SURVIVING THOUGHTS OF SUICIDE: EXPERIENCES OF HAVING SUICIDAL IDEATION AND NOT ACTING UPON THEM

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Abstract

To date, research has indicated that suicide is a complex phenomenon which affects a significant number of people around the world. Various studies have suggested that there are more individuals who experience suicidal thoughts than those who attempt suicide and that there may be important distinctions between these two populations. Despite this, most of the research thus far has focused on individuals who are more likely to act upon their suicidal thoughts, which seems to have led to a gap in the literature regarding the experience of individuals who do not act upon their suicidal thoughts. Research has emphasised the importance of gaining further insights into people's subjective experiences of this complex phenomenon in order to develop enhanced interventions for those who are affected by suicide or suicidal ideation. The current study therefore, explores the subjective experiences of people who have had suicidal ideation but not acted upon them. The study used semi-structured interviews and Interpretative Phenomenological Analysis (IPA) to explore the experiences of six participants who had suicidal thoughts and did not act upon them. One of the key themes that emerged included a sense of conflict wherein participants felt constant despair and a desire to punish themselves, fuelling a desire to die. Participants also expressed feelings of belonging and being in connection with others. The latter feelings were described to be contributing to participants' desire to live. An additional theme that emerged was participants' need to make meaning of their suffering. This included participants taking control of some aspects of their lives, for example through seeking support and taking an active approach in their recovery. Participants also expressed the importance of finding a purpose and meaning in their lives, such as a goal or direction to work towards. The study discusses how its findings can contribute to the overall understanding of suicide and suggests some ways in which current interventions for people affected by suicidal ideation can be tailored to their needs.

Key words: suicide, suicidal ideation, protective factors, not attempting suicide, mental health, psychology, counselling psychology, subjective experiences, IPA

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Abbreviations

CBT – Cognitive Behavioural Therapy

DBT – Dialectical Behavioural therapy

DSM – Diagnostic and Statistical Manual of Mental Disorders

IPA – Interpretative Phenomenological Analysis

IPTS – Interpersonal Theory of Suicide

LGBT – Lesbian, Gay, Bisexual and Transgender

MBCT – Mindfulness-Based Cognitive Therapy

NHS – National Health Service

NICE – National Institute for Health and Care Excellence

UEL – University of East London

UK – United Kingdom

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1. Introduction

Suicide has been prevalent for many years across the globe, affecting individuals of different cultures, ages and genders (WHO, 2018). With the prevalence being well documented, evidence suggests that approximately 15-20% of adolescents (Bridge, Goldstein & Brent, 2006) and 33% of all adults (Teissman, Forkmann, Glaesmar, Egeri & Margraf, 2016) have had suicidal thoughts during a time in their lives. Worldwide and across cultures, approximately 800,000 people die by suicide every year and many more attempt suicide (WHO, 2018). In 2016, approximately 53 children a day called the National Society for Prevention of Cruelty to Children (NSPCC) helpline reporting suicidal thoughts (NSPCC, 2016). According to the Samaritans suicide statistics report (Samaritans, 2018), in 2017 there were 6,213 suicides (4, 694 males and 1,519 females) in the UK and Republic of Ireland. Whilst suicidal behaviours are reported in males and females, research indicates that men are more likely to die by suicide than women (Marshall, 2016). Nock et al. (2008) suggested that out of 9.2% of participants in their study who experienced suicidal ideation, 2.7% attempted suicide, highlighting a larger number of people who have suicidal ideation as opposed to those who attempt. Suicidal behaviours have also been linked to various mental health diagnoses such as schizophrenia, borderline personality disorders as well as depression (Goldney, 2002). Bertolote and Fleischmann (2002) suggested that generally 90% of individuals who die by suicide have a mental health diagnosis. In 2006, 20% of 20,927 people who died by suicide across England and Wales had been diagnosed with schizophrenia (Hunt et al., 2006). Soloff, Lynch, Kelly, Malone & Mann, (2000) reported that 73% of those who were diagnosed with borderline personality disorder had attempted suicide. Furthermore, according to Moller (2003), 60-70% of individuals diagnosed with acute

depression also reported having suicidal thoughts. In a recent study (Sivertson et al., 2019), 21% of students reported experiencing suicidal thoughts throughout their lifetime, 4.2% of whom had also attempted suicide at some point in their lives, across genders. Additionally, youth who identify as lesbian, gay, bisexual and transgender (LGBT) have been argued to be more likely to attempt suicide amongst their peers (Goldbach, Rhoades, Green, Fulginiti & Marshal, 2018). For instance, Johnson, Oxendine, Taub and Robertson (2013) found that more than half of LGBT participants in their research had contemplated suicide at a point in their lives. Research has also indicated that suicide prevalence may vary around the globe. In 2016, suicide trends indicated that Europe has the highest number of male deaths by suicide, compared to Africa which had the higher number of female deaths by suicide (WHO, 2016). It is therefore evident that suicidal behaviours affect a large amount of the population across cultures, ages and genders, and have a clear need to be understood in depth (Hjelmeland & Knizek, 2010).

Individuals who are suicidal have often been stigmatised, with the act being seen as "evil" and a sin, in many countries across the globe (Hood-Williams, 1996). For centuries, worldwide suicide has been perceived as shameful, 'evil' or a sin and survivors have suffered stigma, often leading to social isolation, demoralisation and further suicidal thoughts (Kucukalic & Kucukalic, 2017). More recently, in a review by Mishara and Weisstub (2016), it was found that in 25 out of 192 countries, suicide continued to be an illegal act, and jail sentences could be given to those who had attempted suicide, contributing to continued punishment and stigma in some parts of the world. Prior to The Suicide Act (1961) in the UK, suicide was deemed as a crime and those who attempted it could be prosecuted and jailed (Neeleman, 1996). Wiklander, Samuelsson and Asberg (2003) found that those who had attempted suicide, felt a

heightened sense of shame which was often influenced by reactions of health professionals particularly in hospital settings. Button (2016) highlighted that there has been a shift in the understanding of suicide as something 'evil' to perhaps an internal phenomenon (such as a psychiatric "illness" (Button, 2016 p. 272)). This perception has further shifted during the nineteenth century, to suicide being steadily understood as a social phenomenon, taking into account the environment of a person including their cultural and socio-political contexts. This was particularly emphasised by Durkheim (1952) who highlighted the role of society on an individual and subsequently suicidality. Durkheim (1952) argued that suicide is a social phenomenon and individuals may become suicidal as a result of social disorganisation, lack of social integration or social solidarity. Button (2016) further argues that suicide should be understood in the social context of an individual rather than focusing merely on medical or psychological understandings of suicide within an individual. He emphasises the importance of social justice for those who are affected by this, through a "collective sense of political responsibility" (Button, 2016, p.270). It is suggested that considering the types of situations that may give rise to suicidal thoughts (such as social structures) is vital, in order to address a person's suicidal thoughts (Button 2016).

Extensive research has been conducted in order to understand the nature of suicide and of individuals who are suicidal. Research conducted has included looking at risk and protective factors. Many researchers have attempted to develop theories that unravel the process of what may lead someone to engage in suicidal behaviours. Suicide can often be related to hopelessness, helplessness, unbearable emotional pain and the need to escape these (Baumeister, 1990). Those who display suicidal behaviours may also engage in various forms of self-harm with an intent to die, e.g. cutting themselves. It has been found that those who self harm have a higher risk of having suicidal

thoughts and attempts (Cooper et al., 2005). However, further literature has suggested that not all people who self-harm have suicidal ideation or intent (Gkaravella, 2014). Literature has indicated that there is a larger number of individuals who have suicidal ideation without acting on them compared to those who attempt (McAuliffe, 2002). It seems that the focus of research thus far has largely been on the identification of individuals who are at risk of attempting suicide in order to intervene and prevent suicide (Lakeman, 2010). The current interventions for individuals who disclose suicidal intent may include being sectioned under the Mental Health Act (Department of Health and Social Care, 1983) and admission to psychiatric hospitals in order to ensure their safety and prevention of suicide. There seems to be a lack of research on individuals who have suicidal ideation but do not attempt. As suicide is a public health problem due to the large number of people affected by this (Goldney, 2002), it is possible that this gap is a result of research focusing on those who are more likely to attempt suicide (Lakeman, 2010). This research therefore, aims to address this gap by looking at experiences of individuals having suicidal ideation and not acting upon them. This could allow insight into people's subjective experiences in order to understand this process in more depth. First hand experiences could lead to further insights into this phenomenon, highlighting the support that these people may need, leading to more informed interventions. The present study conceptualises suicide as an interaction of social and personal factors, and emphasises the importance of understanding subjective and unique experiences of people who have suicidal thoughts. The following section firstly presents terminology and definitions of suicidal behaviours which are used throughout the current study. This is followed by reviewing some literature on suicide, including a number of different theories and ways of understanding suicide and the risk and protective factors. This is followed by a discussion of the current interventions and

legislations in place for those who may be at risk of suicidal behaviours in the United Kingdom (UK).

1.1 Literature Review

Suicidal thoughts, also commonly known as suicidal ideation (Silverman, 2006), are thoughts of wanting to end one's own life and consecutively engaging in behaviours that potentially lead to death (De Leo, Burgis, Bertolote, Kerkhof & Bille-Brahe, 2004). Silverman (2006) identifies that there are a number of definitions for the term 'suicidal behaviour' which seem to differ across research. In most literature, the definition often includes having suicidal thoughts, suicidal intent/plans as well as non-fatal and fatal attempts (May & Klonsky, 2016). 'Suicide attempt' can be defined as a "non-fatal, self-inflicted destructive act with explicit or inferred intent to die" (Goldsmith, Pellmar, Kleinman & Bunney, 2002). The term 'completed suicide' encompasses death by suicide (Silveman, 2006). Furthermore, self-harm can be defined as any act of self-poisoning or self-injury regardless of the motivation (Hawton, Zahl & Weatherall, 2003). For clarification, in this research the term 'suicidal behaviours' includes suicidal thoughts, plans and all attempts. This term will be distinguished from 'suicidal ideation/thoughts' which will be used to merely refer to having suicidal thoughts.

There are several theories that attempt to explain what may lead individuals to engage in suicidal behaviours. On the one hand, the medical model argues that suicidal behaviours may be a result of a "mental illness" (Sanati, 2009). On the other hand, further theories argue that a person's unconscious drives including aggressive tendencies may be related to suicidal behaviours (Menninger, 1938). Moreover, it has been argued that suicidal behaviours may be a form of escape from unbearable emotions (Baumeister, 1990). According to Joiner (2005) suicide may be linked to someone

feeling as though they are a burden on others and a lack of belonging in their respective communities or society. There have been further theories proposing that there is a process involved from suicidal ideation to suicide attempts which researchers have endeavoured to understand. For instance, May and Klonsky (2016) suggest that individual may progress from suicidal ideation to suicide attempts if their feelings of pain and hopelessness exceed their sense of connection with others. Some of the theories discussed below conceptualise suicide as an internal state of a person, however, Durkheim (1952) argued that suicide is a social phenomenon and a person's social contexts contribute to the development of suicidal thoughts and behaviours. Some theories of suicide will be presented below.

