low, I'll reinforce it; that's what I've been doing for ten years, and the rest of the time, it's 90% copy paste. (Sean, p. 8)

6.8.8 Summary

For the participants in the current study reshaping themselves into “New ways of being” involved starting again, thinking differently, gaining control and becoming self-reliant, loving themselves, coming to terms with regrets, with the things that can't be changed, and staying mentally healthy. Doing so, has enabled the participants to re-engage with life, moving forward, past the point of struggle, seeing the fruition of their labours.

6.9 Theme Seven: Making a Difference

6.9.1 Introduction

The seventh theme to emerge from the study was “Making a difference.” Figure 14 below outlines the two sub-themes contained in this theme, and Table 10, which follows, is a snapshot of the process of data-analysis undertaken for each interview, firstly identifying significant quotes, which were then transformed into meaning units, sub-themes and themes.

Figure 14: Theme Seven Sub-themes

Theme Seven: Making a Difference

- 1.Speaking out - “the fact that my experience could be used to help others” (S**
Facebook and social media – “that just opened up a world of doors to me” (Jacob)
...Motivational speaking – “They paid me thousands of dollars just to tell my story”
Feedback on the conference – “my experience actually helped inform things for
people” (Karen)
- 2. Giving back - “I know the path; I’ve taken the steps myself” (Chloe)**

Table 10: Theme 7 – Making a difference
Quotations, Meaning units, and sub-themes

Quotation	Meaning Unit	Sub-theme	Theme
"I just shared my experience, of how my friend helped me, and how I reached out," (Jacob, p. 4-5).	Sharing the experience of reaching out for help	Speaking out	Making a difference
"So that was really, nice ... my experience actually helped inform things for people," (Karen, pp. 15-16).	Being acknowledged for expertise	Speaking out	Making a difference
"It is nice to come out of the end of the tunnel, but also it's still really difficult and that's OK too" (Karen, pp. 24-25).	Acknowledging that you can come out of the end of the tunnel but it is still hard	Speaking out	Making a difference
"The idea of it being beneficial for others, and the fact that my experience could be used to help others. I can do my part," (Sienna, p. 15).	Wanting to be able to help others	Speaking out	Making a difference
"I'm just someone to have a chat to, someone that is real, someone that has been through it," (Jacob, p. 5).	Understanding the value of lived experience	Giving back	Making a difference

6.9.2 Speaking out

The first sub-theme to emerge in "Making a difference" was "Speaking out." All of the participants chose to stand-up and speak out by volunteering for the current study. In addition, Jacob used Facebook to tell his story. Karen provided feedback to the National Suicide Prevention Conference organisers. Sienna used Chatrooms to share her experiences. Sean was a motivational speaker for a decade. Mark's way of doing so is through his art.

Jacob described his suicide attempt on Facebook on World Mental Health Day, and the response was overwhelming. It gave him the opportunity to become involved in suicide prevention at a national level. "It has been tough but it has been a journey

with the right people and that's why I encourage people to get help and speak out" (Jacob, p. 9):

So coming back into society, on October 10th, which is World Mental Health Day, I shared my journey on social media and got an unbelievable response from friends, family, people I didn't know. People I hadn't seen for 20 years, you know writing stuff, and the people from 'On the line', whom you probably would have had some contact with...that just opened up a world of doors to me. They became like my second family... I just shared my experience, of how my friend helped me, and how I reached out, and if I can do it than others can do the same. (Jacob, p. 4-5)

Sean spent a decade as a motivational speaker telling his story of recovery from a suicide attempt, and mental illness:

I used to be on stage [in front of] between 500 to 15,000 people and talking about the story...if it wasn't for having a mental illness, there's absolutely no way, I would have had such a fantastic life. (Sean, p. 11)

A lot of people would come up and talk about it [afterwards], you know, they were going to go and neck themselves, they'd been contemplating suicide, and they had made the decision not to, and they'd go and get help. Now that was before Beyond Blue, so that was great. (Sean, p. 12)

Karen found a way to speak out by providing feedback on the National Suicide Prevention Conference she attended, which helped inform the next one:

He said I really like how critically you think about things, would you give me a rundown of the conference... So I sat down and I wrote about 2000 words on this is what worked, and what didn't, this is what I didn't like. ...About a month later, I got an email from Sue Murray [at Suicide Prevention Australia] and she said she...was taking all of my considerations into account. So that

was really, nice...my experience actually helped inform things for people.

(Karen, pp. 15-16)

She said, "I was keen to do this as well; because I have looked for studies into survivors of suicide online, and they're very few and far between" (Karen, p. 16):

That's why I think these kinds of things are really, important where you talk to people ongoing who have those experiences who can say it is nice to come out of the end of the tunnel, but also it's still really difficult and that's OK too.

(Karen, pp. 24-25)

Sienna attended the interview because she wanted her experience to be of benefit to others and she participates in chat rooms, for the same reason:

If there was even like just one person from anywhere with a computer and the internet, if I was a registered psych I would probably do it. There are some chat rooms, there is a PTSD one, an anxiety one, and you can go on and talk to each other and help each other out, and I share my own experience and offer advice so that is good. We're not professionals or anything and anyone can go on there and say anything, so it is a bit risky. They're not moderated or anything. (Sienna, p. 15)

Mark too is speaking up, and honing his ability to cut through, "... again it's finding a way to tell that story that gets people to reflect on themselves" (Mark, p. 15):

We've all got the gift, but you have to rub the lamp, if you want the genie to come out. You can't just rely on someone else to do it. Everyone's got the gift to varying degrees and it's the willingness to use those tools as opposed to taking the easy way out, which is to say: 'They're wrong, we're right, fuck them. Let's call them names'. (Mark, p. 15)

6.9.3 Giving back

The second sub-theme was “Giving back.” The experience of attempting suicide has deeply affected all of the participants, and it gives them an understanding of other people’s suffering. The suicide attempt has changed them, and in re-engaging with life, they want to give back to society and make a difference. Jacob has been reaching out to people through social media and speaking publically about suicide for Beyond Blue. Karen used her understanding of suicide to help people close to her bereaved by suicide, and her empathy, volunteering with special needs children. When Ryan was recovering from his suicide attempt, he volunteered with homeless young people, and found it redemptive. “I gave my time up to Lifeline...to work voluntarily with homeless kids, which, funnily enough, was an opportunity to be positive again” (Ryan, p. 5).

Jacob has spent the past two years gradually getting better and working in the field of suicide prevention, which is a big change from his previous career in financial services. He has valued the opportunity to use his experience to benefit other people who are struggling with suicide. “The last two years of my life has been trying to get myself better and get myself right, and working with depression and suicide” (Jacob, 2015, p. 6):

I’m not a qualified counsellor and I always make that clear. I can only give you my opinion. I can try and give you a direction to go into but I can’t give you a professional opinion and I’m not a professional in that way, because I don’t have the qualifications. I’m just someone to have a chat to, someone that is real, someone that has been through it. (Jacob, p. 5)

So I guess coming back into society after suicide, my way of dealing with it was to try and help others and I know that sounds cliché and I’ve said this before, I’m a small fish in a big pond when it comes to what others are doing with mental health and creating awareness. I’m part of a minority of the lived

experience group, who are willing to share. There's not too many unfortunately because we males find it hard to express our feelings and emotions and we bottle things up. We have to feel like we're superior in society. As a male, you have to be tough all the time. (Jacob, p. 5)

Mark has used his street art as a platform to discuss mental health issues, and has become someone people go to for help. He holds an annual pop up art show with other artists, where they give the art away, as his way of doing penance for the past, giving back, and challenging social values at the same time:

My way of dealing with it has been to say that, 'Well, I have to change things then.' The biggest thing to re-engage me into society was art, specialist street art; it's given me a form and a voice. I've always argued that the art on the walls in the street is the start of a broader conversation... So, I get to talk about mental health issues, you become that guy in the street art world where people go when they're having mental health problems...but one of the advantages is that you direct people down the right path, so it means that I have got a lot of reasons to keep myself together. (Mark, p.1-2)

It is with the free art shows I have, people say, 'You're devaluing your art'. I say, 'No, no, I am not, because if people appreciate the art, it still retains its value, just because I choose to give it away... Still, but then again, it's how you look at the story, some people think...that you can only give away that which is worthless. (Mark, p. 10-11)

Karen has been able to explain to people close to her bereaved by suicide, what it is like to be suicidal, and this has helped them come to terms with it:

My friend's dad passed away last year, and he took his life. I went and I watched everyone and I've since had lots of conversations with my friend because I knew him as well, and she always walks away really

appreciative. ...she says it is always nice to hear someone talk about it, and express it in such a way that she can understand why he did it... He was escaping something, and you just couldn't see it, and it was as real and as serious as whatever anyone else dies, or jumps from. It's always so much more than you can understand; it's always a pain that is real to them. (Karen, p. 9)

Karen, as previously mentioned in theme three, "Life reshaping" volunteered with special needs children as a way of giving back and re-engaging society, and found she had a gift for it:

I loved that, especially the kids with autism who would lay on the floor, and literally make snow angels, or who would just rock from side to side. Yep, I have definitely been there... So in a way I could make up for a lot of stuff that I hadn't felt I had... So if I can give that to them it felt like the olive branch saying you know things are really shit but I'm going to make a special effort with you just to make sure that you know you're worth it. (Karen, p. 13)

Chloe is passionate about helping other people. She has been through the mill and now she wants to use her experience to help other people. "It's my ultimate goal on this earth is to help others whether it's on a level of mental health issues, or just being there, or whether it's helping another family" (Chloe, p. 12). "You have to care about yourself but at the same time you have to help one another, every single day" (Chloe, p. 18):

Where I can, I help. I can see the writing on the wall, I know the path, I've taken the steps myself, back-pedalled, forward-pedalled, fallen off the bike, got back on the bike, and tried to pedal uphill for so long that I'm just getting nowhere. (Chloe, p. 19)

Chloe is helping some of her friends recover, and talks about how important it is to start with small steps, when you are trying to make changes:

Instead of saying I'm no longer going to drink, I'm no longer going to do drugs, I'm no longer going to do this, why not just say I'm going to do my best each day to try and achieve something, just one little thing each day.

Instead of going, I'm not longer going to do this, well what happens, the next thing you're at the fridge getting a beer out. (Chloe, p. 19)

Shelly hopes her background has helped her be a better parent. "After everything I have been through, it has made me who I am, and so maybe I'd like to hope naively, that's made me a better parent through my experience. I don't know" (Shelly, p. 13). "I think the most powerful tool it has given me is empathy. That's one thing that I'm really good at; I can pick up on people's emotions" (Shelly, p. 13).

6.9.4 Summary

The seventh theme "Making a difference" finds people moving out into society to speak up, give back, and make a difference. The first sub-theme is "Speaking out." There is a silence around suicide, which reflects and reinforces the stigma attached to it. The participants in the current study are breaking that silence on Facebook and in chat rooms, speaking publically about their experience, offering advice and feedback, and leading the way. The second sub-theme is "Giving back." The experience of attempting suicide becomes a means of helping others going through similar traumas. The participants have a deeper understanding of being suicidal than other people. They have empathy for others, which they put to good use. They contribute.

6.10 Theme Eight: In the Long Run

6.10.1 Introduction

The eighth theme to emerge was “In the long run.” Figure 14 below outlines the seven sub-themes contained in this theme, and Table 11, which follows, is a snapshot of the process of data-analysis undertaken for each interview, firstly identifying significant quotes, which were then transformed into meaning units, sub-themes and themes.