1.2 Suicide as a "mental illness"

Research has often found links between mental health diagnoses and suicide (Bertolote & Fleischmann, 2002; Goldney, 2002; Hunt et al., 2006; Soloff et al., 2000). The biomedical theory of suicide understands this as the "end-stage of a disease that can be prevented" (Segen's Medical Dictionary, 2011). It is suggested that suicidal behaviours may be a result of "mental illnesses" and are therefore preventable and treatable through psychiatric treatment including anti-psychotic medications (Sanati, 2009). For instance, Greer and Bagley (1971) found that psychiatric treatments in inpatient settings reduced patients' likelihood of suicidal attempts. More recently however, it has been argued that there is limited evidence in support of treatment for suicidal behaviours based on biomedical explanations which focus on addressing the underlying "mental illness" rather than the suicidal behaviours (Linehan, 2008). Michel et al., (2002) also found that interventions for suicide based on this model were unlikely to meet the individual needs of the patients. Furthermore, it has been disputed by ongoing debates that suicidal behaviour may be associated with certain personality traits

(McLean et al., 2008), psychological distress (Shneidman, 1993) or social contexts (Durkheim, 1952). Webb (2010) published a book on his own experience of being suicidal, having had a number of suicidal attempts in the past. He argues that too often suicide is seen as a medical phenomenon, overlooking the individual processes that may be experienced by someone. Additionally, Dodemaide and Crisp (2013) argue that understanding suicide as a symptom of an illness places all these people in a homogenous group and therefore not explored in depth. Fitzpatrick and River (2018) argue that this biomedical understanding of suicide may be discriminatory and culturally inappropriate as it overlooks personal experiences. Furthermore, research (Menninger, 1938) has highlighted the role of aggression that may be commonly experienced by those who have suicidal thoughts, which is overlooked by the biomedical explanation of suicide. The psychodynamic explanation of suicide attempts to explain this, with a more in-depth understanding of some of the emotional processes that can occur in those who are suicidal.

1.3 Psychodynamic understanding of suicide

Menninger (1938) proposed that people who attempt suicide do so as a result of internalising their energy to kill. According to Menninger, every individual has an innate suicide triad which consists of a wish to kill, wish to be killed and a wish to die. The wish to die may constitute feelings of wanting to no longer live, as opposed to the wish to be killed which carries a rather aggressive and self-punishing undertone (Maltsberger & Goldblatt, 1996). According to Klein (1935), the wish to kill emerges in response to the threat of fear and envy in early childhood. This may then develop into destructive and murderous wishes leading to a desire to kill others (external objects) who have created this fear/envy within the person. This suicide triad exists in all individuals, however in those who attempt suicide, there is a particular emphasis on the

part that wishes to kill (Maltsberger & Goldblatt, 1996). This is internalised as a result of a person's feelings of guilt for wishing to kill an external object. Klein (1935) also argued that guilt plays an essential role in those who attempt suicide. Wishing to kill others, may lead one to feel guilty which could become unbearable over time (Klein, 1935). In order to then prevent their potential of killing others and thereby their own destructiveness, a person's wish to kill may be introjected on themselves (Maltsberger & Goldblatt, 1996). Psychodynamic ways of understanding suicide have been essential in highlighting the role of aggression and guilt in people who engage in suicidal behaviours. It has been indicated by research that aggression and guilt may play a major role in suicidal behaviours (McLean et al., 2008). Barzilay and Apter (2014) argued that this understanding of suicide focuses mainly on peoples' need to self-destruct, for which there has been limited evidence. Furthermore, it has been argued that focusing on merely the suicide triad, locates suicidal behaviours primarily within the individual, overlooking some of the contextual and risk factors such as social isolation which have been linked to increasing suicidal risk (McLean et al., 2008). Research has indicated that suicidal thoughts can often be in response to negative and stressful life events (Wilburn & Smith, 2005), which does not seem to be taken into account by the psychodynamic understanding. Additionally, it has been suggested that suicide may be associated with pain and suffering that individual's may be feeling at the time, which is the focus of Schneidman's (1993) theory of suicide presented below.

1.4 Shneidman's Theory of "Psychache"

Shneidman (1993) suggested that people who engage in suicidal behaviours share a common "psychache" (Schneidman, 1993, p.145), which he defined as psychological and emotional pain. He proposed that individuals may have different thresholds for tolerating such pain, and when this is exceeded, a person may engage in

suicidal behaviours. Shneidman proposed these people are often experiencing "psychological torture" (Schneidman, 1993, p.146) which includes intolerable emotions, such as rage, hopelessness, depression, shame and guilt. Another element that is present in them, is a sense of ambivalence within themselves of wanting to die, yet not wanting to die. Above all, Shneidman emphasises that psychache needs to be present in order for a person to engage in suicidal behaviours. He proposed that if there is no psychache, there is no suicide (Leenars, 2010). Barzilay and Apter (2014) however, argue that the majority of people who experience psychological pain do not engage in suicidal behaviours and thus the "Psychache" theory may not be sufficient. Although Schneidman's theory offers some valuable insights into psychological pain which is often expressed by people who have suicidal thoughts (Mee, Bunney, Reist, Potkin & Bunney, 2006)**,** it does not consider social factors and life events which have been linked to increasing suicidal ideation (McLean et al., 2008). For instance, Turecki and Brent (2016) argue that unemployment and lack of personal income have been associated with higher risk of suicide. Furthermore, it is suggested that suicide is a complex and subjective phenomena which cannot be explained by any single theory (Barzilay & Apter, 2014). Research highlights that those who experience suicidal ideation may also have a sense of being a burden on others (Joiner, 2005) and perhaps feel a lack of connection with others (May & Klonsky, 2016). Additionally, research has indicated that people who engage in suicidal behaviours may also share some cognitive processes including high levels of perfectionism (Beck et al., 2009). This is particularly highlighted by the cognitive model of suicide.

1.5 Cognitive Model of Suicide

Beck, Brown & Wenzel (2009) proposed that those who engage in suicidal behaviours may have certain distinctive cognitive traits. Such characteristics that are

connected to suicide include impulsivity, aggression, problem-solving deficits, perfectionism, neuroticism and cognitive inflexibility (Beck et al., 2009). According to the cognitive model of suicide, suicidal behaviour stems from the interaction or co-existence of these characteristics with major life stressors in an individual's life. This theory suggests certain cognitive constructs which can impede some peoples' problem-solving skills (Wenzel & Beck, 2008) rendering them unable to cope with adverse situations in a positive, resilient manner. For example, if a person has difficulties with problem-solving and they are confronted with a life stressor such as being unable to find employment. This may require them to be able to be flexible in their approach to dealing with finding employment through various means, however if they are unable to do this, it may lead them to feel stuck and hopeless (Baumeister, 1990) which could contribute to suicidal behaviours. Wenzel and Beck (2008) propose that those who engage in suicidal behaviours have "suicide schemas" (Wenzel & Beck, 2008, p.194). Schemas are defined as "specific rules that govern information processing and behaviour" (Beck et al., 1990, p.8) which consist of "chronic hopelessness and a perception of unbearability" (Wenzel & Beck, 2008, p.194). People who have these schemas may have beliefs about themselves of not being able to bear difficult situations. These schemas may be activated in response to a life event as a result of which individuals may fixate on suicide being the only option of escaping the difficulties they are facing (Wenzel & Beck, 2008).

The cognitive model suggests that those who engage in suicidal behaviours may also have an attention-bias. This has been defined as the "allocation of attentional resources towards specific aspects of stimuli" (Cha, Najmi, Park, Finn & Nock, 2010, p .616) and may lead one to focus more on their suicidal thoughts rather than reasons for staying alive. In order to elaborate on this, Rudd (2006) proposed the fluid vulnerability

theory. The latter, advocates that all individuals have the potential to be vulnerable to suicide, the extent of which depends on various factors such as attention-bias, problem-solving skills and cognitive inflexibility. This vulnerability to suicide may be triggered through various thoughts a person may have of themselves, including being unloved, feeling helpless and an inability to tolerate stress.

The cognitive model of suicide offers some understanding of the thought processes that may occur in individuals who engage in suicidal behaviours, including the attention-bias that has been discussed (Miranda, Gallagher, Bauchner, Vaysman & Marroquin, 2012). Additionally, it acknowledges the importance of stressful life events in contributing to suicidal ideation (Sarchiapone, Carli, Cuomo & Roy, 2006). However, the cognitive model of suicide indicates a deficit or impairment within an individual which is activated by external factors. This may be harmful to people as it places "blame squarely on individual development" (Kantrowitz & Ballou, 1992, p.78) which can lead to further distress and self-blame. This has been critiqued by theories that highlight the importance of the environment on a person which propose that suicidal behaviours are directly a result of social factors, rather than located within a person (Durkheim, 1952). Furthermore, Cha et al., (2010) argue that the cognitive model of suicide does not provide separate explanations for those who attempt and those who do not, whilst it has been demonstrated that cognitive constructs may differ between these people (May & Klonsky, 2016). Additional theories have attempted to address this difference, some of which are discussed below.

1.6 The Three-Step Theory of Suicide

May and Klonsky (2016) argued that theories of suicide often lack explanations about the difference between those who act on their suicidal thoughts and those who do

not. Nock et al. (2008) found that most people who have suicidal ideation do not attempt, and proposed that studying these two different behavioural manifestations of suicidal thoughts (i.e. attempt versus no attempt) as separate phenomena, is fundamental to understanding them. The three step theory, proposes that suicidal ideation can often start with individuals feeling pain and a sense of hopelessness. This hopelessness may consist of a person feeling as though his/her life will not get better. Additionally, their pain may be of different natures depending on the individual's circumstances. According to this model, both pain and hopelessness are necessary in order for suicidal ideation to occur. May and Klonsky (2016) propose that 'connection with others' also plays a crucial role in suicidal behaviours, and that this may prevent a person from attempting suicide. The three-step theory posits that in order for someone to transition from suicidal ideation to attempts, their feelings of 'pain' exceed those of their 'connectedness'. According to this theory, when this connectedness is restricted, and an individual's pain and hopelessness is overbearing, they are likely to attempt suicide. However, if a person does feel connected and merely is experiencing pain and hopelessness, they are more likely to experience suicidal ideation without attempting. Furthermore, this theory suggests that the fear of suicide may be an element that distinguishes people who attempt suicide from those who do not. The fear of suicide may interact with the other factors that have been mentioned, and possibly prevent individuals from acting on their suicidal thoughts. The three-step theory has allowed valuable insights into how experiences of suicidal thoughts with and without attempting may differ. Additionally, the importance of being socially connected as a protective factor is also highlighted by this theory, which is supported by research that indicates social isolation may be a risk factor for suicidal attempts (McLean et al., 2008). However, the three-step theory does not appear to take into account the subjectivity and

uniqueness of a person's experiences of suicidal thoughts, and rather assumes that the development of suicidal thoughts may be a linear process, broken down into 'steps' (May & Klonsky, 2016). Research such as Fitzpatrick and River (2018) has pointed to the importance of understanding people's unique experiences of suicidal thoughts, which may differ according to their contexts. Additionally, similar to some other theories that have been mentioned, this theory argues that suicidal ideation may develop as a result of intrapersonal processes, which locates suicidal ideation within an individual. The importance of considering inter-personal dynamics and their contribution to suicidal ideation is highlighted by Joiner (2005).

1.7 The Interpersonal Theory of Suicide (IPTS)

The interpersonal theory of suicide proposed by Joiner (2005) suggests that the desire for suicide is stronger in individuals who have the following fundamental interpersonal constructs. Namely, "thwarted belongingness", "perceived burdensomeness" and "the capability to engage in suicidal behaviour" (Van Orden et al. 2010, p.575). "Thwarted belongingness" according to Baumeister and Leary (1995) is the need to belong. Research has shown that one of the common predictors of suicidal ideation and attempts is social isolation (McLean et al., 2008). According to this theory, individuals may feel as though they do not belong in society and may experience being socially disconnected and isolated from others. This is also supported by Shneidmann (1999) who highlighted that the need to belong is most prominent in people with suicidal desires. "Perceived burdensomeness" is the perception oneself as a burden on others (Joiner, 2005) which may result in someone believing that their families and loved ones would be better off without them. Thus, IPTS proposes that it is the interaction of these elements which contributes to suicidal behaviours. The theory further expands on this concept by offering an added facet that may be present in

specifically those who act on their suicidal thoughts, namely, “increased capability” of causing oneself harm (Joiner, 2005). It is proposed that the desire for suicide is not sufficient to result in a person engaging in lethal suicidal behaviours, as these are frightening and painful behaviours. The theory posits that the fear of physical pain and suicide acts as a barrier for some individuals who have suicidal ideation but do not act on these, and that these people may merely experience “thwarted belongingness” and “perceived burdensomeness”. However, those people whose fear of engaging in suicidal behaviours reduces over time, leading to an “increased capability”, may be more likely to engage in these lethal behaviours towards oneself. The theory suggests that fear may be reduced over time through several suicide attempts, which is supported by literature that has indicated previous suicide attempts as a risk for further suicidal behaviours (Van Orden et al., 2010). This theory emphasises the importance of being in a society where people feel a sense of belonging and connectedness, which takes into account the potential impact of society and contexts in the development of suicidal thoughts. However, IPTS does not seem to account for negative life events which can contribute to suicidal behaviours (Rostila, Sareela & Kawachi, 2013). For example, research has indicated that experiences of different forms of trauma in a person’s life can lead to suicidal thoughts (Sarchiapone, Carli, Cuomo & Roy, 2006). Additionally, suicidal thoughts can sometimes represent a desire to escape overbearing situations and feelings, which may not be linked to feelings of being a burden on others or a lack of belonging (Baumeister, 1990).

1.8 Escape Theory

The escape theory (Baumeister, 1990) posits that suicide may be a form of escape from aversive situations and an unbearable state of mind. It is proposed that individuals may be faced with intolerable feelings and situations, leading to a desire to

get away from them through the idea of suicide. Baumeister (1990) argued that prior theories had often focused on suicide as a symptom of mental illness and a more comprehensive theory of suicide was needed, in order to try and understand this as a process. The escape theory therefore suggests that suicidal behaviour is often preceded by a failure to achieve high standards set by individuals themselves. Repeated experiences of failure may lead to a person blaming themselves for these and perceiving themselves as inadequate and incompetent. This has also been found by previous research which highlights that people who are suicidal may have a tendency to self-blame as well as hold a negative view of themselves (Bonner & Rich, 1987). Over time, this may lead to low self-worth (Baumeister, 1990) and eventually an unbearable emotional pain, from which people wish to escape. This desire can interact with a person's inability to find alternative ways of getting away from of this feeling, which in turn poses suicide as the only way to escape. Interestingly, Baumeister (1990) draws attention to some differences between those who attempt and those who do not. He proposes that individuals who do not attempt suicide seem to be hindered by their fear of causing themselves pain. It is suggested that suicidal attempts may be a result of a person overcoming their fear of causing themselves pain over time, making them more capable of attempting suicide.

The theories summarised have provided an overview of some of the explanations of suicide that researchers have proposed. There seems to be a common focus on pain and hopelessness experienced by the individuals which can at times predict suicidal ideation. In regards to the difference between those who attempt and those that do not, theorists (Baumeister 1990; Joiner, 2005; May & Klonsky, 2016) argue that these should be explored as separate experiences, thus alternative explanations and theories are needed for both. Scholars have also identified the

importance of understanding the process that leads people from suicidal ideation to suicidal attempts. Some researchers (Barzilay & Apter, 2014) have emphasised the importance of individual experiences, and the implicit understanding that the theories may not be applicable to all those who engage in suicidal behaviours. Researchers have observed the complexity of suicidality, including other behaviours such as self-harm that have been associated with suicidal thoughts (Haw & Hawton, 2008).

1.9 Self-Harm and Suicide

There is an increasing amount of research suggesting that those who engage in self-harm may be at more risk of suicidal behaviours (Haw & Hawton, 2008). Cooper et al., (2005) found that the risk of suicide within six months of a person engaging in a form of self-harm was considerably higher than those who did not self-harm. A study conducted by Hawton, Saunders and O'Connor (2012) found that adolescents who self-harmed were ten times more likely to also have suicidal intent. Gratz and Gunderson (2006) highlighted that 70% to 75% of those who have a diagnosis of a personality disorder have also engaged in some form of self-harm. People who have this diagnosis have also been observed to have a higher rate of suicidal thoughts and attempts (Soloff et al., 2000). Hawton et al., (2012) found that the likelihood of suicide attempts increased further with repeated occasions of self-harm. This is in line with IPTS (Joiner, 2005) which suggests the capability of a person inflicting pain on themselves may increase over time with repeated suicidal behaviours. In order to gain a better understanding of self-harming behaviours, studies have looked at risk factors and personality traits in people who may be more likely to engage in self-harm. Some of these traits identified include perfectionism and self-criticism (Hawton et al., 2012). Furthermore, having a lack of problem-solving skills has been found to be associated with those who self-harm (Fergusson, Woodward & Horwood, 2000), which has also

been identified as a risk factor for suicidal behaviours (Donald et al., 2006). Additionally, Hawton et al., (2012) propose that suicidal intent may vary amongst those who self harm with some individuals reporting less or frequent suicidal ideation. Whilst research indicates an overlap between those who self-harm and those who have suicidal ideation, it is important to observe that not all those with suicidal ideation engage in self-harm and not all who engage in self-harm experience suicidal ideation (Gkaravella, 2014). Research has suggested that self-harm can be with or without suicidal intent, with the latter often being referred to as "non-suicidal self injury" (Muehlenkamp, Claes, Havertape & Plener, 2012). It has been argued that the motives for self-harm are complex and can serve a number of functions, which may include; alleviating oneself of mental pain through inflicting physical pain or as a form of punishing oneself (Gkaravella, 2014; Klonsky, 2009). Although self-harm has at times been linked to a number of mental health diagnoses such as anxiety, depression and personality disorders, it has also been observed in people without a diagnosis, and may or may not be accompanied with suicidal ideation (Klonsky, 2009).

1.10 Depression and Suicide

The Diagnostic and Statistical Manual of Mental Disorders (DSM) offers criteria for mental health diagnoses and is used widely for this purpose (American Psychological Association, 2013). One of the diagnoses in this manual is 'Major Depressive Disorder' which encompasses a number of criteria including; depressed mood indicated through subjective reporting, diminished interest and pleasure in activities (Anhedonia), sleep disturbances, fatigue, feelings of worthlessness, diminished ability to concentrate as well as suicidal rumination (Reynolds & Kamphaus, 2013). Research has indicated that a large number of those who attempt suicide may also display other criteria for the depression diagnosis (Moller, 2003).

Characteristics that are present in those who are depressed have also been highlighted in those with suicidal ideation which include the feelings of hopelessness (Baumeister, 1990; Wang et al., 2015). Auerbach, Milner, Stewart and Esposito (2015) conducted a study exploring the relationship between anhedonia (diminished interest and pleasure in activities) and suicide, and found that a greater severity of anhedonia was present in those who attempted suicide compared to those who merely had suicidal ideation. This is also supported by Winer, Drapeau, Veilleux and Nadorff (2016) who emphasised the role of anhedonia in suicidal behaviours. Additionally, McGirr et al., (2007) suggested that 50% of those who died by suicide may have also met the criteria for the depression diagnosis. Furthermore, in a study conducted by Nock et al., (2013) it was found that adolescents who were depressed were six times more likely to make a suicide attempt. These studies illustrate the potential overlap between depression and suicide. It has therefore been argued that identifying those who are depressed may lead to improved suicide prevention (Wang, Jiang, Cheung, Sun & Chan, 2015). Despite research highlighting the relationship between suicidal thoughts and depression, it is important to consider that not all those who present with symptoms of depression also experience suicidal ideation (Nyer et al., 2013). Additionally, it is vital to explore suicidal ideation beyond those who meet criteria for a mental health diagnosis such as 'Depression'. For instance, research has highlighted that stressful and negative life events can contribute to the development of suicidal ideation, without being accompanied with other symptoms (Pompili et al., 2013).

1.11 Suicidal Ideation following Experiences of Loss

Research has indicated that experiencing a loss can increase the risk of suicide (Rostila, Sareela & Kawachi, 2013). Smith and Segal (2011) found that the experience of losing a spouse in particular could trigger suicidal ideation in the older adult

population. Loss of a sibling and bereavement through suicide has also been found to increase the possibility of suicidal behaviours (Rostila et al., 2013). Losing a significant other, particularly through suicide has been indicated to increase suicidal ideation in a person (Pompili et al., 2013). Bunch, Barraclough, Nelson and Sainsbury (1971) found that suicide attempts increased amongst males following parental bereavement, in particular the loss of mothers. This literature suggests that the loss of a loved one can have a significant impact on suicidal behaviours amongst some people. In an effort to capture lived experiences of older adults with suicidal ideation, Wu, Tsoa and Huang (2012) conducted a qualitative study looking at suicidal ideation in an older adult Taiwanese population. This research argued that not enough qualitative studies on suicidal ideation had been conducted, proposing that suicide is a personal and subjective experience which can differ amongst individuals. The study found that suicidal ideation often began with experiences of loss; including loss of health, possessions and loved ones, supporting previous studies on loss and suicidal behaviours. According to the findings, loss of loved ones meant that the participants in the study had lost emotional support and therefore were unable to have an outlet of their negative emotions such as guilt, shame, loneliness and fear (Wu et al., 2012). This led to participants feeling alone, isolated and as though their existence was meaningless which often preceded the participants' suicidal thoughts. The researchers emphasised the need to explore the phenomenology of suicidal behaviours as a future directions for research in order to gain further insight which could contribute to the overall understanding of some of the processes involved in suicide. The research discussed, points to the complex nature of suicidal ideation and behaviours. This phenomenon is further complicated through various factors which have been researched to increase or reduce the possibility of suicide which are discussed below.

1.12 Gender Differences in Suicide

Research has indicated that there are a larger number of males who die by suicide than females (Hawton, 2000). Men have been observed to be four to five times more likely than females to successfully die by suicide (Freeman, Mergl, Kohls, Szekely & Gusmao, 2017). Whilst females have a higher number of suicide attempts, males are more likely to die by suicide (Cibis, Mergl, Bramesfeld, Althaus & Niklewski, 2012). It has been argued that this may be due to men making use of more lethal methods of attempting suicide, such as using firearms, hanging and jumping compared to females who have been observed to use methods such as self-poisoning, drowning and exsanguinations (bleeding out from cuts) (Tsirigotis, Guszczynski & Tsirigotis, 2011). Cibis et al. (2012) argue that other factors contributing to the differences in gender may include reluctance in men to seek professional help when experiencing suicidal thoughts, as well as their lack of social support compared to women. Furthermore, unemployment seems to play a greater role in men's suicidal behaviours compared to women (Andres, Collings & Qin, 2010). It is evident that there is a difference in gender in relation to suicidal behaviours, and it has been argued that more research is needed in order to try and understand these differences.