Figure 15: Theme Eight Sub-themes

Theme Eight: In the Long Run

- 1. Facing the stigma – “You get a lot of stigma from the public because I have a lot of visible scars” (Sienna)**
- 2. Losing the way - “I’ve lost my way in social terms” (Jacob)**
- 3. Losing work – “I realise work gives you a sense of purpose, a sense of belonging, you’re part of society” (Jacob)**
- 4. Things will come undone - “things will challenge us, and things will change” (Chloe)**
- 5. Living with suicidal thoughts - “You don’t get strong steel by just digging it out of the ground. It’s got to be forged, it’s got to be heated, and it’s got to pass through the fire” (Mark)**
- 6. Living with mental health challenges and medication – “If you’ve got it, you’ve got it. So, you better deal with it the best way you can” (Sean)**
- 7. The hole is still there – “A quarry of indignation” (Sean)**

Table 11: Theme 8 – In the long run
Quotations, Meaning units, and sub-themes

Quotation	Meaning Unit	Sub-theme	Theme
"I've always been very public about my story – that has opened and closed doors" (Mark, p.1).	Being open about his experience has had good and bad consequences	Facing the stigma	In the long run
"I have lost my way in social terms. I've lost my ability to socialise," (Jacob, p. 6).	Feeling lost with other people	Losing the way	In the long run
"That again will make me want to be a recluse, and not want to go out and I have to start all over," (Sienna, p. 3).	Wanting to be reclusive and having to regain her confidence again	Facing the stigma	In the long run
"Things will come undone and things will challenge us, and things will change, but I'm thankful every day for every minute that I'm here" (Chloe, p. 12).	Feeling grateful for life despite its challenges	Things will come undone	In the long run
"Success for me has absolutely nothing to do with anything other than to repair the past. That's all it does, but I'll never be able to" (Sean, p. 25).	All the success can never repair the damage	The hole is still there	In the long run

6.10.2 Facing the stigma

The first sub-theme to emerge in Theme Eight was "Facing the stigma." Sienna faces stigma on an almost daily basis. Mark prefers to speak openly about his experiences even if it makes people uncomfortable. Jacob has built his recovery around speaking out, as did Sean in an earlier incarnation. They all surround themselves with support.

There is a powerful social stigma attached to suicide, which is a hangover from earlier times. It brings shame and guilt to the people bereaved by it. Shelly, who faces no stigma because no one knows about her suicide attempt, tells a sad story about her husband's uncle. After he completed suicide her husband's family ceased all contact with the uncle's wife and children:

My husband's uncle committed suicide. I think my husband was a baby when it happened or it happened just before he was born, but no one ever refers to that brother. My husband talks about him, he knows a bit about him but all contact was cut with the wife and the children. I don't know which direction it came from but he's never had contact with those cousins, so it's like when the uncle committed suicide this wall went up. I've never heard his mum talk about her, his aunt. (Shelly, p. 16)

Sienna has badly scarred arms and deals with social stigma on a daily basis when she is in Brisbane, and walks around with them uncovered. The bad reactions she gets from the public hit her hard, but she gets good reactions too and meets sympathetic people along the way:

Up here, it is a lot more difficult, people come up to me and start yelling at me...your parents must be ashamed of you, and things like that... That again will make me want to be a recluse, and not want to go out and I have to start all over... You'll get those sorts of people and that will really bring your confidence down again. You'll be like, oh, I can't go out in public like this, what are people going to think of me and that makes things difficult but then, when people are encouraging that will give you a confidence boost as well. 'Stuff 'em who cares, it's your skin.' (Sienna, pp. 3-4)

Mark is a big fella, who chooses to talk about his mental health challenges. "Re-engaging into society has been interesting though in that I've always been very public about my story – and that has opened and closed doors" (Mark, p.1). He is defiant, "I am very vocal about my experience and very happy to talk about it. There is an element of society...that's very uncomfortable when you mention any of that stuff... I couldn't give a shit, simple as that," (Mark, p. 2). He is in his mid-thirties, and has had a longer time in which to re-adjust.

6.10.3 Losing the way

The second sub-theme was “Losing the way.” Jacob says, “I avoid big groups. I avoid people that I don’t know” (Jacob, p. 6):

I’m reclusive...That has been the hardest thing for me getting back into society, I’d much prefer to sit on my own somewhere and do my own thing whether it is have a drink or watch sport. I have lost my way in social terms. I’ve lost my ability to socialise. Going back before this if you put me in the middle of the desert, I would find someone to talk to, but now I avoid big social groups because I don’t know what to say. I feel like I talk about my depression. They ask what you do, that’s the first thing that males ask, what do you do? (Jacob, p. 6)

Karen, Mark and Jacob all find it difficult to know when to bring up their history in a relationship:

Even just, having to actively hide that aspect of my life or that part of me to all these other people, like how do you bring that up on a first date? When do you tell a partner that you have had that experience? They think it’s over and you’re all fixed, but it’s not as easy as that. (Karen, p. 19)

Mark has the same problem, “Look, there have been issues to do with relationships. It’s always a tricky one. To disclose six weeks in is too late, and it’s also too early at the same time. There are those Catch-22 situations” (Mark, p. 2). The same goes for Jacob, “It has even affected my personal relationships with females because, how do you tell a female that for the last two years you have been trying to get your life together” (Mark, p. 6).

6.10.4 Losing work

The third sub-theme was “Losing work.” Jacob is looking for work after two years of recuperating from the trauma of his suicide attempts. He has been speaking

publically about his experience with suicide but he is ready to re-enter the workforce, the next stage of re-engaging with the world. “I am slowly...putting myself out there but not having worked for two years” makes it much harder. (Jacob, p. 6):

People complain about work – I will swap with anyone. After the two years I’ve had I realise work gives you a sense of purpose, a sense of belonging, you’re part of society. In life, you have to work. It’s not just about the money it gives you somewhere to go every day and to feel part of something. Whether it’s your own business or working for someone else, you’ve got something to go to... When I went on that return to work plan I loved it because every second day I knew where I was going. You know, get there early, get your coffee, and have a chat but you knew you were there to be productive and you were part of something. When that is taken away from you, I guess now I realise but before I didn’t, before I took my career as whatever happens, happens. Now it is so hard to find a job. (Jacob, p. 6)

6.10.6 Things will come undone

Sub-theme Four is “Things will come undone”, which concerns the inevitability of life’s difficulties. For Chloe, Sienna, and Ryan life continues to set them challenges but as Ryan says, “Every day’s ever evolving. You don’t ever say, oh god, I can walk on water now, cause you can’t, because there’s always gonna be some guy that’s gonna throw another hurdle at you” (Ryan, p. 4).

Chloe is in the process of divorcing her husband of eighteen years, “I’m still living a nightmare of a divorce, and I moved house six weeks ago again” (Chloe, p. 10).

However, she is persevering:

I think we really need to be conscious that we can’t always have it the perfect way that we want. Things will come undone and things will challenge us and things will change, but I’m thankful every day for every minute that I’m here. (Chloe, p. 12)

Sienna is still struggling with the urge to self-harm. It is a habit with a strong hold on her. "Considering it's been nearly eight years, it will take me a while to get out of that habit" of self-harming" (Sienna, p. 13).

6.10.7 Living with suicidal thoughts

The fifth sub-theme is "Living with suicidal thoughts." Mark, Karen, Jacob, Sienna, and Shelly, all continue to experience episodes of suicidal thoughts and feelings, despite the varying lengths of time since their suicide attempt.

Jacob's interview was in May 2015 and he says:

The last suicidal thought I had, was probably in February because once I lost my job I didn't know what to do. You start questioning yourself again, and the fact that it was done by email, I wasn't spoken to properly, that really got me...The suicide thoughts, and tendencies have dwindled; now they are almost non-existent. (Jacob, p. 8)

Mark thinks many people who have been through the experience of attempting suicide continue to struggle with it long afterwards. "We are going to go through that door experiencing those thoughts and feelings again, and again, and probably again" (Mark, p. 2). He says, "So all this shall pass just give it some time" (Mark, p. 2). He feels stronger because of the trauma he's been through:

For suicide, those experiences, and my suicidal ideation have been putting the steel through the fire. You don't get strong steel by just digging it out of the ground. It's got to be forged, it's got to be heated, and it's got to pass through the fire. The thing is too, you've got to be flexible...You've got to have that ability to bend. That's again, where the transformation of storytelling comes through. I think for most of us that have had an experience of suicidal ideation, it is a continuation, "No hey, I'm here, and I'm recovered; now it's all better." (Mark, p. 2)

Shelly is twenty-seven years down the track from her suicide attempt, but still, “The other thing I wanted to say to you is that even now, I still get thoughts of suicide but I can control them and they don’t control me” (Shelly, p. 6). She says, “That’s the thing people don’t usually attempt it once. I know I tried a number of times and my sister did as well... She is younger than me and she took an overdose for the same reasons as me” (Shelly, p. 18).

Karen is still struggling with her suicidal thoughts two years after her attempt. They are fading but she laments the fact that it is still by no means easy, and that it is hard to get help in a crisis. “It is something I manage and deal with but ‘Do I tell my psych about it?’ It never ends, it doesn’t finish, which is probably one of the things that makes it hard to keep going” (Karen, p. 20):

When the reality is from most people I know, suicide can be chronic and it can be persistent and it can be lifelong...And that’s not something that can make someone happier because it sucks and that really never gets brought out of the conversation...No, the system is still shit. There is no proper support when you’re in crisis. You still go through crises and already have been through them so many times that you get sick of all of the things you get told. (Karen, p. 19)

6.10.8 Living with mental health challenges and medication

The sixth sub-theme is “Living with mental health challenges and medication.”

Chloe, Karen, Jacob, Sienna, Sean, Mark and Shelly despite the major progress they have made re-engaging with life, all live with ongoing mental health challenges.

Chloe is thirty-seven. It is only in the past year that she reluctantly agreed to take medication and it has literally transformed her life:

I think it was within six weeks I felt the benefits of the medication or whatever. I started to reconnect with life. I started to want to be here. I started to want to go out and socialise, and have conversations with people instead of hiding under the doona or being paranoid that everyone is talking about you ...everybody's thinking that you're bonkers or whatever ...that's the process that's going on in my head the whole time. (Chloe, p. 5)

Despite this, she is ambivalent. "I'm hoping ... one day I can step back and put other things in place that will help me to be able to move away from medication on my own but maybe that will never happen" (Chloe, p. 20):

Jacob says mental illness runs in his family, and "I have been diagnosed with depression since the age of fourteen and I'm now thirty-four, so twenty years" (Jacob, p. 1). He is however, making progress, "Now it's just diagnosed as depression, whereas in the past it was clinical depression...So things have changed" (Jacob, p. 7).

Sean has a bi-polar disorder, which he has had to deal with his whole, adult life. "If you've got it, you've got it. So, you better deal with it the best way you can" (2015, p. 14):

Everyone has their story...I've got rapid cycling bi-polar, okay, so...that's the end of that... they can't reverse it, yet. Maybe in thirty or forty years, they might have an answer, but not at the moment, so once it's been released, it's released and then you are on a path of self-destruction. (Sean, p. 3)

Karen applied for, and received a disability pension, returned to her studies and works part-time. She is still on a high dose of medication, which she would like to cut down:

When I was living in my other accommodation, I applied to be on the DSP and that was amazing because I didn't have to work coming out of hospital. It

was sad in a way because it was a very permanent thing and I had to get all my doctors to sign things saying chronic mood dysfunction, unlikely to recover. (Karen, p. 12)

She concludes:

Mental illness isn't a nice cosy brave illness and that's where you can really get that, am I doing it wrong? I tell someone about my experiences and I identify as having depression they look at me and say you look really, fine. You've washed your hair and you're dressed, and you smile, and you talk. (Karen, p. 24)

6.10.9 The hole is still there

The final and eighth sub-theme is "The hole is still there." The people in the current study have made great progress in their quest to re-engage with life after a suicide attempt but a suicide attempt leaves scars for life. They fade over time, but they remain. At fifty-eight, Sean never quite forgets his experience in the mental asylum as a teenager:

A quarry of indignation, of wrongdoing from the mental asylum, for me that was a major, major thing and so every day is successful. It just throws a bit of dirt in there and I want to fill that hole up, so that I can use my success. So, success for me ...has nothing to do with money. It could be a multitude of things. Success for me has absolutely nothing to do with anything other than to repair the past. That's all it does, but I'll never be able to ... I'll never get ahead. No matter what I do in my life, it will never be enough, never ever. So, I've come to accept that, and I just keep going, just repairing and repairing and teaching it a lesson, like 'Ha-Ha, see you can have a mental illness and be successful, see, see', and that helps the stigma that I sometimes put on myself. (Sean, p. 25)

6.10.10 Summary

This final theme “In the long run” is all encompassing. The people in the current study have experienced great change in their quest to re-engage with life. They have been scorched in a fire of their own making but the pay back is they are wiser and more compassionate for the experience. They have changed, grown, and re-created a better life for themselves but they have done so, with many difficulties to overcome along the way. Many are exposed to the stigma attached to suicide and attempted suicide, which has an ongoing impact in their life. They are still healing, despite the great progress they have made; they still have to deal with the hurdles life throws up. They still occasionally fall back into feeling suicidal but they are much more confident of their ability to cope and to manage their mental health into the future.

I said in the beginning some scars never heal, some trauma is embedded deep in your cells and it never completely goes away, but in the end the participants in this study say the most important thing is to just keep going and don't give up.

6.11 A Visual Representation of the Process of Re-engaging with Life

Climbing mountains: repairing the damage**1. The immediate aftermath****4.
Finding****2. Doing the
work****3. Life
reshaping****Gaining clear air: moving beyond****5. New
ways of
seeing****6. New
ways of
being****7. Making a difference****8. In the long-run**

Climbing mountains: repairing the damage

The immediate aftermath

1. [Being in hospital – “you haven’t got a clue lady, you don’t know what you’re talking about” \(Shelly\)](#)
2. The experience of hospital – “was the start of my recovery back into society, or
- a. back into society, or trying to get some normality” (Jacob) trying to get some normality” (Jacob)
3. Dealing with other people - “having to deal with the emotions of people around you is really, really confronting” (Shelly)
4. Dealing with ongoing depression - “I would curl up in a ball and not want to think; the suicide tendencies were still there” (Jacob)
5. Taking medication – “I was out of it for a lot of the time, I was sleeping way more than I should” (Karen)



Finding a place

[With family, without family, friends, partners, community and professional support “They gave me a real sense of it’s OK, you can get through it” \(Sienna\)](#)

[Sub-themes](#)

1. [With family “And knowing there was a family history of it made me feel a lot better” \(Sienna\)](#)
2. [Without family](#)
3. [With friends “It was good to have a friend to talk to whenever I needed, to rather than going through all the medication” \(Sienna\)](#)
4. [With partners “Talking to him is ten times better than the other psychs... He’s been in the same boat, he understands, because he’s my age and very empathetic” \(Sienna\)](#)
5. [In the community “other people feel like this to” \(Karen\)](#)
6. [With professional help “she allowed me to talk. She listened ... I needed someone to listen to what I was going through” \(Jacob\)](#)
7. [Gathering around “I have built a whole new support system of](#)

Doing the work

[“It’s like having a very tangled spider’s web; you have to unstick every little thread, and lay it out on its own”](#)

[Sub-themes](#)

1. [“Little steps every day” – taking the time to recover \(Chloe\)](#)
2. [Seeking knowledge](#)
3. [Seeking help](#)
4. [“I still have my bad days, but I know how to manage them now” \(Jacob\)](#)
5. [Making changes – “I have to ensure that I tell the people around me what I want” \(Shelly\)](#)
6. [“But most of the time it is](#)

Life reshaping

[“It gave me the opportunity to reset; to have another shot, have another chance” \(Sean\)](#)

[Sub-themes](#)

1. [Life changing decisions - “I knew we needed to get away from the UK, I needed some form of escape” \(Shelly\)](#)
2. [“Finding what I want to do... not where I can fit in, what I want to do” \(Mark\)](#)
3. [Finding inspiration - “I have a life ahead of me, I want to be here, I want to help other](#)

Clear air: moving beyond

New ways of seeing

1. Re-evaluating life - "I had to re-evaluate what I want in life, where I am at, what I used to believe, and what I don't believe any more" (Jacob)
2. Moments of clarity - "it was almost like a light came on in my head" (Shelly)
3. Repurposing your emotions - "That's where art is magic... it's like a black box, pour something in one hand, and it comes out something different in the other" (Mark)
4. Understanding other people - "Other people don't understand, and that's OK because one day they will" (Sienna)
5. The impact of death - "I suppose the difference for me now is that I just think life is so precious" (Shelly)
6. Who defines mental illness - "There's no line in the sand with it, isn't it just who we are as human beings" (Shelly)



New ways of being

1. Starting again - "It allows me to compartmentalise that story, and all the negative elements of it" (Mark)
2. But thinking makes it so - "you can change the way you think about things" (Mark)
3. Gaining control and becoming self-reliant "The only person that can get you well is yourself" (Chloe)
4. Loving yourself - "If you love yourself enough, then you can love others, and others can love you" (Chloe)
5. Coming to terms
6. Staying mentally healthy- "That leaves me 10% left and you know that with that 10%, you can change the world, with dreaming and thinking, imagination" (Sean)

Making a difference

1. People need to stand up and speak out - "the fact that my experience could be used to help others" (Sienna)
 - a. Breaking the silence
 - b. Facebook and social media - "that just opened up a world of doors to me" (Jacob)
 - c. Motivational speaking - "They paid me thousands of dollars just to tell my story" (Sean)
 - d. Feedback on the conference - "my experience actually helped inform things for people" (Karen)
 - e. Chat rooms - "you can go on and talk to each other and help each other out, and I share my own experience and offer advice so that is good" (Sienna)
2. Giving back - "I know the path; I've taken the steps myself" (Chloe)
 - a. "I'm just someone to have a chat to, someone that is real, someone that has been through it" (Jacob)
 - b. "You direct people down the right path, so it means that I have got a lot of reasons to keep myself together" (Mark)
 - c. "You have to help one another, every single day" (Chloe)

In the long-run

1. Facing the stigma – “You get a lot of stigma from the public because I have a lot of visible scars” (Sienna)
2. “I’ve lost my way in social terms” (Jacob)
3. The loss of work – “I realise work gives you a sense of purpose, a sense of belonging, you’re part of society” (Jacob)
4. “Things will come undone, things will challenge us, and things will change” (Chloe)
5. Living with suicidal thoughts - “You don’t get strong steel by just digging it out of the ground. It’s got to be forged, it’s got to be heated, and it’s got to pass through the fire” (Mark)
6. Living with mental health challenges and medication – “If you’ve got it, you’ve got it. So, you better deal with it the best way you can” (Sean)
7. The hole is still there – “A quarry of indignation”



Figure 16: The lotus

6.12 An Analysis of the findings

6.12.1 Introduction

This section, further analyses the findings described above. By implementing steps five and six of Colaizzi's method, it reduces them to a more accessible summary of their contents, no less than the essential elements of the phenomenon. Step five entailed producing "An exhaustive description of the phenomenon" and step six is the final synthesis, "A general description of the phenomenon of re-engaging with life after a suicide attempt", both of which are detailed below.

6.12.2 Step 5: An exhaustive description of the phenomenon

Theme One: Re-engaging with life in the immediate aftermath

How do people re-engage with life after attempted suicide? Evidently, with great difficulty to start with, slowly making progress, dealing with the deluge of problems unleashed in its aftermath: the experience of hospital, the damaged relationships and social isolation, the ongoing mental pain, and the response to medication. Going into hospital is a circuit breaker for most people. It can mark a turning point, the beginning of their recovery, some valuable time out. Meeting other patients is either a revelation or a relief. A revelation as to the extent of other people's mental health challenges, or a relief that finally here are people that understand them; their tribe, either experience was profound. After release from hospital, the reactions of the people around them were generally negative. They found it hard to communicate. They became even more isolated. They were still actively suicidal and depressed; every day was still a struggle. Many were on strong medication. They have to work patiently through these obstacles, as they start to move back from the brink, and away from danger. They are starting to work out what they need to give them the strength to keep going, out of the depths of self-destruction on the long climb to some form of salvation.

Theme 2: Re-engaging with life by doing the work

Doing the work describes the beginning of a slow process of mending and caring for the self. Re-engaging with life after attempting suicide is not a simple process. It happens slowly, in small incremental steps. There are no quick fixes. It involves hard work and making many small changes over time; learning from other people, and having the wisdom to seek help when you need it: going to see the doctors, and counsellors, and psychologists and psychiatrists. Learning how to manage the bad days, to know how they are travelling, and take remedial action, if needed. They are persevering in the face of life's difficulties and the work is paying off. It has involved making changes, slowly growing stronger, and emerging a different person, a butterfly from the cocoon. Re-engaging with life is the process of growth itself, of making a continuous effort on many fronts to learn, to change and create a life worth living.

Theme 3: Life reshaping into something new

Life reshaping into something else just happens, lives change shape over time. Life changing events can be planned, or accidental, random. Either way they can be that second chance at life. Some events are propitious; they have a larger effect on us, on who we become. A suicide attempt can be one of these events, as can the experience of hospital. People make decisions that propel them into a new life; they study, take medication or stop medication, or move a long way away. They find their gifts, what they want to do in life and they do something about it, volunteering, getting a job. Perhaps most significantly, they find people and things to inspire them and give them the motivation to keep going. Stories of other people who had coped through similar misfortune gave them hope. They found people to teach them in books, in real life, in the media, celebrities, or unknown heroes. The youngest participant found her inspiration in nature.

Theme 4: Re-engaging with life by finding a place to be

Over time, people find their place in the sun. They find where they fit in, a place to belong. They build a support network around themselves. Some relationships grow deeper, and some fall away. Finding a place is about the value of relationships that ground people. Some people develop a stronger relationship with their family and some people move away from them for self-preservation. They find the people they can relate to, who understand them, friends and partners. They find community, the people who appreciate them, and they find professional back up, the final piece in the puzzle. These relationships help people to re-create their world, to find the help they need to carry on when life gets too much.

Theme 5: Re-engaging with life with new ways of seeing

This theme describes the changes that occurred in the way people saw and interpreted their world over time. They evolve and learn and discover new understandings; which assists their quests to re-discover a world they know. Seeing the world in a new way, from a new perspective, sheds light on the past, and lights the way forward. Re-evaluating life and re-thinking priorities, gives people something to work on. "Moments of clarity" helped them assimilate and understand their past, new insights help them move beyond the earlier limitations of their suicide attempt. Being able to understand other people, learning to rechannel negative emotions is looking at the world with fresh eyes. "The impact of death" helped some participants turn away from suicide as an option and gave them the motivation to live and their own experience and knowledge enables them to question definitions of mental illness. New ways of seeing in turn creates new ways of being in the world, adaptive behaviours, which constitute a new lease on life.

Theme 6: Re-engaging with life as a new way of being in the world

The people in the current study reshaped themselves. They are different people with different lives, new selves, if not the old selves, they hoped to regain. They have

changed their ways of thinking and behaving, understanding the role of thinking on well-being, and they are re-telling their stories in a new way, reframing them. They advocate personal responsibility for recovering. They have learned self-reliance, self-control, and self-acceptance. They have come to terms with the things in life that can't be changed: with the attempt itself, with the loss of the person they used to be, with the loss of people and relationships, and with life's inevitable disappointments. They have learned to maintain their mental health. Doing so has enabled them to move forward, seeing the fruition of their labours. A life made anew, after all the work and the effort involved finding the knowledge and strength within to make it, and make a difference.

Theme 7: Re-engaging with life by making a difference

"Making a difference" finds people moving out into society to speak up and take action, "My way of dealing with that has been to say, 'Well, I have to change things then'" (Mark). There is a silence around suicide, which reflects and reinforces the stigma attached to it. The participants in the current study are breaking that silence. They are speaking out about suicide. They do so, on Facebook and social media, in chat rooms, at conferences, on the city walls, speaking publically about their experience, offering advice and feedback and leading the way, or simply speaking about it with friends and siblings for the first time. "I know the path, I've been there before", is giving back, contributing their unique knowledge to the fight against suicide. They have consolidated their lives, with a great deal of effort. "I think the most powerful tool it has given me is empathy. That's one thing that I'm really good at, I can pick up on people's emotions" (Shelly). The experience of attempting suicide becomes a means of helping others going through similar traumas. They can talk to a person who is suicidal, or in the grip of an addiction, which gives them an added incentive to stay well, to be a role model. They can explain suicidal thinking to people bereaved by suicide to help them through it, and they can use their heightened gift of empathy to help others, and contribute.

Theme 8: Re-engaging with life in the long run

The people in the study have experienced great change in their quest to re-engage with life. They have been scorched in a fire of their own making but the pay back is they are wiser and more compassionate for the experience. They have changed and grown and re-created a better life for themselves but re-engaging with life over the long term held many challenges. Despite the progress, they have made, they still have to deal with the hurdles life throws up. They have had to contend with the stigma attached to suicide, which has an ongoing impact in their life. They have difficulties in relationships, "I've lost my way in social terms." The loss of work is a special form of punishment – poverty and a degree of humiliation. They accept the inevitability of change and life's ongoing challenges. They can still fall back into feeling suicidal but they have learned how to live with it. Perhaps being suicidal is like a floodgate, once opened it is difficult to shut but they are more confident of their ability to cope and to manage their mental health into the future. I said in the beginning, some scars never heal, some trauma is embedded deep in your cells and it never completely goes away, "The hole is still there"; a final impediment to peace, remains, but everyone urged in the end "the most important thing is to just keep going", don't give up.