In 2013, Galasinski and Ziolowska used discourse analysis in order to explore male and female inpatients' means of communicating their experience of suicide attempts. The study found that females spoke about their suicidal thoughts as something out of their control, to be fought against and agonised over. On the contrary, men seemed to speak about their suicidal thoughts calmly, as though suicide was a decision that they had made, was within their control and offered a solution to their problems. It is suggested that this could be due to implicit gender roles in society, which may influence the way in which males and females construct their suicidal thoughts

(Galasinki & Zioloswka, 2013). Prentice and Carranza (2002) argue that these gender roles may include females expected to be caring and warm, as opposed to men who may be expected to be strong and agentic. Thus, the study suggests that interventions could be based on exploring constructs such as models of masculinity and femininity in psychological therapies. This could potentially lead to reflection on the impact of social constructs on personal experiences and perhaps a reduction of suicidal behaviours in both. Galasinki and Zioloswka's (2013) research discussed here provides valuable insights into how males and females may make sense of their suicidal experiences. However, the study was conducted using interviews for admissions to psychiatric wards, and not for the purposes of answering the research question. It can be argued that participants would have responded differently to questions in a research study designed specifically to address the role of gender. This perhaps may have provided further insights into how males and females use language constructs to describe their experiences of being suicidal and how this is related to gender constructs in a broader sense.

Further research has sought to understand differences in the number of males and females affected by suicide and suggested that perhaps these differences may be related to a number of factors. For instance, Canetto and Sakinofsky (1998) suggested that suicide rates may reflect a society where death by suicide of a female may be perceived as worse than death by suicide of a male as it may indicate a dysfunction within the family and thus may be under-reported by family members (Canetto & Sakinofsky, 1998). Additionally, more recent research (Tsirigotis, 2018) has indicated that femininity may be a protective factor in suicide attempts, due to the possible 'caring' nature of women, which can contribute to consideration of the effects of their suicide on their loved ones. This may lead some women to change their minds regarding

suicide in order to not have a negative impact on loved ones (Tsirigotis, 2018). It has been further proposed in research that females may be less likely to engage in self-destructive behaviours (such as suicide) as femininity tends to be associated with "carefulness, cautiousness, attention and planning" (Tsirigotis, 2018, p. 434), as opposed to masculinity which may be associated with "risky and potentially harmful behaviours" (Tsirigotis, 2018, p. 434). Möller-Leimkühler (2003) argues that gender roles and cultural expectations may limit help-seeking behaviours in men when they are feeling suicidal, and thus lead to suicide attempts. Moreover, Cleary (2011) suggests that males and females may experience high levels of distress relating to various life events. This, she argues may be present in both males and females, however, males may be less likely to express this and seek support due to the implication of being seen as "weak" (Cleary, 2011, p.499). Over time, Cleary (2011) argues that this may lead to men feeling as though they have limited solutions to their difficulties, rendering suicidal thoughts and behaviours as one of these solutions. The complexity and differences in suicidal thoughts between genders is highlighted here and it is argued that there is a need for further qualitative research to be conducted on this phenomenon due to the complex nature of it (Galasinki & Zioloswka, 2013). The need to understand individual stories, experiences and narratives is highlighted as an important process in developing more effective therapeutic practice in future (Hjelmeland & Knizek, 2010). Further research exploring differences of gender in the experience of having suicidal thoughts may provide valuable insights and extend on what is currently known in regards to suicide. This has the potential to allow enhanced interventions and prevention of suicide in males and females.

1.13 Risk Factors of Suicide

Research has found that some factors may make it more likely for individuals to engage in suicidal behaviours (Goldney, 2002). Some of the risk factors common to those who attempt suicide include, having impulsive and aggressive tendencies, a history of alcohol and substance abuse (McLean, Maxwell, Platt, Harris & Jepson, 2008) as well as experiencing some form of loss (Wu et al., 2012). Further risk factors of suicidal behaviours include having a mental health diagnosis, historical experiences of negative life events such as childhood trauma as well as having physical health problems (Bruffaerts, Kessler, Demyttenaere, Bonnewyn & Nock, 2015). Chan, Shamsul and Maniam (2014) found that history of suicidal behaviours in first-degree relatives (parents, siblings or children) may be a further risk factor of suicide. Additionally, studies have found that repeated incidents of self-harm may increase the risk of someone attempting suicide (Gkaravella, 2014). May and Klonsky (2016) compared participants who had suicidal ideation to those who had suicide attempts in order to understand the differences between them. They found that those who attempted often had a diagnosis of depression, post-traumatic stress disorder as well as a history of being sexually abused. Further literature suggests that social isolation and feelings of being disconnected may increase the risk of suicide (Cheung, Merry & Sundram, 2015; Monk, 2000; Trout, 1980). Men and women who are socially isolated (Martiello & Giacchi, 2012) have minimal connection with others and a lack of social support seem to be more likely to engage in suicidal behaviours (McLean et al., 2008). Stravynski and Boyer (2001) also found a relationship between loneliness and suicidal behaviours, indicating that the risk of suicide increased with the degree of loneliness participants expressed. This is also supported by Kudryashova and Lukovtseva (2014) who suggested that feelings of loneliness in women could predict the likelihood of them engaging in suicidal behaviours. In addition to this, amongst prisoners, isolation has

also been identified as a risk factor for suicidal attempts (Roma, Pompili, Lester, Girardi & Ferracuti, 2013). Research suggests that perhaps being socially isolated is associated with feeling alienated, hopeless and a lack of belonging (Zamora-Kapoor et al., 2016) which is also highlighted by Joiner (2005). May and Klonsky (2016) have equally emphasised the importance of feeling a sense of belonging which can hinder people from acting on their suicidal thoughts. Dodemaide and Crisp (2013) conducted a study exploring subjective experiences of people who had engaged in suicidal behaviours and found that feelings of disconnection and isolation were expressed. This research attempted to explore how individuals experienced being suicidal and the meaning they gave to these experiences. Participants described feeling alone in their struggles that often came as a result of life stressors including unemployment, interpersonal difficulties and financial burdens. Furthermore, having suicidal thoughts was described to be an isolating experience as these people expressed having a lack of support networks around them. Whilst these factors have been highlighted by research as increasing the risk of a person developing suicidal ideation, it has also been suggested that some factors may protect individuals from acting on their suicidal thoughts despite their presence.

1.14 Protective Factors / Those who do not attempt suicide

Research has explored the relationship between suicidal ideation and suicidal attempts in order to gain a better understanding of this. It has been suggested that the majority of those who attempt suicide and regardless of the outcome, are reporting prior suicidal ideation (McAulifee, 2002). It seems that suicidal ideation is a prerequisite for suicidal attempts, although not always a predictor of the latter. McAuliffe (2002) found that the number of individuals who have suicidal ideation as opposed to those that attempt is higher. Specifically, it was found that the ratio of those who have suicidal

thoughts and those that attempt is between 4:1 and 13:1. The differences in these numbers may be due to several protective factors that may hinder individuals from acting on their suicidal thoughts (Chan et al., 2014). Research has identified that there may be factors that can reduce a person's risk of attempting suicide. Linehan, Goodstein, Nielson and Chiles (1983) defined protective factors as beliefs individuals may hold that could be reasons for them not to attempt suicide. Klonsky, May and Saffer (2016) argue that it is vital to distinguish between suicidal ideation and suicidal attempts, as this could help in the understanding of some the processes that occur when a person progresses from ideation to attempts. Literature has endeavoured to identify some of these protective factors. A recent study found an association between marital and educational status with decreased risk of suicide (Balint, Osvath, Rihmer & Dome, 2016). Further research suggests that individuals with high self confidence (Karam et al., 2015) and high self-esteem (Lieberman, Solomon, Ginzburg, 2005) are less likely to attempt suicide, despite the presence of suicidal thoughts. Religious affiliation was also observed to be associated with a decreased risk of suicidal attempts (Dervic et al., 2004). Additionally, characteristics such as social connections, problem-solving skills, and an internal locus of control have also been observed as protective factors in individuals with suicidal thoughts (Donald, Dower, Correa-Velez & Jones, 2006). Fleming, Merry, Robinson, Denny and Watson (2007) found that the risk of adolescents engaging in suicidal behaviours was significantly lower if they reported having a caring home and a safe school environment. Furthermore, in a study by Borowsky, Resnick, Ireland and Blum (1999), it was indicated that those who felt they were able to discuss their problems with friends or family members and felt connected to others were considerably less likely to engage in suicidal behaviours. Linehan et al., (1983) found that participants who had stronger positive beliefs regarding their survival and ability to

cope with difficult situations were less likely to act on their suicidal thoughts. Participants who felt able to cope with difficult life events and circumstances, believing that their lives would improve, seemed to be hesitant in attempting suicide. In contrast, participants who did attempt suicide had given less importance to these beliefs regarding their survival and coping (Linehan et al., 1983). The researchers proposed that interventions for individuals who do attempt suicide could be focused on exploring the reasons they should stay alive and increasing individuals' sense of survival and coping in order to reduce their risk of attempting suicide. Linehan et al. (1983) suggested that future research could focus on exploring protective factors of suicide in more depth. McLean et al., (2008) proposed that future research should try to explore the differences between those who attempt suicide and those who do not as well as the protective factors in order to provide more comprehensive insights. An enhanced understanding of this phenomenon could lead to interventions being tailored to individuals' according to their subjective experiences and needs (Cutcliffe, 2003).

1.15 Overcoming Suicidal Ideation

Research has explored several ways in which people who are suicidal may overcome their suicidal thoughts and intent. Certain types of psychological therapies have been found to be associated with reduced suicidal behaviours (Williams, Duggan, Crane & Fennell, 2006). Mindfulness-based cognitive therapy (MBCT) is a form of psychological intervention that aims to allow clients to become more aware of their thoughts, behaviours and feelings, as well as how these may be related to one another (Williams et al., 2006). MBCT has been evidenced to help people be more accepting of themselves and their cognitions leading to reduced risk of relapse in suicidal ideation (Williams et al., 2006). Interestingly, it has been suggested that individuals who have experienced being suicidal may be eager to help others in similar situations, which may

give them a sense of purpose (Greidnaus & Everall, 2010). Research has found that individuals going through difficulties often value helping others as it may increase their sense of importance, social status, usefulness and competence (Riessman, 1965). Furthermore, Roberts et al., (1999) found that giving help to others was a better predictor of an individuals' mental health recovery than the support the person themselves had received. Providing support to others can often be overlooked and can be beneficial to individuals experiencing suicidal thoughts, by giving them a purpose which may have been lost; this is known as 'helper therapy' (Salem, Bogat & Reid, 1997). Greidanus and Everall (2010) looked at data that had been posted online on a support forum by individuals with suicidal thoughts. The study found that participants who had a history of engaging in suicidal behaviours were eager to help others who may now be going through similar experiences. The analysis of the data revealed that individuals who sought help in these online forums also valued emotional support from others who had experienced similar situations. Those who sought support in these forums, also later went on to offer this to others (Greidanus & Everall 2010). Furthermore, dialectical behaviour therapy (DBT) is a form of psychological intervention that can help clients who have difficulty with the intensity of their emotions, to start regulating these in a healthy way (Robins, Ivanoff & Linehan, 2001). DBT is often used for clients with a diagnosis of personality-disorder (Probst et al., 2018) who, research has suggested can often be affected by suicidal ideation (Soloff et al., 2002). Research has indicated that DBT can also help people who engage in self-harm by potentially reducing the intensity of their emotions and thus incidents of self-harm which may be associated with their suicidal behaviours (Linehan, Armstrong, Suarez, Allmon & Heard, 1991).