6.12.3 Step 6: A general description of the phenomenon

Being suicidal and attempting suicide is a highly traumatic experience. The people in the current study have had to overcome many obstacles in their quests to get back to square one; but in doing so, they have moved far beyond their starting point in the deep, dark place, to a place in the light. They have had to start again and recreate their lives. They have learned to value, not only their own lives, but also the lives of others and they use their unique insights into the experience of being suicidal to help others who are going through the same trauma. People say they want to get back to normal, but perhaps they never do. Instead, they have re-engaged with life by recreating it, finding not the old life but a new one, with possibilities and people and acceptance. Not so much re-engaging as re-shaping and re-forming, re-interpreting life into something new, not going back to an old way of life, but moving onto higher ground.

Two stages: Climbing mountains & Gaining clear air

The themes in the current study are not linear in their progression as the visual representation of the structure showed. They can be divided into two stages, the first four themes combine under Stage one: "Climbing mountains – repairing the damage." After "The initial aftermath", the next three themes in this stage, "Doing the work", "Life reshaping" and "Finding a place to be" are progressing concurrently. This is the slow and difficult part of recovering from a suicide attempt and there has been some coverage of this in the literature. "Finding inspiration" appears to be a new aspect of this understanding. The second stage is "Gaining clear air – moving beyond", where people emerge into a new life with "New ways of seeing" and "New ways of being" which leads to "Making a difference." Their suicide attempt becomes a thing of the past, a source of motivation still, but no longer a major obstacle. This stage also provides new insights into how people recover from attempting suicide in the long-term and what recovery actually looks

like. "In the long run," describes the challenges still to be dealt with, going on into the future.

Stage One: Climbing mountains – repairing the damage

Climbing mountains is a quest in itself. It entails effort and struggle above and beyond the normal course of life. The normal course of life does not include attempting suicide, which puts people in dark place from where to start their climb. It is harder for them than other people. Climbing mountains is a physical and mental challenge, which requires dedication, preparation, training and the help of others. It is a slow upward progression. It is gaining control, and being self-reliant. It requires teamwork and camaraderie; you can only do it with others. It takes a team of at least two people to climb a mountain but often many more. There is a community of mountain climbers to show the way. So, it is also about finding community, finding the people going your way up the ranges into the high country, the people who can teach you, and help you, and show you the way. We learn from each other.

Stage Two: Gaining clear air – moving on

The experience of attempting suicide deeply affected all of the participants, and it gives them a level of understanding of other peoples suffering, that only they can have. They can empathise in a way that others cannot. They have the time and patience to connect with people who are struggling with life, because they understand the struggle. They have been there themselves. They know the experience through the eyes of others and they can help. The suicide attempt has changed them, and in re-engaging with life, they want to give back to society and make a difference. They find ways to speak out about suicide, they find ways to take action and work for change and it becomes redemptive. As Mark says, they have been forged in the fire and they are the stronger for it. They have found a use for their suffering and transformed it.

6.12.4 Summary

This chapter documents the study findings in detail under eight key themes with evidence from the interviews, which implements steps one to four of Colaizzi's analytic process. The ultimate goal of a piece of phenomenological research is to uncover the essence of a phenomenon from a starting point of hundreds of pages of description. Step five of Colaizzi's process is a further condensation of the material. It entails producing "An exhaustive or detailed description of the phenomenon" by explaining the essential elements of each theme. The sixth step culminates in "A general description of the phenomenon", a simpler yet, description of the whole, which encapsulates the phenomenon's fundamental essence. Chapter Seven, which follows, contains a review of the literature in relation to the findings.

Chapter 7

Literature Review of the findings



Figure 17: Peace dove

7.1 Introduction

This chapter reviews the research, which is relevant to the study and its findings. It reconsiders the results of the preliminary literature review in Chapter Two, in light of the evidence produced by the study. The search process is described, prior to discussion of the relevance of the identified studies to each theme. The chapter concludes with an explication of the new knowledge uncovered by the study.

7.2 Overview of the Literature on the Lived Experience of Re-engaging With Life

The initial literature review for articles of relevance to the study uncovered twenty-four references and the current literature review of the study findings adds a further thirteen, see Section 7.3 below, bringing the total to thirty-seven. An analysis of the results of the studies identified in the initial review of literature shows that the current study encapsulates most of the findings articulated in these studies. They revealed internal or external factors, which influence how people recover from attempting suicide. Combining all of the results creates a much more comprehensive picture of the process. Thus, the internal processes combine under a theme of personal growth, which include dissolving the suicidal trance, rebuilding the self, building a new relationship with oneself, and a process of personal discovery of how to live in the presence of enduring symptoms or vulnerabilities. Self-awareness, adjustment and acceptance, an understanding of the cyclical nature of human emotions, the importance of learning practical problem-solving abilities, a sense of self-empowerment/self, responsibility, an increased sense of agency, thinking positively, having choice, gaining a new outlook on life, and rediscovering a 'will to live' all fit into this category.

In the current study these components of recovering from attempted suicide are reflected in Theme Five; "New ways of seeing" and Theme Six; "New ways of being", which described the internal changes that occur in people as they re-engaged

with life. “Learning to live in the presence of enduring symptoms” is reflected in Theme Eight “In the long run” which also referred to learning to live with suicidal thoughts, mental illness and medication.

External factors included help-seeking behaviours such as receiving treatment from a professional, accepting medical treatment, and active seeking help from professionals and peers. This is confirmed in Theme Two, “Doing the work”. The most common external factors were around the theme of connecting with the outside world and included allowing others in, sharing feelings with others, relationships with friends, involvement with activities, connection with others or with one’s role in the larger world, and giving back. These results are reflected in Theme Four; “Finding a place to be” and Theme seven; “Making a difference.” The rest of the chapter will examine the literature relating to each theme identified in the current study rather than the study as a whole, which was the subject of the preliminary review of the literature.

7.3 The Process of Conducting the Review of Literature

Four databases were searched in the process of conducting this second review of the literature in relation to the study findings: CINAHL with full text, Academic Search Complete, Medline and PsycINFO. Table Twelve below, lists the databases and the number of articles located in each search engine. Thirteen articles were reviewed in relation to the findings. Table Thirteen, which follows contains the themes, search terms/keywords, and results. Most of the articles contained information relevant to more than one theme, and so appear multiple times. After discussing the literature as it pertains to each theme, the chapter concludes by delineating the areas of new research in the study, which add a great deal to our understanding of what helps people to stay alive

Table 12: List of databases & No of articles

Database	No of articles
Academic Search Complete	2
CINAHL with full text	4
PsycINFO	4
Medline	3

CINAHL with full text, Academic Search Complete, Medline, PsycINFO

Keywords: attempted suicide, aftermath, lived experience, recovery, life changes

Table 13: Themes, search terms and results

Theme	Search Terms	Results
The difficult aftermath	Life after a suicide attempt AND the difficult aftermath AND Lived experience	1,376,138 3,471 3 relevant
Doing the work	Life after a suicide, AND Doing the work	2 relevant
Life re-shaping	After a suicide attempt AND life changes	51 results 2 relevant
Finding a place	Attempted suicide, finding a place Finding friends Finding support	803 77,566 1 relevant result
New ways of seeing	Attempted suicide & New ways of seeing	No results
New ways of being	Attempted suicide AND self-reliance Attempted suicide AND self-control Attempted suicide AND self-control AND Lived experience Attempted suicide AND self-love Attempted suicide AND Coming to terms	69,024 results 28 results, 1 relevant 2 relevant results No results No results
Making a difference	Attempted suicide AND Making a difference Attempted suicide AND Speaking out	No results 1,251 results 1 relevant
In the long run	Attempted suicide AND In the long run Attempted suicide AND Being suicidal	No results 1 relevant result

7.4 Theme One: The Immediate Aftermath

The immediate aftermath describes the many difficulties faced by participants in the initial period after their suicide attempt. The negative and the positive aspects of being hospitalised, dealing with other people's often-hostile responses, one's own mental health, and the negative effects of taking medication. A search for "Life after a suicide attempt" produced 1,376,138 results, which reduced to 3,471, when including "The immediate aftermath." After adding "Lived Experience", five articles were located that were of relevance to the first theme of the study "The immediate aftermath" and one reference was included from the initial literature review.

In the sub-theme, "The experience of hospital", participants in the current study described the treatment they received from health professionals in the immediate aftermath of their suicide attempt, as deeply distressing. Participants complained that many of the staff they encountered did not listen to them or treat them with respect. Vatne and Nåden (2014b) explored patients' experiences with healthcare personnel in the aftermath of a suicidal crisis. Patients experienced difficulty in establishing interpersonal relationships, a lack of trust, an inability to be open with others, a need for someone to talk to, and a need for fair treatment. Dodemaide et al. (2013) described similar findings in a study concerning living with suicidal thoughts in which participants also spoke of their dissatisfaction with the mental health system.

Sun, Long, Tsao, and Huang (2014) explored the healing process following attempting suicide and found that participant's spoke of the importance of taking medication as prescribed. Their findings were similar to the findings of the current study in which five of the eight participants took prescribed medication, three of whom did so reluctantly.

Bergmans et al. (2009) studied the perspectives of young adults on recovery from repeated suicide-related behavior and found that their participants experienced problems discussing their suicide attempt with other people and dealing with the consequences, difficulties identified in the sub-theme “Dealing with other people.” Cutcliffe’s (2012) phenomenological study of suicidal patients’ experience of being discharged from hospital has echoes in the sub-theme “The experience of hospital” which details the additional distress this experience often causes patients. Cutcliffe et al. (2012) describe the struggle with physical and mental illness after attempting suicide, which is reflected in this study in the sub-theme “Dealing with depression.”

7.5 Theme Two: Doing the Work

The theme of “Doing the work” describes the time it takes, and the effort participants need to make in their journey toward recovery. The theme describes what the participants have done to help themselves: reading, learning, and talking to other people, reaching out for help if need be, learning to manage the bad days, making many small changes, which eventually lead to “Pretty smooth sailing.” A review of literature pertaining to the theme located two studies. Bergmans et al. (2009) in the study mentioned above found that participants worked on maintaining a sense of wellness. Such a finding equates with “Learning to manage the bad days”- a sub- theme of “Doing the work” in the current study.

Sun et al. (2014) who studied the experience of the healing process in participants who had attempted suicide one year prior to their study, found that the participants’ recovery was a long and difficult journey. In the current study, participants also described their journey toward recovery as a long and difficult one but in this case, over a much longer period than the participants in Sun et al.’s (2014) study.

7.6 Theme Three: Life Reshaping into Something New

“Life reshaping into something new” entails three sub-themes; making “Life changing decisions”, “Finding out what you want to do”, and “Finding inspiration” and the will to live. A review of literature relating to the theme and sub-themes was undertaken using the phrases “After attempting suicide” AND “Life changes.” The search produced fifty-one results, upon investigation, none of which was considered by the researcher as relevant to this theme. Therefore, the theme and sub-themes are essentially new knowledge.

7.7 Theme Four: Finding a Place to Be

“Finding a place to be” was underpinned by the sub-themes of “With family”, “Without family”, “With friends”, “With partners”, “In the community”, “With professional help” and “Gathering around” each of which provided the participants with protection in the bad times, when they surface.

The review of literature located four studies relating to the theme. Vatne and Nåden (2014a) identified crucial resources to strengthen the desire to live:

Becoming aware of the desire to live, being connected to others and experiencing someone who cares is necessary for life. Both private and professional networks seemed to be important resources that could remind the suicidal person of his or her own dignity as part of being human. (Vatne & Nåden, 2014a)

The theme “Finding a place to be” also emphasises the need for connection and support from private and professional networks, and elaborates on the nature of these connections.

Sun, Long, Tsao, and Huan’s (2014) study, also referred to in themes one and two, points to the importance of a safe and secure environment, and a strong, and diverse

support network. Participants in their study “received support from their family and friends and from mental health professionals” (2014, p. 60), which was evidence “that healthy support systems facilitate the healing process” (2014, p. 60). They recommend, “People who want to recover from their suicide attempts should also seek support from social groups because increased social support has been found to reduce suicide attempts (McLean et al., 2008; You, Van Orden, & Conner, 2010)” (Sun et al., 2014, p. 60). Participants in this present study were involved in social groups through work, study or volunteering. The findings in Vatne and Nåden (2014a) and in Sun et al. (2014) corroborate the findings of this research, which suggests that social and professional support is essential to maintaining wellbeing, in the long term.

7.8 Theme Five: New Ways of Seeing

“New ways of seeing” is underpinned by six sub-themes: “Re-evaluating life”, “Moments of clarity”, “Repurposing your emotions”, “Understanding other people”, “The impact of death”, and lastly, “Who defines mental illness?” A review of literature using the following terms “After attempted suicide” and “Growth” was undertaken. The search generated fifty-nine articles only one of which was relevant to this theme and sub-themes. Although Griffin’s (2001) research is not within the context of attempted suicide, it contends that the experience of grief and trauma can lead to a lifelong focus on regeneration. These findings are similar to those in the theme “New ways of seeing” in which participants spoke of their changed views about the implications of taking their own life, and their new understandings of the importance of life. What the present phenomenological study adds to extant knowledge on the topic is information on the nature of the internal changes, which occur in people in their quest to re-engage with life after attempting suicide.

7.9 Theme Six: New Ways of Being

“New ways of being” is underpinned by six sub-themes “Starting again”, “But thinking makes it so”, “Gaining control”, “Loving yourself”, “Coming to terms”, and “Staying mentally healthy.” The review of literature located four articles pertained to this theme in full or in part. Griffin (2001, p. 413), cited above, looked at the effects of loss on “lifelong processes of change and growth.” This has resonance with the sub-theme “Coming to terms” with loss in the current study in which participants described coming to terms with the loss of the person they used to be, important relationships, and the life they used to live.

As mentioned previously, Bergmans et al. (2009, p. 389) found that “...maintaining wellness and coming to re-define a sense of self, were consistent themes found throughout all narratives.” Redefining a sense of self is a thread that runs throughout the present study but is specifically conveyed in this theme where people discuss becoming self-reliant, learning self-acceptance, and coming to terms with loss. “Maintaining wellness”, correlates with the sixth sub-theme “Staying mentally healthy.”

Labouliere, Kleinman, and Gould (2015) explored what they termed “extreme self-reliance” in adolescents and concluded, “Reducing extreme self-reliance in youth with suicidality may increase their likelihood of appropriate help-seeking and concomitant reductions in symptoms” (Labouliere et al., 2015, p. 3471). The main difference between this present study and Labouliere et al.’s (2015) study is that all the participants in this current study are adults, not adolescents. In this regard, they have learned the value of accepting help because of their suicide attempt. They now place a strong emphasis on the importance of being self-reliant tempered by an equally strong emphasis on having a team of support people. Theirs was a form of self-reliance, which included strong social support and being interdependent instead of being independent.

A two-year retrospective study by O'Connor, O'Carroll, Ryan, and Smyth (2012), which explored the self-regulation of unattainable goals in suicide attempters, found:

Suicidal behaviour is usefully conceptualised in terms of goal self-regulation following the experience of unattainable goals. Treatment interventions should target the self-regulation of goals among suicide attempters and clinicians should recognise that different regulation processes need to be addressed at different points across the lifespan.

(O'Connor et al., 2012, p. 248)

The results of the present study concur with O'Connor et al.'s (2012) findings if they equate with "Coming to terms" with loss, and accepting life as it is, which is a sub-theme of "New ways of being."

7.10 Theme Seven: Making a Difference

The theme of "Making a difference" is underpinned by two sub-themes, "Speaking out" and "Giving back" in which participants shared their experiences of being able to talk to people who are suicidal, mentally ill or drug addicted and making an effort to help other people in whatever way they can. They described using Facebook and social media, motivational speaking, feedback on the National Suicide Prevention conference, and Chat Rooms to reach out to other people and share their hard-earned wisdom.

A search using the terms "Life after a suicide attempt" AND "Speaking out" AND "Giving back" revealed 1,251 results only two of which were considered by the researcher to be relevant to the theme. Mary O'Hara (2014) states, "Suicide is still a taboo subject for many, but increasing numbers of attempt survivors in the United States are now speaking out about their experiences to help improve public understanding of the issue" (p. 8).

Dodemaide and Crisp's (2013) research on living with suicidal thoughts found that those with first-hand experience of having suicidal thoughts have developed a depth of insight about the condition, and ways of surviving the experience. The findings of Dodemaide and Crisp's (2013) study are similar to the findings of this present study where participants are able to use their insight into suicidal behaviour to speak out about their experience in order to give back, and help others.

7.11 Theme Eight: In the Long Run

The final theme, "In the long run", suggests that despite all the change and growth, there are still many difficulties to deal with along the way. "Facing the stigma", "Losing the way", "Losing work", "Things will come undone", "Living with suicidal thoughts", "Living with mental health challenges and medication", and the final sub-theme, "The hole is still there", which describes the things that do not heal, that are not neatly resolved. In a review of literature using the terms "In the long run AND "Facing stigma" AND Living with mental health challenges and Medication" AND "losing the way", two articles were located that were considered by the researcher to be relevant to this theme.

Dodemaide and Crisp (2013) explored living with suicidal thoughts and describe the difficulties survivors of suicide face especially in relation to stigma because of social ignorance. The difficulties of dealing with the social stigma attached to suicide, is also one of the ongoing challenges faced by many of the participants in this present study. The key survival strategy Dodemaide and Crisp propose is acceptance. They state, "These notions of acceptance are interesting; as a theme the idea of acceptance seems to build a bridge between the divided opinions about what are the causes of, or solutions for, people with suicidal thoughts" (Dodemaide & Crisp, 2013, p. 313).

A study by Goldman-Mellor et al. (2013) explored the long-term social outcomes for a cohort of young people who had attempted suicide. The sample size was "1037

birth cohort members comprising 91 young suicide attempters and 946 young non-attempters, 95% of whom were followed up to age 38 years”(E1). The findings of the study indicated that, as the participants approached midlife, they were far more likely to have persistent mental and physical health problems. The findings indicated that they had engaged in more violence, and “needed more social support...They reported being lonelier and less satisfied with their lives”, (Goldman-Mellor et al., 2013, p. E1). They recommend “additional suicide prevention efforts and long-term monitoring and after-care services are needed” (Goldman-Mellor et al., 2013, p. E1). The findings of this current study concur with Goldman-Mellor et al, contention that it takes a long time to recover from being suicidal, and that the people affected need long-term, ongoing support. It differs with the Goldman-Mellor study however, in terms of its description of the long-term outcomes of participant’s, which can be attributed to a different research question; different methodologies, research and participant selection processes.

7.12 The Significance of the Study Findings

The current study provides a complex picture of the process of re-engaging with life after attempted suicide from the first person perspective of people who have lived through the experience. Research considered vital to the field but which is still relatively rare. It manages to encapsulate in a single study most of the findings from the articles identified in the initial Literature review. It contributes new information, firstly, on the importance of finding inspiration to aid recovery from attempted suicide; secondly on the inestimable value of peer support to the process; thirdly on the length of time and the effort it takes to recover; and fourthly on how people with this experience can contribute to suicide prevention.

The study provides a long-term perspective on the process, and a more detailed description of the individual components of the recovery experience, than previously available. Other studies have looked at how people coped in the short-

term, thus in the literature there is a preponderance of work on the immediate aftermath but there is virtually nothing that looks at the experience of re-engaging with life after attempted suicide in the long term. It is perhaps a misnomer to call studies, which examine life in the short term after a suicide attempt, as being about recovery as it takes much longer to recover from a suicide attempt than previously understood.

The findings describe an experience of regeneration more than re-integration, but also a long and painful struggle along the way. It highlights strengths previously hidden, the desire to make a difference – to speak out and give back, to share their experience with other vulnerable people. The study shows that people with the experience of attempting suicide have heightened levels of sensitivity, empathy and understanding because of the trauma they have lived through, and they wish to use their force for good. This long-term view shows us some of the positive outcomes that are possible as the process of re-engaging with life goes on.

7.13 The Strengths of the Study

The main strength of this study is its choice of participants, who are very different from those chosen for most past research into the experience of people who have attempted suicide, who were predominantly recruited from mental health wards. This study is of people who self-selected, came forward from the community, and whose suicide attempt was two or more years prior to their participation in the project. Consequently, a very diverse group of people volunteered, from 18 to 64 years of age. Their suicide attempts ranged from two to forty-two years earlier. This long-term view of how people recover from a suicide attempt is unprecedented in the literature and revealed many insights into the nature of recovery for these people. Eight very different people and their life stories coalesced into many commonalities. The study was rigorously monitored throughout the process of analysis by two

supervisors to ensure its fidelity to the method, and to maintain a high level of integrity in the findings. It has contributed substantially to the generation of new knowledge regarding how people who have attempted suicide re-engage with life, a group who have up until now been overlooked.

7.14 The limitations of the study

The researcher could only offer to do interviews in Noosa, Brisbane, Sydney and Melbourne because her budget did not stretch to the west coast of Australia. She advertised nationally but specified these four locations in the advertisement. This did have the effect of limiting the number of people who were available to participate, to those who were willing to travel to these centres. Quite a few people wanted to participate from regional Queensland but were unable to fly to Brisbane. Other people were eligible to participate but they lived in regional areas and did not want to travel. However, the people who participate provided detailed and thoughtful answers to the research question and invaluable insights into the process of re-engaging with life.

7.15 Summary

This chapter firstly reviewed the findings of the preliminary literature review in relation to the current study. It then described the search process used to implement the second literature review, which focused on the study findings. It included two tables, which collectively identify the databases used, the number of articles identified, the search terms and their results, in undertaking a review of the findings. Next, the eight themes were considered in turn, and an explanation provided as to how the identified studies relate to the theme in question and its sub-themes. This process delineated the gaps in the research, which are discussed in the final section on “The significance of the study.” The next and final chapter in the thesis elaborates

on the practice implications of the study findings, and makes recommendations for policy, education and training, and research.

Chapter 8

Implications & recommendations for policy & practice,
education and training, and research



Figure 18: Blossoming

8.1 Introduction

This chapter discusses the implications of the findings of the study for policy and practice, education and training, and future research, and makes recommendations accordingly. It begins with a discussion of treatment patients receive in hospitals and ends with some suggestions for further research into the “lived experience” of people who have attempted suicide.

8.2 Policy & Practice

As the interviews showed in the immediate aftermath of a suicide attempt, the experience of hospital, and the unkind attitudes of staff, further traumatises people. There is a great deal of room for improvement in service delivery to people, who have attempted suicide. It is a time with great potential to help people when they are at their most vulnerable. The national Centre for Research Excellence in Suicide Prevention (CRESP) published a report in September 2015, “Care after a suicide attempt”, which more comprehensively reflects the problems identified in the current study in relation to this topic. Their report includes some limited “lived experience” research with people who have attempted suicide, and cites the need for more.

There is a need for crisis intervention services for people who are suicidal, as an alternative to hospital Emergency Departments. We need more services because the current study shows that the existing ones are failing people. The services we do have are for people with mental health challenges. These are difficult for ordinary people to access and their focus prevents a holistic approach to service delivery. In contrast, non-government organisations do not have these limitations and can work with people on a wide range of issues. The study reflects the experience of people whose suicide attempts ranged from two to fifty-two years ago and as such, it gives a picture of the process, which has hitherto been unavailable. What it tells us is that people live with an ongoing struggle to maintain and enhance their mental health,

long after their suicide attempt. The implication of this is that people need access to support services in the long term but they often get no support in the immediate aftermath of their suicide attempt. Thus, we can make the following recommendations.

Recommendation: The provision of additional, non-government, crisis and long-term support facilities specifically for individuals who have attempted suicide and their families

Recommendation: That programs which assist people who have attempted suicide to recover, acknowledge the importance of finding inspiration to combat hopelessness and to re-engage with life

Issue: The study highlights the enormous therapeutic value of other patients in hospital and their lived experience.

Recommendation: That a peer support service for suicidal patients be set in place within mental health facilities as a core component of mental health service delivery

8.3 Education and Training

Issue: The purpose of this research was to meet an identified need to consult with, and include the knowledge of people with “lived experience” of attempting suicide. It is argued that this knowledge can inform suicide prevention. It is also argued that stories of how people recovered from suicide can benefit suicidal people by giving them hope.

Solution: This research explains what keeps people alive in the short and the long term, and as such, it should be useful to academics, to service providers, and to

people who are suicidal. Therefore, the aim of the researcher is to make the information contained herein available to these three different audiences, which requires three different forms of communication.

Publications

The researcher intends to publish the findings of the study in the appropriate international journals, which will make it available to the field of suicidology to build on. The first article on the first theme of the findings has been submitted to the *Qualitative Health Research* journal and is currently being peer-reviewed. The researcher intends to continue working on publishing the results of the study over the coming year. In terms of making the material available to the health service sector and people in the community seeking help, the researcher hopes to produce a report, which includes the participants' chapter and the findings chapter in full. The health sector needs to provide service delivery based on evidence and the information contained in this thesis provides that. Ideally, the researcher would like a national mental health organisation to publish this section of the thesis, which would make it accessible not only to the field, but also to service recipients.