1.16 Current Interventions

1.16.1 Suicide Prevention

Due to the increase in suicide rates (WHO, 2018), suicide prevention policies in the UK have been developed by the government to "prevent people from taking their own lives" (Suicide Prevention: Policy and Strategy, 2018, p.5). Some of the prevention strategies mentioned in this policy, include improving support in schools and higher education institutions, as well as providing education on mental health and identifying high risk groups. The policy also places an emphasis on improving support in the communities for people who may be at high risk of suicide, and reducing the number of inpatient admissions under the mental health act (Suicide Prevention: Policy and Strategy, 2018).

According to the Mental Health Act (2007), individuals can be detained in a hospital, for assessment and/or for treatment, in order to minimise risk to themselves or others. Hospital admissions may be for one of the following reasons; "(a) ensuring that the patient receives medical treatment; (b) preventing risk of harm to the patient's health and safety; (c) protecting other persons" (Mental Health Act, 2007, p.28). The purpose of the detention is to protect individuals from acting on their suicidal ideation, following a brief psychiatric assessment which includes asking people about their mental and general health, and questions regarding any feelings, thoughts, or plans to act in ways that may be harmful to themselves (Mind, 2017).

1.16.2 National Institute for Health and Care Excellence (NICE)

The National Institute for Health and Care Excellence (NICE) is a special health authority who set guidelines for healthcare providers in the UK including the NHS, based on current legislation (such as the mental health act) (NICE, 2013). These guidelines are developed according to various research evidence which then inform the

suggested types of interventions that are deemed to be most effective (NICE, 2013). However, it has been argued that the evidence used by NICE often tends to be limited to randomized-controlled trials (McQueen, 2009). Fearon, Hughes and Brearley (2018) argue that this form of quantitative research is conducted from a positivist lens, which can result in overlooking crucial complexities in people's difficulties. This can be problematic as it lacks the consideration of individual experiences and instead, places people in homogenous groups with an assumption that specific interventions would be beneficial for everyone (McQueen, 2009).

At present, there are guidelines for those who are engaging in self-harm, as these behaviours have been linked with suicidal ideation at times and indicate risk to a person (Gkaravella, 2014; Steeg et al., 2018). These guidelines include making referrals for psychological assessments and seeking support through suicide helplines such as the Samaritans (NICE, 2018). One part of the guidelines for interventions for self-harm is as follows:

> "Consider offering 3 to 12 sessions of psychological intervention that is specifically structured for people who self-harm, with the aim of reducing self-harm. In addition: the intervention should be tailored to individual need, and could include cognitive-behavioural, psychodynamic or problem-solving elements" (NICE, 2013, 1.4.8).

Furthermore, research has indicated that there may be an overlap between depression and suicidal behaviours (Moller, 2003). The guidelines for depression include assessing presence of suicidal thoughts, suicide intent and immediate risk.

> "Always ask people with depression directly about suicidal ideation and intent. If there is a risk of self-harm or suicide: assess whether the person has adequate

social support and is aware of sources of help, arrange help appropriate to the level of risk, advise the person to seek further help if the situation deteriorates" (NICE, 2009, 1.1.4.6).

Based on the NICE guidelines and the current legislation in the UK (Mental Health Act 2007), it is evident that there are guidelines for those who act on their suicidal thoughts through self-harm. In regards to suicidal ideation, the guidelines require the co-existence of a mental health diagnosis such as 'Depression'. Research indicates that those who have a diagnosis of 'Depression' may be more likely to also experience suicidal ideation (McGirr et al., 2007). NICE has been criticised for not taking into consideration the complex nature of depression, and conceptualising depression in a "narrow" and "simplistic" sense (McQueen, 2009). Interestingly, according to NICE, suicidal ideation does not constitute on its own a condition that requires psychiatric assessment. Similar to research into suicide being focused on managing its prevention, the focus of interventions seems to also be on individuals who are more at risk of acting on their suicidal thoughts. This can result in overlooking those who do not have intent on acting on their suicidal thoughts and do not fall into the category of depression or another mental health diagnosis.

Mollon (2009) argues that interventions based on NICE guidelines may be too prescriptive and prohibit a person's recovery rather than aiding it, as they may not take into account individuality and rather assume that one intervention may be therapeutic for all those affected by a specific diagnosis. He further emphasises the importance of practice-based evidence, learning through practice and feedback from patients rather than the reliance of evidence through merely randomised-controlled trials. Research has explored further ways of preventing suicide prior to people requiring hospital admissions. In a systematic review on suicide prevention strategies (Mann et al., 2005),

it was found that one of the ways to enhance suicide prevention is by increasing public awareness on suicide which may lead to recognition of those who may be suicidal. Furthermore, it was suggested identifying people who may be depressed and offering psycho-pharmaceutical interventions as well as restricting means through which people may attempt suicide may lead to improved prevention of suicide. The importance of psychotherapy in conjunction with medication was also highlighted by Mann et al. (2015).

Fitzpatrick and River (2018) have highlighted that interventions for suicide continue to predominantly include individuals being detained on an inpatient ward under the mental health act, which may not address their needs sufficiently. Additionally, Webb (2010) argued that being sectioned under the mental health act in order to prevent suicide may hinder an individual from attempting suicide in the short-term, however, this may not address their suicidal intent or the underlying distress. He proposed that it may be more helpful for interventions to be focused on exploring the unique experience of each person which could provide the platform for someone to understand their suicidal thoughts leading to enhanced coping strategies for these thoughts rather than the mere prevention of suicidal attempts. Moreover, Mann et al., (2015) found that the number of people who re-attempt suicide following being discharged from hospital admissions continues to be high and suggested that improved follow-up care subsequent to hospital admissions may reduce the number of people who re-attempt suicide. Moore (1997) also emphasised the importance of re-evaluating the current preventive nature of suicide intervention, with a need to focus enhancing a person's life. In her study, Moore (1997) found that having meaning in life was essential and allowed participants with suicidal ideation to make sense of their life experiences. Moore's participants expressed having lost a sense of connectedness and

wanting to feel needed and loved. The lack of this seemed to lead to emotional pain which often preceded suicidal ideation. The need to understand what leads to suicidal behaviours, as well as the subjective experience of this was emphasised by this study. The importance of making meaning of stressful life events has also been emphasised by other researchers such as Park (2010). Furthermore, Fitzpatrick and River (2018) argue that adopting a 'humanistic' framework for suicide interventions, allows promotion of empathy, hope and personal growth to patients which could allow them to feel connected and cared for as suggested by Moore (1997).

1.17 The Current Study and Research Question

The literature review was conducted by searching for articles relating to all aspects of suicidality including theories and current interventions. The search words that were used included "suicide", "suicidal thoughts", "suicidal ideation", "suicidal attempts", "understanding suicide" and "interventions for suicide". Following this, there was a specific focus on qualitative research studies on suicide to review already existing literature that explores idiosyncratic perspectives and lived experiences. The search words that were used for this included "phenomenology of suicide", "qualitative research in suicide" and "first hand experiences of suicide". Throughout the literature search, it became apparent that, although research into suicide has been extensive over the years, it appeared that there was a lack of research specifically exploring the experience suicidal ideation. Theorists such as May and Klonsky (2016), as well as Joiner (2005), have highlighted fundamental differences between individuals who attempt suicide and those who do not. Additionally, research has found that there are more people who experience suicidal thoughts than those who attempt suicide McAuliffe (2002). If suicidal behaviours can be seen to be on a spectrum, much of the focus of research has been on the 'suicide attempt' end of it. However, what is argued

here is that in order to gain an enriched and in-depth understanding of suicide, it is fundamental to understand the entire spectrum. Unravelling some of the processes that occur in those who have suicidal ideation but do not attempt could perhaps lead to a better understanding regarding the development of suicidal thoughts. This could arguably enhance current interventions by focusing on improving a person's quality of life and facilitating curiosity and reflection that can lead to deeper connection with life rather than focusing on solely preventing suicidal attempts. In order to gain more insight into suicide and suicidal ideation, Fitzpatrick and River (2018) pointed to the importance of understanding people's subjective experiences. This can allow for healthcare professionals to gain an awareness of how individuals' suicidal thoughts may have developed and ways in which they have overcome them. The focus on people's individual and unique experiences places them in the expert position of their own lives which has important implications on the benefits and efficacy of psychological interventions (Henkelman, 2006). Allowing individuals to share their difficulties as experienced by them can be empowering and result in improved mental wellbeing (Castro, Van Regenmortel, Vanhaecht, Sermeus & Van Hecke, 2016; Henkelman, 2006). Consequently, gaining insight into the subjective experiences of not acting on suicidal ideation could lead understanding some processes of what may lead to suicidal ideation, what may prevent someone from acting on them and potentially how to improve interventions for those who have these experiences.

The current study therefore aims to address this perceived gap in literature by addressing the following research question:

What is the experience of having suicidal ideation and not acting on them?

The objective of the current study is to address this perceived gap in literature by gaining some insight into subjective and phenomenological experiences of participants who had suicidal thoughts and did not act upon them. It aims to unpack phenomenological reflections of the phenomenon with an aim that is twofold. On the one hand to join other scholars in stressing the importance to look into suicidal ideation without attempt as an important and distinct process that affects an arguably overlooked population. This includes ways in which to enhance current interventions for this group of people. On the other hand, to provide some understanding of the idiosyncratic processes that might exist behind the resistance to suicide ideation contributing to the scarce existing literature and identifying areas for further study. To achieve its objectives, this study will employ Interpretative Phenomenological Analysis (IPA) (Smith, Flower & Larkin, 2009) to explore experiences of suicidal ideation without attempt.

2. Methodology

Qualitative inquiry posits that the world can be viewed in many different perspectives, each of which are as important as the other (McLeod, 2001). This form of research tends to focus on a smaller number of participants with the aim of gaining insight into experiences. Qualitative research can take different forms depending on the researcher's assumptions regarding the nature of reality, as well as the form of knowledge it aims to generate (Willig, 2012). The following chapter outlines the ontological and epistemological framework adopted by the current study which guided the methodology chosen. This chapter also outlines the steps that were taken to conduct this research, including the ethical considerations, participants, the recruitment procedure and analysis.

2.1 Ontological and Epistemological Framework

Ponterotto (2005) proposes that Ontology is related to the nature of reality and aims to answer the question 'what is reality' and 'what can be known about it'. Research designs take various ontological positions depending on how reality and knowledge is understood. Ontological assumptions can be viewed as being on a spectrum which ranges from understanding reality as objective and measurable to subjective and immeasurable (Bahari, 2010). On one end of the spectrum, there is the positivist position which advocates that there is one reality that can be uncovered, measured and understood, which researchers may attempt to do through research (Ponterotto, 2005). Post-positivism also posits that there is one reality although this cannot be measured in its' entirety through research, and thus researchers may aim to understand and provide insights into one part of the reality (Lincoln & Guba, 2000). For example, whereas research conducted through a positivist lens may seek to prove and

confirm a theory, post-positivist research may aim to falsify this (Lincoln & Guba, p.107). Towards the opposite end of the spectrum seems to be a constructivists-interpretivist position which assumes that there is no single reality to be uncovered, but rather advocates that reality is subjective, embodied and influenced by the context of a person (Ponterotto, 2005). This includes the social environment as well as the relationship and interaction between the researcher and the participant (Willig, 2012). According to the constructivist-interpretivist position, there are multiple realities, each of which are unique to the individual (Ponterotto, 2005). Research conducted from this position aims to gain insight into an individual's experiences and how these are constructed within their given contexts. It is proposed that reality is not an entity that can exist on it's own but rather is an interaction of the contexts of individuals and the person studying it (Burr, 2001). This paper positions itself within this framework. Social constructionism (Burr, 2001), on the far end of the spectrum, proposes that a person's experiences, identity and personality are constructed using the concepts embedded in a language. Furthermore, it is believed that reality is constructed based on the discourses available to individuals in society and is heavily contextual. This end of the spectrum acknowledges historical and cultural contexts which give rise to dialogues that are used in social interactions (Howitt, 2010). Social constructionism advocates that it is through these everyday interactions', that people's knowledge and experiences are constructed (Howitt, 2010). For example, suicide being regarded as a crime influenced the use of language such as "commit suicide", which in turn may have influenced the way in which people experienced suicide such as feeling a sense of shame (Neeleman, 1996; Wiklander et al., 2003). Research based on this framework may therefore seek to uncover how language is used to construct these experiences (Burr, 2001).