Conference Presentations

One way to reach the key stakeholders in suicide prevention is to present the study findings at conferences. The researcher successfully submitted two applications to present the findings of the study: one to the Australian National Suicide Prevention Conference in Canberra in July 2016, and one to the 17th International Mental Health Conference on the Gold Coast in QLD in August 2016. This will enable her to inform a large audience of academics and service providers about her study findings and in this way, the information it contains is being disseminated to the broader community, including people who are suicidal, and anyone else who finds sustenance in it.

Issue: There is a poor understanding of the experience of being suicidal. All front line health staff could benefit from communication skills training in listening, counselling and crisis counselling, as evidenced by the experiences of participants in the study in the immediate aftermath of their suicide attempt. Participants constantly referred to difficulty in finding any professional person to listen to them, in stark contrast to the comfort they often found with other patients.

Recommendation: Accredited training in Communication skills such as Listening and Crisis counselling for all front line health staff working with people who have attempted suicide

8.4 Research

Whilst the present study is an important contribution to extant knowledge on the “lived experience” of people who have attempted suicide, it is after all only one small study.

Recommendation: That further research is undertaken concerning the phenomenon of “re-engaging with life after attempted suicide.” Such research could focus on the following from a solution-focused and strengths-based approach:

1. The family’s experience
2. The health professional’s experience
3. The experience of peer support workers in caring for people who have attempted suicide
4. The experience of migrant and refugees in this regard
5. Government policy and its effectiveness in providing a framework of support and care for survivors of a suicide attempt
6. Social stigma and people who have attempted suicide

8.5 Summary

This chapter concludes the thesis. It considers some of the issues raised by the research, and makes recommendations for improvement. The key take home messages from those with lived experience of attempting suicide are about the importance of peer support and finding inspiration, which are the opposites of isolation and hopelessness. The descriptions of the unsatisfactory treatment that suicidal people receive from service providers in the health system could help improve service delivery but we know that the service providers are overwhelmed, and this fundamental issue, the context in which they operate, prevents major improvements. Recovery from suicide takes a long time and is difficult to do, and people need more crisis and long-term support services. We have a long way to go in tackling the problem of suicide attempts in our community and around the world and we need new approaches to dealing with this epidemic in our midst.

Table 14: Proposed timeframe of study

Timeline

Kerri Jackson

CQU Masters' Degree by Research in Health Science

Proposed Timeframe June 2012 - December 2015

	2012	2013	2014	2015
	June -Dec	Jan - June July - Dec	Jan - June July - Dec	Jan - June July -Dec
Introduction, Background & Description of the project				
Literature review				
Methodology				
Method				
Complete NEAF Application				
Confirmation as Candidate				
Data Collection				
Findings				
Findings				
Literature Review re findings				

[illegible]

Table 15: Research higher degree budget

Budget

Masters' Degree Budget 2012- 2015	
Total Budget	\$ 4,000.00
<i>Expenditure to date</i>	
Conference Registration & SPA Membership	\$500.00
Pre-conference workshop	\$60
Accommodation	\$720.00
Return flight to Sydney	\$250.00
Lifeline Telephone Crisis Support Training	\$450.00
<i>Sub Total</i>	<i>\$1,980.00</i>
<i>Balance</i>	<i>\$2,020.00</i>
<i>Projected data collection costs</i>	
Transcription fees (14 hours at \$80/hr.)	\$1,200.00
Desktop publishing brochure	\$350.00
Return flight to Sydney	\$250.00
Car hire	\$220.00
<i>Sub total</i>	<i>\$2,200.00</i>
Final Balance	\$0

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Appendix A: CQU Ethics Committee Approval

Secretary, Human Research Ethics Committee

Ph: 07 4923 2603

Fax: 07 4923 2600

Email: ethics@cqu.edu.au

A/Prof Tony Welch
and Ms Kerri Jackson
Noosa Campus

4 February 2015

Dear A/Prof Welch and Ms Jackson

HUMAN RESEARCH ETHICS COMMITTEE OUTCOME PROJECT: H14/11-233, *WHAT IS THE "LIVED EXPERIENCE" OF RE-ENGAGING WITH LIFE AFTER A SUICIDE ATTEMPT?*

The Human Research Ethics Committee is an approved institutional ethics committee constituted in accord with guidelines formulated by the National Health and Medical Research Council (NHMRC) and governed by policies and procedures consistent with principles as contained in publications such as the joint Universities Australia and NHMRC *Australian Code for the Responsible Conduct of Research*. This is available at http://www.nhmrc.gov.au/publications/synopses/_files/r39.pdf.

On 16 December 2014, the committee met and considered your re-submitted application. The project was assessed as being greater than low risk, as defined in the National Statement. On 16 January 2015, the committee acknowledged compliance with the revisions requested to be made to your research project, *What is the "lived experience" of re-engaging with life after a suicide attempt?* **(Project Number H14/11-233) and it is now APPROVED.**

The period of ethics approval will be from 16 January 2015 to 30 March 2016. The approval number is H14/11-233; please quote this number in all dealings with the Committee. HREC wishes you well with the undertaking of the project and looks forward to receiving the final report and statement of findings.

The standard conditions of approval for this research project are that:

- (a) you conduct the research project strictly in accordance with the proposal submitted and granted ethics approval, including any amendments required to be made to the proposal by the Human Research Ethics Committee;
- (b) you advise the Human Research Ethics Committee (email ethics@cqu.edu.au) immediately if any complaints are made, or expressions of concern are raised, or any other issue in relation to the

project which may warrant review of ethics approval of the project. *(A written report detailing the adverse occurrence or unforeseen event must be submitted to the Committee Chair within one working day after the event.)*

(c) you make submission to the Human Research Ethics Committee for approval of any proposed variations or modifications to the approved project before making any such changes;

(d) you provide the Human Research Ethics Committee with a written “Annual Report” on each anniversary date of approval (for projects of greater than 12 months) and “Final Report” by no later than one (1) month after the approval expiry date; *(A copy of the reporting pro formas may be obtained from the Human Research Ethics Committee Secretary, Sue Evans please contact at the telephone or email given on the first page.)*

(e) you accept that the Human Research Ethics Committee reserves the right to conduct scheduled or random inspections to confirm that the project is being conducted in accordance to its approval. Inspections may include asking questions of the research team, inspecting all consent documents and records and being guided through any physical experiments associated with the project

(f) if the research project is discontinued, you advise the Committee in writing within five (5) working days of the discontinuation;

(g) A copy of the Statement of Findings is provided to the Human Research Ethics Committee when it is forwarded to participants.

Please note that failure to comply with the conditions of approval and the *National Statement on Ethical Conduct in Human Research* may result in withdrawal of approval for the project.

The Human Research Ethics Committee is committed to supporting researchers in achieving positive research outcomes through sound ethical research projects. If you have issues where the Human Research Ethics Committee may be of assistance or have any queries in relation to this approval please do not hesitate to contact the Ethics Officer or myself.

Yours sincerely,

Dr Tania Signal

Chair, Human Research Ethics Committee

Cc: Dr Shane Hopkinson (co-supervisor) Project file

APPROVED



Appendix B: Information Sheet

Re-engaging with life Study Information Sheet

Project Overview

The aims of the study are to:

- a) Explore the “lived experience” of “re-engaging with life” after a suicide attempt, and
- b) Provide deeper understanding and insight into this important phenomenon, in order to help others in similar circumstances.

It is significant because there are no other studies of a similar nature and as such, it can contribute new knowledge to the field of suicidology.

Participation Procedure

The participant is asked to attend a one-hour, face-to-face interview, and a second telephone interview, one week later, both of which will be recorded. The participant can have written copies of these interviews, make further comment, continue to be informed on the progress of the research, and receive a copy of the final results, if they wish.

Benefits and Risks

Figures show that suicide is increasing worldwide and in Australia, the numbers have been rising steadily since 2006. The recently released, 2012 suicide rates are the highest they have been in ten years (ABS, 2014). This research can contribute to the world-wide effort to reduce and prevent suicide, which according to the World Health Organisation (2014) has increased by 60% over the past forty-five years. Suicide itself is just the tip of the iceberg, when compared with rates of attempted suicide, which are estimated to be between 10-30 times higher than completed suicides. Approximately 60,000 people attempt suicide annually in Australia.

Research has demonstrated that when people with "lived experience" of attempting suicide, have the opportunity to tell their story and impart their knowledge, it is a therapeutic experience, especially in this context where a person is making a contribution to research, which can potentially offer new understandings about the experience and inform suicide prevention strategies in the future. However, there is a risk that a small number of people may experience distress as a result of participating in the study.

All participants will be provided with a list of suicide prevention resource at the end of the interview. All participants will be contacted by phone at an agreed time, the following day. All

participants can contact the researcher if they would like some support or are feeling distressed. The researcher can make a referral for telephone counselling with a counsellor, if needed.

Confidentiality / Anonymity

People who volunteer for the study will contact the researcher directly by telephone or email. They will be selected and interviewed by the researcher. Interview transcripts will have no identifying information nor will any of the research results, and the only person other than the researcher who may know the names of some participants, will be the project's psychologist in the event of a referral being made. Data will be securely stored for five (5) years after the publication date of the last publication based upon the data in accordance with the CQUniversity policy.

Outcome / Publication of Results (if applicable)

The research findings will be included in the researcher's publication(s) on the project and this may include their thesis, conference papers, and journal articles. The researcher will also circulate the findings to key government and non-government agencies in the fields of suicide prevention and mental health.

Consent

Informed Consent can be obtained when participants have received and read this Information Sheet and the study Consent Form, volunteered to participate, and completed a selection interview, where any questions they had about the study were answered. Subsequently, all participants will be asked to sign a Consent Form prior to their interview with the researcher.

Right to Withdraw

Participation in the study is entirely voluntary and participants have the right to withdraw from the study at any time without penalty or prejudice. However, participants can only withdraw the information they provided in interviews, in the three months afterwards. After this, it will have been incorporated into the results of the study, and very difficult to extract, given the unidentifiable nature of content, the depth of detail in individual descriptions, and the complexity of blending all the disparate parts into one whole.

Feedback

The participant is invited to provide feedback on the interview and their experience of participating in the research, in a second telephone interview. They will be provided with a written copy of their face-to-face interview, and given the opportunity to make further comment,

after which they will be notified of the progress of the project, if they wish. Suicide Prevention Australia will be provided with the information from the telephone interviews.

Questions/ Further Information

Principal Researcher: Kerri Jackson

Masters of Health Sciences by Research Candidate
School of Nursing & Midwifery
CQU Noosa, PO Box 1128, Noosaville BC 4566
Mobile; 0402 789 538
Email; kerrijackson@cqu.edu.au

Principal Supervisor: Associate Professor Anthony Welch

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Telephone: (02) 5440 7035
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Concerns / Complaints

If you have any concerns or complaints that have not been addressed to your satisfaction by either the principal researcher or the principal supervisor,

Please contact CQUniversity's Office of Research (Tel: 07 4923 2603; E-mail: ethics@cqu.edu.au; Mailing address: Building 361, CQUniversity, Rockhampton QLD 4702) should there be any concerns about the nature and/or conduct of this research project.

Appendix C: Consent Form



Re-engaging with life Study Consent Form

I

(Please Print Name)

Consent to participate in this research project, and agree that

1. I have read and understood the research aims, procedures, risk and benefits, outlined in the Information Sheet provided to me.
2. I understand that I will participate in one face-to-face interview and a second telephone interview, both of which will be audio-taped.
3. Any questions I had about the project have been answered to my satisfaction by the Information Sheet and/or further verbal explanation.
4. I understand that my participation is voluntary. I can withdraw from the study at any time without prejudice. The information I provided in interviews, will not be used without my written consent.
5. I understand the research findings will be included in the researcher's publication(s) on the project and this may include conferences and articles written for journals and other methods of dissemination stated in the Information Sheet.
6. I understand that the information I provide will be treated as confidential in accordance with the university's guidelines. My name will not be used in any written material and my anonymity will be protected.
7. I agree I am providing my informed consent to participate in this project.

Participant's Signature:

Researcher's name & signature:

Date:

Where relevant to the research project, please check the box below

	Yes	No
I wish to have a transcript of the interview posted to me at the address provided below		

Postal Address:

E-mail Address:

CQUHREC Clearance Number: Project Number H14/11-233

Appendix D: Using the Media

Initial Press Release: "How do people recover from a suicide attempt?"

This is the question being investigated by Kerri Jackson, a research higher degree student at Central Queensland University. The World Health Organisation estimates nearly one million people die by suicide each year, suicide rates have increased by 60% over the past forty-five years, and around twenty million people attempt suicide each year.

In Australia, where the suicide rate has been rising steadily since 2006, it is thought that over sixty thousand people a year, (that is approximately one hundred and sixty four people a day), attempt to take their own lives, the majority of whom are women. It is an epidemic and yet we don't hear about it.

The recently released, 2012 suicide rate is the highest it's been in ten years, (ABS, 2014) and alarmingly, "Suicide among teenage girls (aged 15-19) increased by 63% from 2011 to 2012: from thirty-six deaths to fifty-nine", (SANE Australia, 2014).

The past focus in suicide prevention on understanding the rates, causes, and risks of suicide has not been effective in reducing suicide rates, despite decades of effort to prevent it. Experts around the world have been calling for research to include the experiences and views of those people with the most experience of suicide – the people who have been touched most closely by it: those bereaved by suicide, and those who have survived a suicide attempt.

Suicide Prevention Australia (SPA) states, " A way in which to address the social stigma associated with suicide, without glamorising it, is to give suicide a 'face' by encouraging the personal stories of those involved in suicide prevention or postvention, including suicide attempt survivors and those bereaved by suicide."

Similarly, Jerry Hand, Director of the Suicide Prevention Resource Centre in America, wrote on his blog last year, “We need to expand efforts to encourage and support attempt survivors in bringing their expertise to the struggle against suicide, and their firsthand experience with facing and triumphing over suicide to others at risk through peer support networks. And we need to continue and expand opportunities for members of a wide range of cultural and ethnic communities, as well as youth, veterans, and the LGBT community, to organize and provide support to their peers, as well as to share their ideas and experience with the field of suicide prevention. We all have a role to play in this effort.”

Kerri’s study aims to look at how people recover and move on with their lives after a suicide attempt, how they get better, instead of why they became unwell. It responds to the calls outlined above for more research into the “lived” or personal experience of people who have attempted suicide. It focuses on how people have found the strength to go on, and is in the vanguard of this new direction in suicide prevention research.

Kerri says, “I believe that talking about suicide saves lives. In the end, suicide, like child protection, is everyone’s business. We are each other’s keeper. Many people are touched by suicide, and in my experience, people want to talk about it. As a community, we need to start talking about suicide, we need to learn about the myths of suicide, how to get help for ourselves, and we need to learn how to recognise and respond to vulnerable people at risk of suicide before it is too late. Each of us can make a difference, if we know how.”

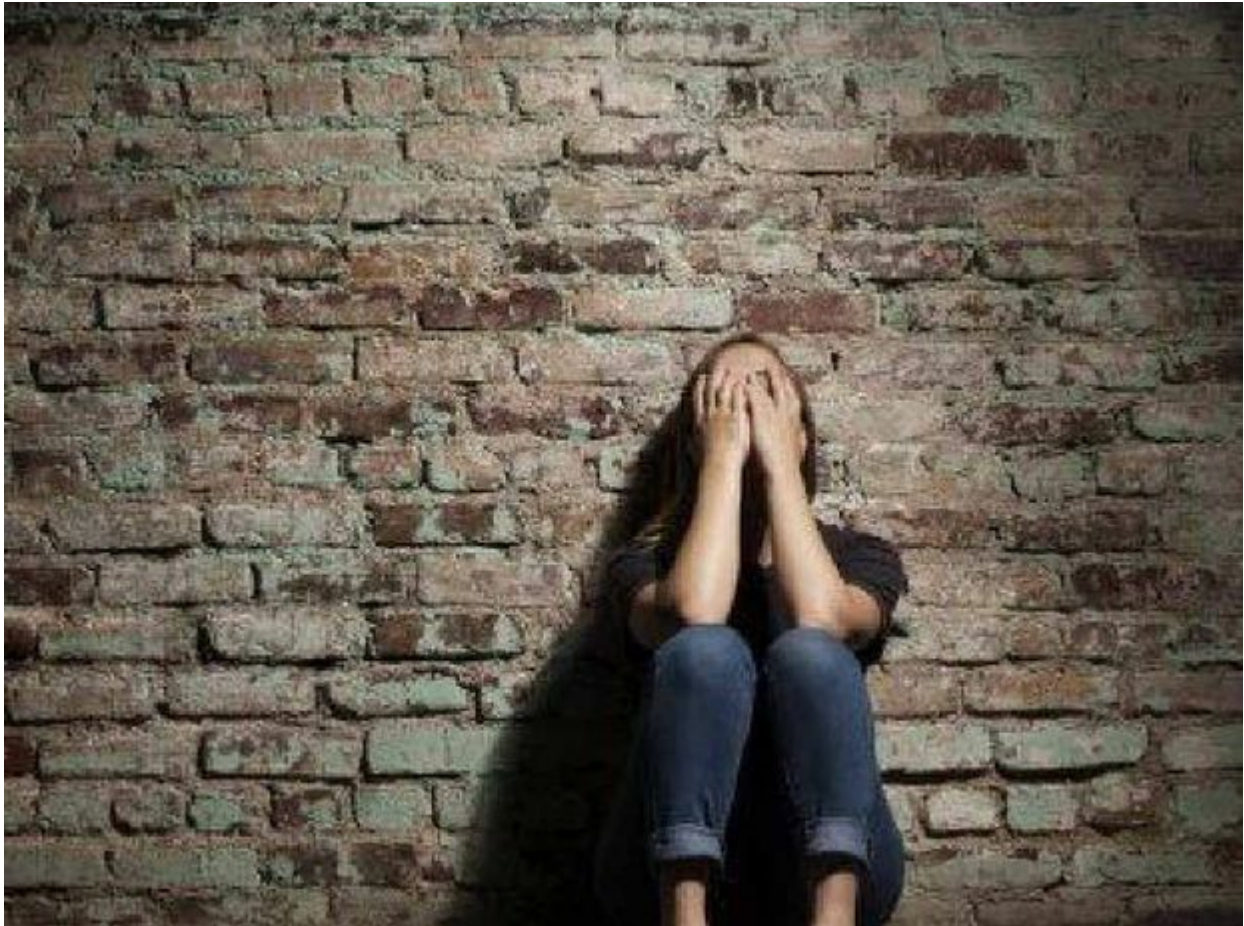
If you would like to know more about this study, you can contact Kerri Jackson by email at **kerri.jackson@cqumail.com**

Daily News Internet Story

Researcher probing life after suicide attempts

30th Mar 2015 4:19 PM

USE THIS CONTENT



A researcher wants to talk to people who have survived a suicide attempt and embraced life.

Contributed

HOW do people recover from a suicide attempt?

This is the question being investigated by Kerri Jackson, a research higher degree student at Central Queensland University.

She is looking for 14 people aged 18 and over, who have lived through a suicide attempt and are willing to share their experiences of "re-engaging with life."

They must have had enough time since their suicide attempt for changes to have occurred in their life, which enabled them to re-balance and create a better one.

Kerri's study aims to look at how people recover and move on with their lives, how they get better, instead of why they became unwell.

It responds to the calls for more research into the "lived" or personal experience of people who have attempted suicide. It focuses on how people have found the strength to go on, and is in the vanguard of this new direction in suicide prevention research.

"I believe that talking about suicide saves lives," Ms. Jackson said.

"In the end suicide, like child protection, is everyone's business. We are each other's keeper.

"Many people are touched by suicide, and in my experience, people want to talk about it. As a community, we need to start talking about suicide, we need to learn about the myths of suicide, we need to learn about how to get help for ourselves, and we need to learn how to recognise and respond to vulnerable people at risk of suicide before it is too late.

"Each of us can make a difference, if we know how."

Participation in the study will entail a one-hour interview with the researcher, followed by a telephone interview, one week later to discuss the participant's response to the interview process.

They can receive a written copy of their interview; have the opportunity to make further comment, and/or be informed of the progress of the study, if they choose.

The World Health Organisation estimates nearly one million people die by suicide each year and suicide rates have increased by 60% over the past 45 years.

In Australia, where the suicide rate has been rising steadily since 2006, it is thought that over 60,000 people a year - about 164/day - attempt to take their own lives, the majority of whom are women.

Anyone who would like to know more about the study can contact Kerri Jackson at kerri.jackson@cqumail.com.

If you or anyone you know is depressed or contemplating suicide, contact Lifeline on 131114.



Letter to the Editor

Distributed by Central Queensland University Media Department

Dear Editor

Your readers may be able to help me. Many people are affected by suicide in our society. I am a research higher degree student at Central Queensland University investigating how people re-engage with life after a suicide attempt, that is how they recover and get well, and I am looking for people, aged 18 and over, who have lived through this experience and would like to tell me about it.

I believe that talking about suicide saves lives. In the end, suicide, like child protection, is everyone's business. We are each other's keeper. As a community, we need to start talking about suicide, we need to learn about the myths of suicide, and how to recognise and respond to vulnerable people at risk of suicide before it is too late.

Each of us can make a difference, if we know how.

Anyone who would like to know more about the study can contact Kerri Jackson at kerri.jackson@cqumail.com.

The list of Editors

Dear Kerri ... this is the list of Editors it has gone to today Cheers ... if we only get a small portion it will still help Cheers Marc

mediarelease@townsvillebulletin.com.au; edsec@nqn.newsltd.com.au;
 admin@townsvillesun.com.au; matt.sherrington@fairfaxmedia.com.au;
 info@miningadvocate.com.au; miner@news.com.au; editorial@tcp.newsltd.com.au;
 cairnssun@tsu.newsltd.com.au; binews@nqn.newsltd.com.au;
 newsroom@centraltelegraph.com.au; king@tcp.newsltd.com.au; hre@nqn.newsltd.com.au;
 ayr@nqn.newsltd.com.au; advocate@coffscoastadvocate.com.au; editor@starnews.com.au;
 gazette@tpd.newsltd.com.au; tablelander@tat.newsltd.com.au;
 editorial@tma.newsltd.com.au; editor@torresnews.com.au; tullytimes@bigpond.com;
 news@dailymercury.com.au; newsroom@gladstoneobserver.com.au; cqnews@cqnews.com.au;
 Di Stanley; tmbully@capnews.com.au; editorial@news-mail.com.au;
 editor@whitsundaytimes.com.au; editorial@scnews.com.au; noosa@scnews.com.au;
 hbedit@frasercoastchronicle.com.au; info@baystar.com.au; mail.bbuletin@ruralpress.com;
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 cabnewsed@scnews.com.au; editorial@cabooltureherald.com.au;
 manager@chincillanews.com.au; admin@dalbyherald.com.au;
 editorial@gcb.newsltd.com.au; gcsun@gcb.newsltd.com.au;
 peter.chapman@frasercoastchronicle.com.au; scott@theindy.com.au; qt@qt.com.au;
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editor.whyallanews@ruralpress.com; flindersnews@ruralpress.com;
 editorial@sundaytimes.newsltd.com.au; editorial@sundaytimes.com.au;
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 editor@swtimes.com.au; reception@geraldtonnewspapers.com.au;
 anne.skinner@kalminer.com.au; editor.espexpress@ruralpress.com;
 news@theadvocate.com.au; editor@examiner.com.au; times@examiner.com.au;
 editor.armexpress@ruralpress.com; newsdesk@armidaleindependent.com.au;
 mail.westernadvocate@ruralpress.com; editor.beganews@ruralpress.com;
 editorial@bdtruth.com.au; editor@echo.net.au; admin@byronnews.com.au;
 advocate@coffscoastadvocate.com.au; editor@expressadvocate.com.au;
 news@theherald.com.au; bmm@bordermail.com.au; cos@thecourier.com.au;
 newsdesk@bendigoadvertiser.com.au; news@theecho.com.au;
 starnewsgroup@starnewsgroup.com.au; newsroom@geelongnews.com.au;
 editorial@sheppartonadviser.com.au; news@gippslandtimes.com.au; news@sgst.com.au;
 letters@gippslander.com.au; hcourier@bigpond.com; newsdesk@mailtimes.com.au;
 news@sunraysiadaily.com.au; newsdesk@milduraweekly.com.au; edit@theguardian.com.au;
 addynews@fairfaxmedia.com.au; news@bendigopublishing.com;
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 wyndham@leadernewspapers.com.au; inquiries@thecourier.com.au;
 editorial@geelongindependent.com.au; editorial@sheppartonadviser.com.au;

Hi Kerri,

I understand you're looking for some research participants. Can you respond to the questions below and I'll file stories for all of our papers.