The current study assumes that reality is subjective, phenomenological, embodied and shaped by the context of an individual. This view is aligned to the constructivist-interpretivist ontological framework (Ponterotto, 2005). This research follows the notion that experiences are influenced by a person's contexts and their unique understanding (Hansen, 2004). In research, these may be brought to the surface through reflection and dialogue between the researcher and participant (Hansen, 2004). Therefore, research that takes this position signifies the role of the researcher in co-construction of the experiences that are expressed (Ponterotto, 2005).

Epistemology is concerned with "what and how we can know" (Willig, 2012, p.13). Ponterotto (2005) defines epistemology as the study of knowledge, the way in which it can be attained and the relationship between the participants and researchers. Harper (2011) describes epistemology as answering questions such as "how can I go about gathering knowledge about the world" (Harper, 2012, p. 3). Researchers may take various epistemological positions in order to generate knowledge and insights depending on their ontological assumptions regarding 'reality' and the world. Positivist and post-positivist frameworks may assume that what is observed in the world tells us about the nature of what it is and seek to uncover parts of the reality that arguably exists (Harper, 2012). Constructivist-interpretivist frameworks aim to shed light into some of the subjective experiences that comprise an individuals' reality (Ponterotto, 2005). Willig (2012) refers to this as the interpretive phenomenologist epistemological position, which posits that reality is subjective and therefore research aims to gain insight into how people make sense of their realities. Research positioned in this epistemological framework is interested in how a person may experience the world around them (Harper, 2012). Social constructionists are interested in how phenomena are seen and endeavour to study the discourses available and the way in which

individuals construct accounts of their reality (Burr, 2001). This framework proposes that people construct different versions of reality depending on their social context including cultures (Willig, 2012). The way in which language is used by participants may then be explored in conjunction with the context of the person (Burr, 2001).

The current study assumes individuals' experiences are subjective and context-dependent. This research aims to gain insight into the participants' realities and holds the belief that the experiences shared by participants are influenced by their context as well as the questions and interpretations of the researcher (Ponterotto, 2005). This position is aligned with Willig's (2012) interpretative phenomenologist perspective. Participants' experiences of having suicidal ideation and not acting on them in the current study are viewed as idiosyncratic, embodied and influenced by participants' contexts. It is assumed that through a semi-structured interview design and the dialogue within the research interview, some of these experiences may be elicited and reflected upon, which the researcher has analysed using Interpretative Phenomenological Analysis (IPA)(Smith, Flowers & Larkin, 2009).

2.2 Methodological Framework

2.2.1 Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenological Analysis (IPA) (Smith, Flower & Larkin, 2009) is a qualitative method in research that aims to explore and understand the lived experience of events that constitute an individuals' world. This includes exploring how people make sense of their experiences, how they give meaning to these experiences and the "quality and texture of individual experiences" (Willig, 2008, p57). This approach has largely been influenced by phenomenological philosophers who were interested in what the experience of being human may be like. Husserl (1927)

emphasised the importance of understanding experiences in the way that they occur, which are individually unique. He pointed to the significance of one being able to step outside of their own understanding and the tendency to categorise events according to this, and instead focusing on the experience as an entity of its' own. Heidegger (1962/1027) offered further insights into phenomenology by arguing that people are relational beings and thus their experiences are always in context and in relation to something. Heidegger (1962/1027) proposed that it may not be possible to measure experience on its own as it is influenced by the context of the world around and in relationship with others. He argued that people's interpretations influence the way they make sense of their lived experiences, and that individuals are constantly trying to make sense of their experiences (hermeneutics). IPA attempts to capture this lived sense acknowledging that this is only possible through the researcher making sense of the participant making sense of their experience. This is referred to as 'Double Hermeneutics' and emphasises the active role of the researcher in IPA and the emerging findings. IPA points to the importance of being reflexive throughout the process of research by being aware of one's own understanding, assumptions and preconceptions regarding the topic as well as how these may impact the research (Smith et al. 2009). IPA has been broadly used by scholars as an optimal method to explore lived experience (Brocki & Wearden, 2006).

Data collection methods that are common in IPA include in-depth interviews (Smith et al., 2009) wherein the researcher asks open-ended questions in order to allow the participant to elaborate and to gain depth of the experience that is described by them. The interviews are usually semi-structured, which consist of asking some questions that the researchers have planned in advance, but may be modified depending on what the participant is bringing (Eatough & Smith, 2008). This allows the researcher

to ask some questions that provide direction for the participant, whilst at the same time being open and explorative, depending on what the participant is describing. The interviews are then transcribed verbatim and are analysed line by line. Smith et al., (2009) suggest that researchers should firstly read and re-read the transcripts, in order to familiarise themselves with the data. Following on from this, the researcher may start making initial notes which look at the language and semantic content used by the participant. This involves the researcher identifying anything of interest, being explorative and open-minded. As a result of this, the researcher may be able to start gaining insight into how participants talk about their experiences. Three categories of comments are identified by Smith et al. (2009), including descriptive, linguistic and conceptual. This involves analysing the content of what participants are describing, the language they are using as well as how they may understand what they are discussing. Using the notes that have been made, the researcher may then start to develop themes that emerge from the transcripts which helps to capture the essence of what the participant is saying in less detail (Smith et al., 2009, p.91). Themes allow the researcher to produce concise statements that capture participants' experience as well as the researcher's understanding of these. Connections between themes in a transcript may then be sought in order to draw them together and see how they fit with each other. This could be done through creating a map and moving themes around to produce tentative clusters under a new heading. This process is carried out for all transcripts, creating numerous clusters of themes for each participant. Following this, connections and patterns across transcripts are then sought. Here, the researcher may also map out the themes from all transcripts, moving them around in order to identify any connections. This includes looking at how a theme in one transcript may illuminate a theme in another transcript (Smith et al., 2009, p.101), giving the cluster of themes a

new heading each time. These new headings may then be used to create further clusters of themes, with new titles. Carrying out this process a number of times leads to the themes being merged together as closely as they possibly can be, thus reaching the final themes. This process allows clusters to be grouped together, according to the way they are being described and understood by the researcher (Smith et al., 2009) in order to group meaningful aspects of the experience across data. The new headings are then identified as super-ordinate themes, and the themes under those are sub-ordinate themes.

2.2.2 Rationale for using IPA

In the present study, an alternative qualitative methodology was considered. The use of Thematic Analysis (Braun & Clark, 2006) was considered and ruled out due to IPA's focus on the lived experience and its phenomenological approach. Thematic analysis is an approach often used for qualitative research (Braun & Clark, 2006), which allows researchers to identify themes and patterns from interviews with participants. Its' functions include reflecting reality of a person as well as attempting to "unravel the surface of reality" with less interpretation than IPA may use (Braun & Clark, 2006, p.81). The use of this approach is broad as it can be employed by research positioned within various epistemological frameworks (Braun & Clark, 2006). Whilst Thematic Analysis may have captured experiences that are described by participants as well as some interpretations of this, IPA utilises the researchers own understanding and analysis in more depth (Braun & Clark, 2006). Thus in order to allow more exhaustive and interpretative analysis of the data, it was decided to utilise IPA.

2.2.3 Limitations of IPA

Whilst IPA is continuously being employed by many researchers to study subjective phenomena, some limitations of IPA have been suggested. The focus of IPA is to capture lived experiences of individuals which tend to be communicated via the use of language (Smith et al., 2009). Willig (2008) argues that language can be used to construct many different forms of experiences and thus may not provide direct expression of experience itself, but rather allow us to observe how an individual talks about this. She further propositions that IPA can be criticised for not engaging with the role of language as sufficiently as it perhaps should. It is argued that language and discourses that are available about a specific phenomenon shape the way in which we experience them, indicating the importance of language and social context (Willig, 2008). Therefore, the data gathered may be restricted to the constructs of language. Larkin, Watts & Clifton (2006) also recognise this as a limitation of IPA. Smith et al. (2009) state that any form of communication and in particular language, is a tool for understanding some of the lived experiences and that it is only possible for researchers to capture as much as can be expressed through these forms. A further limitation regarding IPA is the quality of the data it seeks to analyse. In order to gain insight into the texture of the lived experiences of a person, IPA requires rich data (Smith et al., 2009). It is argued that perhaps novice researchers using IPA may face challenges such as collecting data that is sufficiently rich, and therefore being attentive to this throughout the interview process is vital (Tuffour, 2017). Being attentive may include the researcher asking follow-up questions when participants share their experiences to gain more depth and richness of the data. Furthermore, Willig (2008) argues that participants may not be able to articulate their experiences in a way that provides sufficiently rich insight into participants' phenomenology. She suggests that those who

are not used to expressing their feelings and perceptions may find it difficult to do so in the interviews, which could impact the quality and suitability of the data. However, it can be argued that the way in which individuals describe their experiences represents their reality as they experience it. For example, if a person describes their experience with a lack of emotions or depth, this does not necessarily imply that their lived experience is other than the one described. Willig (2008) suggests that although IPA aims to provide insight into experiences, it does not explain them in their different contexts and why these experiences may differ amongst people. Understanding how individuals come to experience phenomena in a particular way and why these differ between them may allow research to gain a holistic and more in-depth understanding of the phenomenon itself. Willig (2008) suggests that this may be overcome through exploring someone's past events, histories and social structures which may raise an awareness of the conditions that gave rise to a person's experience. Furthermore, it can be argued that the aim of IPA research is not to provide theories of why and how experiences occur, but to gain some insight into what it is like for specific participants at specific times (Brocki & Weardon, 2006). The use of any methodology in a research study will have limitations which are important to consider and reflect on (Willig, 2008). The current research attempts to do this in the discussion chapter of the study.

2.3 Ethical Considerations

It has been argued that conducting research on suicidality may pose a risk as it could potentially trigger difficult feelings and suicidal behaviours for participants (Gibson, Benson & Brand, 2012). Research has suggested that being interviewed about such issues may be distressing and intrusive for participants (Gibson et al., 2012). It has been asserted that perhaps talking about experiences of being suicidal may pose a risk and retrigger participants' suicidal behaviours or encourage them to act on their suicidal

thoughts (Lakeman & FitzGerald, 2009). However, a study conducted by Deeley and Love (2010) measured suicidal ideation in people before and after they participated in a research study during which they were asked to discuss their suicidal ideation. The findings of this research indicated that the frequency of participants' suicidal thoughts did not increase, but on the contrary, there was a decrease in such thoughts after participation. The study did not explore what may have caused participants' suicidal ideation to reduce. Although this decrease could be due a number of other factors, as there is no causal relationship in the study, it is encouraging to note that talking about suicidality can indeed reduce risk instead of increase it. Gibson et al., (2012) argue that participation in research on suicidality may cause merely momentary discomfort to participants, and they stress the importance of ensuring the benefits of a research study outweigh the risk. They further suggest that the lack of qualitative research on suicidality may indicate a reluctance to talk about suicide (Mugisha, Knizek, Kinyanda & Hjelmeland, 2011), which future research should aim to tackle. Researchers in this field are encouraged to take precautionary measures in order to minimise risk and ensure safety of participants (Gibson et al., 2012). This may include potential breach of confidentiality, an adequate screening process in order to ensure participants' safety and sufficient debriefing at the end of participation.

The current study received ethical approval from the School of Psychology Research Ethics Committee at the University of East London (UEL) (Appendix I). To ensure the outmost minimisation of any risk, a number of inclusion and exclusion criteria were put in place in order to recruit those who were less likely to be put at risk through participation in the research (Appendix II). Participants were also required to complete a screening questionnaire (Appendix III) which added an additional layer of risk minimisation and participants' protection. Participants were informed that all their

personal details or any identifiable information would only be accessible by the main researcher and saved securely on an encrypted USB drive. They were informed that all other data would be anonymised. Participants were also advised that if they disclosed suicidal intent, confidentiality would have to be breached and emergency services would be called. This was explicitly stated to participants in the invitation letter (Appendix IV), to which they would have consented before being able to participate in the research. However, participants in the current study did not disclose suicidal intent. Participants had a right to withdraw from the study at any point before the interview, and within two weeks following the interview. This cut-off date was given to allow the researcher sufficient time to recruit further participants if someone chose to withdraw. If participants wished to withdraw after the two week period, their data would not be withdrawn. Before interviews started, participants were fully briefed about confidentiality as well as their right to withdraw. During this conversation, participants were also encouraged to stop the interview for a break or to discontinue at any point if they felt at any level distressed and unable to continue. Debriefing questions at the end of the interview involved asking participants how they were feeling, offering an opportunity to report any uncomfortable or concerning feelings that may have surfaced a result of taking part in the interview and appropriately signposting participants to support services. The participants in the current study did not disclose any uncomfortable feelings in regards to taking part in the interview. A list of services was also provided that participants could access if they felt distressed as a result of participation (Appendix VI). Additionally, the debrief at the end of the interviews was also a space for participants to ask any questions they may have regarding the research or interview process (Appendix V). Some participants asked the researcher when the study would be completed by and if this would be published. The safety of the

researcher was ensured through the use of University of East London interview rooms that abide by the health and safety standards (UEL, 2018). The interviewer followed all UEL procedures that are in place and she was never alone with participants on campus. The researcher also complied with code of practice for research set by UEL (2015). Personal therapy and research supervision was utilised by the researcher, to explore any emotional difficulties that may have surfaced as a result of conducting the research.

2.4 Recruitment

2.4.1 Participants

Qualitative research tends to recruit a small number of participants to allow in-depth exploration of individual experiences (McLeod, 2001). Smith et al. (2009) suggest that professional doctoral students may wish to conduct between four to ten interviews. Participants who were recruited in the study responded to the research being advertised. For the current study, six participants were recruited. Two participants were female and four were male with their ages ranging between 24 and 54. Pseudonyms have been given in order to ensure confidentiality and protect participants' identities. Some demographic information was requested before the start of the interview including gender, age, ethnicity as well as the forms of therapy they had engaged in previously and the reasons for seeking them. These are summarised in the table below.

Table 1

Participant Demographics

Pseudonym	**Gender**	**Age**	**Ethnicity**	**Previous therapies and reasons for seeking**
Rob	Male	24	White British	Counselling for anxiety and low mood
Bill	Male	28	White British	Counselling for depression
Georgia	Female	28	White British	Psychodynamic counselling for low mood and suicidal thoughts Mentalization Based Therapy for borderline personality disorder
Tom	Male	29	White British	Computerised Cognitive Behavioural Therapy for depression and anxiety
Felicia	Female	30	White Other	Jungian Therapy, Sandplay Therapy, Psychodynamic psychotherapy for depression and suicidal thoughts in bipolar disorder
John	Male	54	White British	Low & High Intensity Cognitive Behavioural Therapy for depression and suicidal thoughts Cognitive Analytic Therapy for depression

2.4.1.1 *Inclusion/Exclusion Criteria*

In order to be recruited in the study, participants had to be over the age of 18 to ensure their ability to consent. No maximum age limit was set as the study focused on the experiences of having suicidal ideation and not acting on them within a phenomenological epistemological framework that emphasises the uniqueness of the experience regardless of age (Ponterotto, 2005).

Participants were required to have experienced suicidal ideation two or more years prior to participating in this study. These criteria were put in place in order to minimise the risk of triggering participants' suicidal ideation and the potential of causing them distress. Having had no experience of suicidal thoughts in the past two years, would perhaps indicate that they had developed some form of coping mechanisms (Cooper, 2008) which could potentially be utilised should participation in this study cause distress to participants.

An additional criterion for participation was having engaged in the past with some form of psychological therapy (Appendix III). It was expected that participants were likely to have addressed their concerns/mental health difficulties at therapy, perhaps giving them a better understanding of the context of their suicidal feelings (Lerner & Clum, 1990). This was expected to further minimise the risk of harm to participants. Research has indicated that engaging in therapy can allow individuals to be more mindful and aware of their triggers, potentially reducing the likelihood of recurring suicidal ideation (Williams et al., 2006).

Furthermore, participants were required to complete a screening questionnaire (Appendix III) confirming that they felt their concerns had been addressed and felt safe to participate in the study. Participants were not included in the study if their reasons for seeking therapy had been 'long-standing from their childhoods', 'severely traumatic' or if they felt their concerns had not been resolved (Appendix III). These criteria aimed to further minimise this risk to participants. It has been found that childhood traumatic experiences can be a predictor for recurrent depression and anxiety (Hovens, Giltay, Spinhoven, van Hermet & Pennix, 2015). Long-standing and childhood experiences may indicate deeper rooted psychological distress (Hovens et al., 2015) which could arguably have been re-triggered by participation in this study. Participants were also

excluded if they did not feel safe discussing their experiences in the interviews. Participants were only included if they reported that the reasons that they sought therapy for had been resolved and were not current. The importance of developing safety protocols in conducting research on suicide has been highlighted by Hom, Podlogar, Stanley and Joine (2017).

Homogeneity of the sample was achieved through participants being over the age of 18 and having experienced suicidal ideation without acting upon them. No criteria were set regarding the maximum time passed since the experience of suicidal ideation, as it would limit the pool of participants that the research could draw from. The broad age and time lapsed criteria were established in order to keep the participation pool wide as Mugisha, Knizek, Kinyada and Hjelmeland (2011) have indicated that research on suicide may face challenges in recruitment, particularly due to stigma and fear of being judged. Gibson et al., (2012) further argue that there is a "societal reluctance to talk openly about suicide" (Gibson et al., 2012, p. 25), reiterating the difficulty that researchers may face in recruitment for such studies. Additionally, it is argued by Polkinghorne (2005) that participants in qualitative research methods can be recruited if they currently have, or previously had experiences of the phenomenon being studied, with no specific guidelines as to how much time should have passed since the experiences. This is due to IPA being focused on the lived experiences of individuals as they make sense of them (Polkinghorne, 2005). Larkin and Thompson (2012) also reiterate that the key feature of participants recruited in IPA research is having lived experience of the phenomenon being researched. As unique individuals with subjective experiences, it may be that participants require varying lengths of time to "make sense" of their experiences and thus, it was thought that providing no maximum amount of time to have lapsed may allow a greater variety of participants to

share their reflections. However, it was recognised that this may result in a limitation in that certain participations' interviews may be able to yield richer, more reflective data than others. Further consideration was taken in terms of the participants' ability to recall events. Researchers D'Argembeau and Van der Linden (2006) argue that individuals generally have the ability to recall past events with considerable detail including their subjective experiences such as thoughts and feelings they may have experienced at the time. This further supported the notion that participants would be apt at sharing their experiences, despite time lapsed and thus, supported the above recruitment process. In the current study, the lack of the criterion of the time-lapsed between the research and experience has important implications and is recognised as a limitation to the current study which is discussed in the relevant section below. It is acknowledged that the data consists of participants' current reflections of past experiences, as they are recalled and experienced at the time of the interview (Alase, 2017).

Participants were excluded from the study if they had engaged in any suicidal behaviours, such as self-harm or suicide attempts, as the focus of the study was specifically on the experience of not acting on suicidal ideation. Although demographic details were collected**,** there were no age (other than over 18 years old), ethnicity or gender based exclusion criteria.

2.4.2 Recruitment Procedure

The study was advertised in various mental health charities. Service managers were contacted via email and asked to promote the research advertisement (Appendix VII) in their services including their notice boards, websites, newsletters and twitter pages. The research was also promoted to students at several universities offering counselling and psychotherapy courses through contacting programme directors and

requesting them to advertise the research. Universities and other higher education institutes were contacted in the UK. The study was also promoted via professional network of the researcher which included the Division of Counselling Psychology British Psychological Society Newsletter (DCoP, 2017), word of mouth and creating a professional twitter account to promote the study. Utilising the professional network allowed promotion of the research to other professionals in the field to then disseminate as they saw fit. The snowball recruitment technique (Robinson, 2014) was employed, where participants were asked to promote the study to further potential participants (Biernacki & Waldorf, 1981). Several private therapy clinics were also requested to request promotion of the research to their clients. The study recruited participants who responded to the advert and showed interest in participation. Those who were interested in participating, made contact with the researcher via the university email, following which the invitation letter (Appendix IV), informed consent (Appendix VIII) and screening questionnaire (Appendix III) were sent to the perspective participant. If participants were happy to take part in the research following this, they were required to complete the forms and return them to the researcher in order to set a day and time for a face to face or online interview to be conducted.

2.4.3 Data Collection

The interviews were semi-structured in order to guide participants in a direction that ensured the research question was being addressed, whilst at the same time, allowing participants to lead and facilitating their experience to emerge therein (Smith et al., 2009). The interview schedule (Appendix IX) served as a prompt and allowed relevant questions to be asked regarding participants' experiences. Online interviewing, in particular, Skype (Sullivan, 2012) was used to interview four out of six participants and a professional Skype account was created for the purpose of this study. It has been

indicated that using online methods of interviewing are being used frequently by researchers, as they allow people from a wider geographical range to participate in research (Iacono, Symonds & Brown, 2016). Skype has been evidenced (Iacono et al., 2016; Sullivan, 2012) to allow researchers to recruit participants who would otherwise be inaccessible due to time, financial and other restraints. Although there are some benefits of utilising online interviewing methods, research suggests that at times it may be difficult to build rapport through these means, which can impact the responses from participants and the data as a result (Iacono et al., 2016). Face-to-face may improve rapport-building, however, there may be other challenges such as booking an appropriate venue and consideration of financial expenses that may be required in order for participants to reach the venue (Iacono et al., 2016).