A- What is the study about?

B- What do you hope to gain from the study?

C- Who are you looking for to take part, and why?

D- Why is the study important?

E- What will participants need to do?

F- What is it about mental health/suicide that inspired you to study these areas?

G- What is your education background?

H- How old are you?

I may send some more questions based on your answers.

Can you send me the responses as soon as possible as I will be away next week and I want to file the story by Friday morning. Also, I'll need to organise a photo of you. Will you be around the Sunny Coast over the coming days?

Sherele Moody

Journalist

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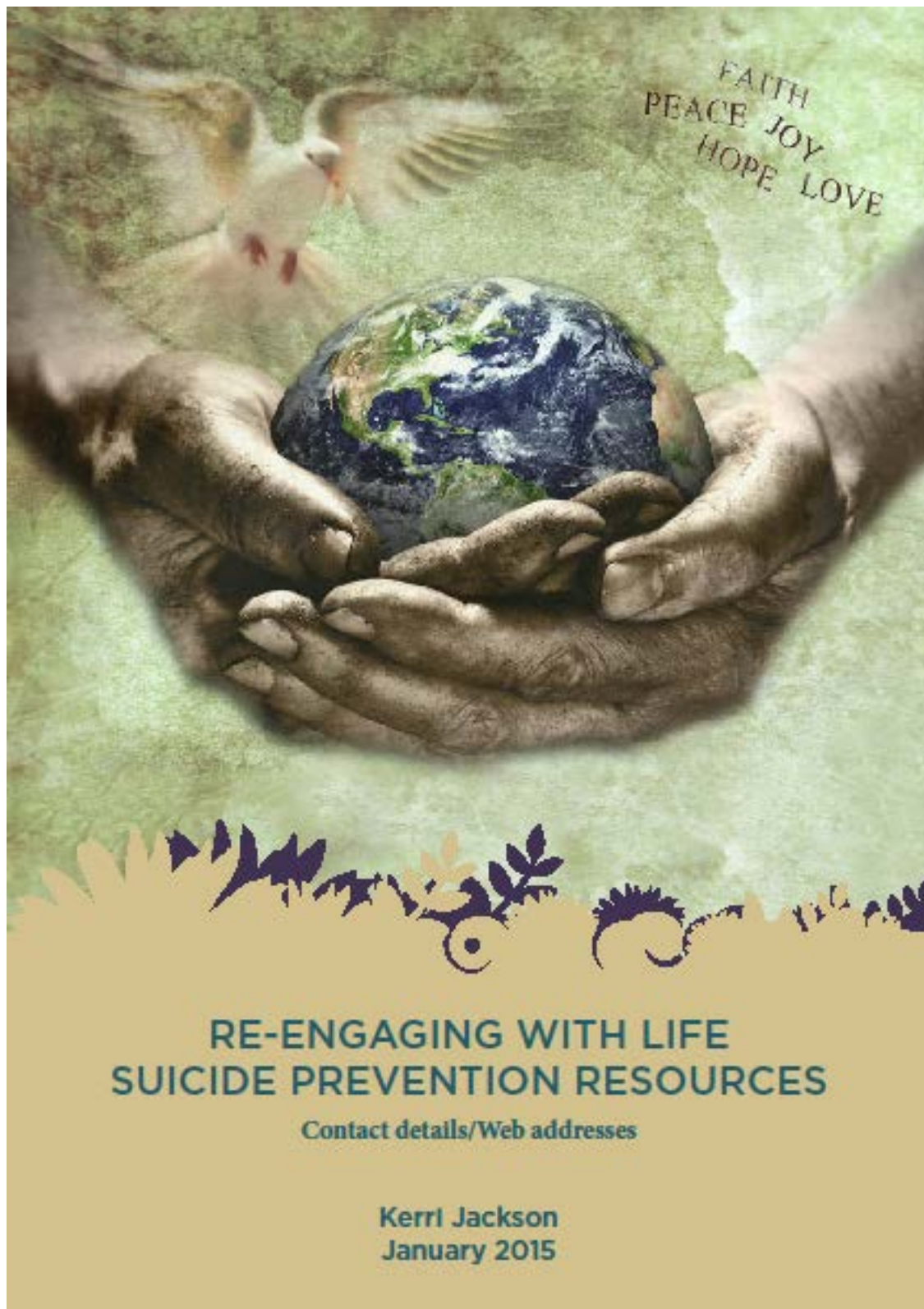
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...one local to another

print | online | mobile | social



Appendix E: Suicide Prevention Resource Booklet



Contents

Re-engaging with life Resource List.....	3
1. Attempters.com – YouTube.....	3
2. JD Schramm: Break the silence for suicide.....	3
3. Reasons to go on Living Project.....	3
4. Having suicidal thoughts? Information for you, and your family, whanau, friends and support network.....	3
5. Substance Abuse & Mental Health Services Administration (SAMHSA).....	3
Stories of Hope and Recovery: Terry's Story.....	3
Stories of Hope and Recovery: Jordan's Story.....	3
Stories of Hope and Recovery: David's Story.....	3
6. The Black Dog Institute.....	4
7. The Australian Mental Health Association.....	4
8. Beyond Blue.....	4
9. Salvation Army's Care Line 1300 36 36 22.....	4
(24 hour phone counselling).....	4
10. SANE Australia Helpline Service 1800 187 263.....	4
11. Reach Out.....	4
12. Lifeline 13 11 14.....	5
13. Men's Line 1300 78 99 78.....	5
15. Suicide Call Back Service 1300 659 467 (cost of a local call).....	5
16. Suicide Prevention Australia (02) 9223 3333.....	5
17. Mental Illness Fellowship of Australia.....	5
18. Grow.....	5
19. Headspace.....	5
20. Mindfulness activity.....	5
21. Beyond Blue.....	6
22. National Aboriginal Community Controlled Health Organisation (NACCHO).....	6
23. Office for Aboriginal and Torres Strait Islander Health (OATSIH).....	6
24. Australian Indigenous Health Info Net.....	6
25. Aboriginal Community Controlled Health Organisations (ACCHO).....	7
26. Counselling Online.....	8
27. Local Aboriginal and Islander Medical Services (QLD).....	8
28. Medicare Aboriginal and Torres Strait Islander.....	8
29. To locate a Partners in Recovery Indigenous health incentive.....	8
30. Information on Indigenous services can also be found on:.....	8

Re-engaging with life Resource List

1. Attempters.com – You Tube

www.attemptersurvivors.com

This is an interactive website where you can leave your comments.
There are inspiring articles posted on a weekly basis

www.attemptersurvivors.com/2014/03/24/i-survived-and-he-didnt

2. JD Schramm: Break the silence for suicide survivors

www.youtube.com/watch?v=Hy4yby7ZAd0 Uploaded on 11 Jun 2011

This is a Ted talk, they are amazing

www.ted.com

3. Reasons to go on Living Project

www.thereasons.ca

4. Having suicidal thoughts? Information for you, and your family, whanau, friends and support network

www.health.govt.nz/publication/having-suicidal-thoughts

5. Substance Abuse & Mental Health Services Administration (SAMHSA)

www.samhsa.gov

Videos on You Tube "Stories of Hope and Recovery"

www.youtube.com/800273TALK

Stories of Hope and Recovery: Terry's Story

www.youtube.com/watch?v=nbTsOAY2M0Q

Stories of Hope and Recovery: Jordan's Story

www.youtube.com/watch?v=4EtpEmFDL3Y

Stories of Hope and Recovery: David's Story

www.youtube.com/watch?v=mVXLj0bNe0o

6. The Black Dog Institute

www.blackdoginstitute.org.au

Telephone: (02) 9382 4530 Email: blackdog@blackdog.org.au

7. The Australian Mental Health Association

www.mentalhealth.org.au

8. Beyond Blue

www.beyondblue.org.au

Beyond Blue has an interactive website with information on anxiety and depression and suicide prevention and treatments

9. Salvation Army's Care Line 1300 36 36 22 (24 hour phone counselling)

www.suicideprevention.salvos.org.au

10. SANE Australia Helpline Service 1800 187 263

Monday to Friday 9:00am-5:00pm eastern standard time

www.sane.org

Telephone: (03) 9682 5933 Email: helpline@sane.org

SANE Australia Crisis Contacts If you urgently need help, contact the Psychiatric Team at your nearest hospital or alternatively contact your doctor. If you urgently need to speak to someone out of hours call Lifeline 13 11 14 or

Helpline Online

Use Helpline Online to ask questions about mental illness and related topics. Enquiries are usually answered within 3 working days.

11. Reach Out

<http://au.reachout.com/tough-times/somethings-not-right>

Reach out is a website for young people concerned with health and well-being, and suicide prevention.

12. Lifeline 13 11 14 for urgent assistance

If you, or someone you are with, is in immediate danger call 000

13. Men's Line 1300 78 99 78

www.mensline.org.au

14. Veterans Line 1800 011 046

www.vvcs.gov.au

15. Suicide Call Back Service 1300 659 467 (cost of a local call)

www.suicidecallbackservice.org.au

16. Suicide Prevention Australia (02) 9223 3333

www.suicidepreventionaust.org

17. Mental Illness Fellowship of Australia

www.mifa.org.au

18. Grow

www.grow.org.au

Telephone: 1800 558 268 National: national@grow.net.au

19. Headspace

www.headspace.org.au

20. Mindfulness activity

Find a computer with an Internet connection, go to Google Images, and search for 'peace', or 'friendship', or 'flowers', or 'mountains', or whatever you like and find a treasure trove of visual delights.

Copy and paste the images that resonate for you into your Microsoft Clip Organiser, for future use. ©

Aboriginal & Torres Strait Islander Resources

21. Beyond Blue

www.beyondblue.org.au/resources/for-me/aboriginal-and-torres-strait-islander-people

22. National Aboriginal Community Controlled Health Organisation (NACCHO)

Aboriginal Community Controlled Health Services and Aboriginal Medical Services in each state and territory

www.naccho.org.au/

23. Office for Aboriginal and Torres Strait Islander Health (OATSIH)

Comprehensive list of Aboriginal health services in each state and territory

www.health.gov.au/internet/main/publishing.nsf/content/Aboriginal+and+Torres+Strait+Islander+Health+Ihp

24. Australian Indigenous Health Info Net

Information about Indigenous health, including detailed overviews of specific health topics and services

www.healthinfonet.ecu.edu.au/

www.healthinfonet.ecu.edu.au/states-territories-home/nsw/programs-projects

www.healthinfonet.ecu.edu.au/other-health-conditions/mental-health

25. Aboriginal Community Controlled Health Organisations (ACCHO)

www.atns.net.au



ACCHOs operate in the metropolitan, regional, rural and remote areas of all States and Territories in Australia. ACCHOs are controlled by, and accountable to, Aboriginal people in those areas in which they operate. ACCHOs aim to deliver holistic, comprehensive and culturally appropriate health care to the community that controls it.

Name	Date
Aboriginal Medical Service Western Sydney (NSW)	
Geraldton Regional Aboriginal Medical Service (WA)	
Jayda Burra Abuse and Violence Prevention Forum	
Maari Ma Health Aboriginal Corporation	23/11/1995
Nganampa Health Council (NT)	
Ngangganawili Aboriginal Community Controlled Health and Medical Services Aboriginal Corporation	
Victorian Aboriginal Community Controlled Health Organisation (VIC)	1/01/1996
Western Australian Aboriginal Community Controlled Health Organisation (WA)	
Winnunga Nimmityjah Aboriginal Health Services ACT Inc. (ACT)	

Counselling ONLINE

Free drug + alcohol counselling 24/7

26. Counselling Online 1 800 888 236

Free online counselling service where you can communicate with a professional counsellor about your own alcohol and drug use, or if you are concerned about a family member, relative or friend

www.counsellingonline.org.au/

27. Local Aboriginal and Islander Medical Services (QLD)

www.deadlychoices.com.au/local-ams/

28. Medicare Aboriginal and Torres Strait Islander

free-call telephone service: 1800 556 955

29. To locate a Partners in Recovery Indigenous health incentive

participating general practice (GP): 1800 222 032
(Mental Health specific service)

30. Information on Indigenous services can also be found on:

www.medicareaustralia.gov.au/public/services/indigenous/index.jsp

www.health.gov.au/tackling-chronic-disease