The data collected from two further participants in the study could not be used as it did not meet some of the inclusion criteria for the research. During the first interview, the participant shared that he/she had attempted suicide several years ago, therefore not meeting the inclusion criteria of individuals not acting on their suicidal thoughts. Another participant shared that his/her suicidal thoughts were not a desire to die, but rather a longing for an alternative life to their current one, wanting to be somebody else and not themselves. This particular participant expressed a fear of death, and a discomfort when thinking about death. Following these two interviews, the screening questionnaire was amended to include two questions confirming that participants had experienced suicidal ideation, and not acted on them in order to ensure that participants met the criteria for the study (Appendix III). The participants recruited following this amendment of the screening questionnaire all met the relevant inclusion criteria and are included in this study.

Two out of the six interviews were conducted face to face using the rooms on the campus of the University of East London (UEL). Prior to the participants arriving, the reception was made aware of the research interview taking place and participants were welcomed at the reception and escorted them to the interview room. Online interviews were conducted from the privacy of the researcher's home, and participants were asked to consider their locations for these interviews to ensure confidentiality. At the start of all interviews, participants were reminded of confidentiality and their rights to withdraw. They were then asked questions to complete demographic details as shown on Table 1. The interview schedule (Appendix IX) was used for the interviews and to explore participants' experiences using prompts. Interviews were participant-led and lasted between 45 minutes to an hour. Once the interviews had ended, short verbal debrief (Appendix V) was read out thanking individuals for their participation and asking some questions regarding how they were feeling as a result of participating. They were asked for any recommendations or observations they may have regarding the interview process (Appendix V). Online interviews also followed the procedure outlined above. In the case of face to face interviews, participants were given a list of services they could access for psychological support and were escorted back to the reception. For online interviews, participants were sent an email thanking them for the participation and a list of services they could access if they felt the need for psychological support following the interview process. Interviews were recorded on a Dictophone and were transferred onto an encrypted USB drive which only the researcher had access to.

2.4.4 Analysis

The data was analysed using IPA (Smith et al., 2009). Firstly, the interviews were transcribed which involved listening to the recordings several times and transcribing them verbatim (Smith et al., 2009) into Microsoft Office Word (2007)

(Ose, 2016) using numbered lines (Appendix X). Interviews were transcribed soon after they were completed in parallel to further recruitment and interviewing. Transcriptions included any stutters, significant long pauses, laughter and sighs (Appendix XI). This was in line with Smith & Osbourne's (2015) suggestion that this form of non-verbal communication can provide further richness to the data as it may attribute to researchers' understanding of how the participant is making meaning of their experience. Once all six interviews had been conducted and transcribed, each transcript was read and re-read several times to allow the researcher to immerse and familiarise herself with its content and the experience each participant was describing. During this stage, the transcript was also read whilst listening to the audio recording of the interview in order to ensure the accuracy of the transcription and allow further familiarisation with the data. Following on from this, some comments were made of what seemed of interest on the left hand column of the transcript (Smith et al., 2009) (Appendix XII). Through this initial note taking, the researcher was able to freely explore her own understanding of the experience expressed by the participant. This involves considering how the interviewee speaks about their experiences including the language, words and phrases that are used (Smith et al., 2009). Going through the transcript line by line, emerging themes were then noted down on the right hand column of the transcript (Appendix XIII). Following this, the researcher also looked at extracts as a whole, zooming in and out of each lines (Smith et al., 2009, p.104). There was a particular focus on what the participant was sharing as well as how this may be connected with what they have shared previously in an attempt to understand how they may be making sense of their experiences (Appendix XIV). Following on from this, all the emerging themes from a transcript were brought together on Microsoft Excel (2007) spreadsheets. Initially, all emerging themes from all transcripts were brought together in

an attempt to cluster these under new headings. However, upon consideration it was felt that this was not reflective of what participants had shared and thus this stage of the analysis was revised. From thereon, the themes were brought together on separate Excel spreadsheets for each transcript (Appendix XV). Any themes that emerged in the transcripts more than once were merged and line numbers indicated at which point in the interview the themes were located. Several themes that appeared to be similar in meaning were clustered together, under new headings (Appendix XVI). This process is identified as 'Abstraction' by Smith et al. (2009) and allows relating themes to be brought together. Once all the themes in the individual transcripts had been clustered, the themes across all transcripts were merged in order to illustrate all themes on one spreadsheet (Appendix XVII). Again, the themes were moved around in order to best represent the lived experience described by the participants and as understood by the researcher. New titles were given to the cluster of themes (Appendix XVIII). The next stage involved merging these new titles of themes together under new headings. This process was carried out a number of times, until the themes appeared to be as merged as they possibly could whilst representing the data (Appendix XIX), creating the final findings with two headings. These were identified as super-ordinate themes and the themes within them were called sub-ordinate themes.

2.5 Reflexivity

Smith et al., (2009) highlight the impact that the researcher's own assumptions, preconceptions and expectations may have on the research being carried out. Therefore, throughout the current research made use of a reflective journal which was kept by the researcher throughout the process of writing the literature review, conducting the interviews, the data analysis as well as the write up of the study. Research supervision

and research consultation groups with peers were also utilised in order to explore reflexivity further.

3. Findings

Reflecting on their experiences of having suicidal ideation, participants described a constant inner conflict between a part that wanted to die and another that was holding them back from acting on their suicidal thoughts. They described experiencing this inner battle persistently, having no escape from their suicidal ideation and feeling frustrated as a result. This suffering was described as a source of exploration for meaning and purpose. Participants reflected on an inner drive to seek some meaningful outcome out of their suffering, resulting to a sense of control over their lives. This was mainly described as a process of reflection on their past and an utilisation of their experiences to help others in the future, which helped them to overcome their suicidal thoughts. The analysis indicated two super-ordinate themes: 'Conflict' (Figure 1) and 'Making meaning of suffering' (Figure 2).

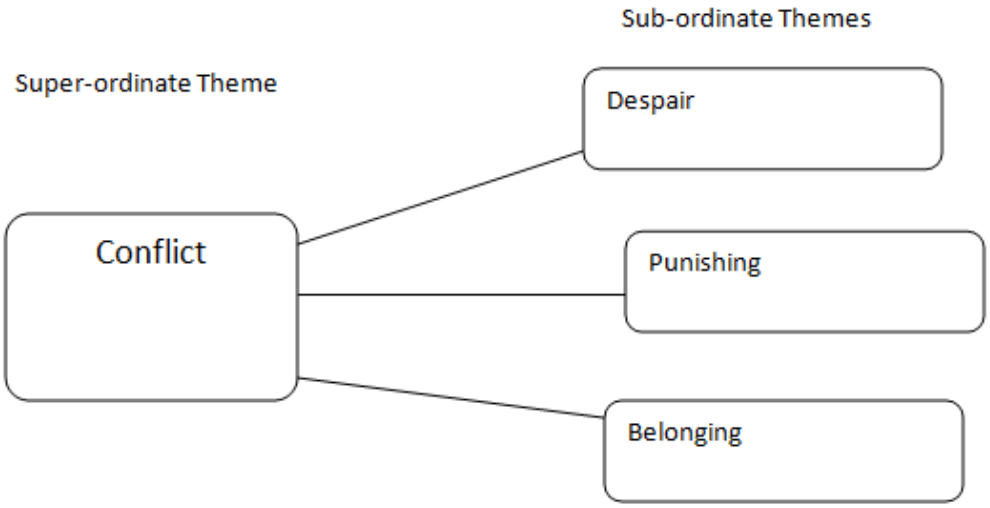

*Figure 1: C*onflict

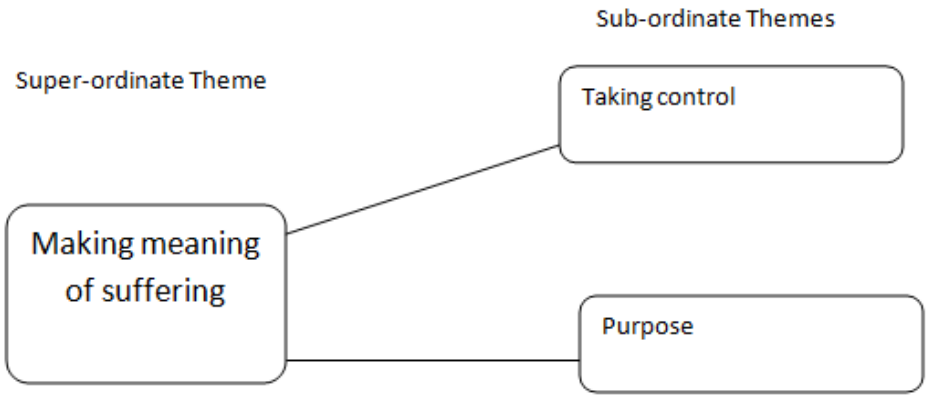

Figure 2: Making meaning of suffering

3.1 Conflict

Participants described feeling a sense of conflict, being in a battle with themselves and uncertain of how to react to their suicidal thoughts. One part of them wanted to die, yet there was another part that did not want to. At times, this conflict took the form of a continuous inner dialogue, where these two parts would be 'talking' to each other. On the one hand, participants would be certain they wanted to die by suicide, yet on the other hand, they would think about all the reasons why they could or should not do it. This conflict consisted of a number of layers. Participants described various difficulties in their lives that, according to them, contributed to the development of their suicidal ideation. For some, this included being bullied by others, ending of romantic relationships as well as friendships and other major life changes such as moving to a different country. As a result, some participants described an intense emotional pain as well as extreme anxiety and despair, which they seemed to experience with a sense of hopelessness. There was a sense that their lives would not get better and

thinking about suicide provided them with a form of escape and potential for peace and tranquillity.

"I viewed the consequence of me killing myself, that it would just be peace, there wouldn't be anything erm, there wouldn't be anything else, that I wouldn't have to deal with anything else" (Felicia, line 544-549)

Contrary to this, participants also described thinking about various factors that that were holding them back from acting on their suicidal thoughts, which seemed to be fuelling a conflict they experienced.

Participants described the suicidal thoughts to provide a way out of their problems, and a sense of being stuck as a result of not acting on them. At times this resulted in being left with no solutions to their difficulties.

"And it was almost irritating that the only other option I was given was don't kill yourself and just do these little things that might make it a slightly better. So it was a sense of I, I, wanted, part of me wanted to, but I knew I couldn't and so I was frustrated. I was just stuck in traps with no real nothing that I believed would be a way out" (Georgia, line 219-226)

For some, the fear of the irrevocable nature of suicide seemed to stop them. These participants also expressed worrying about changing their minds after acting on their suicidal thoughts and it being too late to stop it at that point, having no way of returning from it. There were various factors that seemed to stop participants from attempting suicide, but at the same time there was a part of them that continued to desire death, creating a conflict within them.

John experienced this conflict in the form of a battle; he expressed feeling as though there were two people within him in a constant clash, with one wanting to die and the other wanting to stay alive. There was a sense of struggle between these two parts, leading to John being unsure of what he should do and causing him frustration and ambivalence. Whilst searching for a painless way to die, John described that he feared the physical pain of suicide, which is what had stopped him from attempting. John experienced his suicidal thoughts to be ever-present, at times in the background and other times in the forefront of his mind. One voice was constantly torturing him to kill himself and punishing him for being weak, whilst the other was attempting to silence this voice. John talks about this as though it is persecuting him and he is unable to get away from it.

"..it almost feels like erm that you're split into two people, that there is another person occupying your mind who's kind of torturing you with constant chatter and questions and pointed barbs, with questions like "but you can't even kill yourself, you're that weak" you know that kind of stuff. The brain almost, it does feel like it splits into two and you, you hear this voice all the time but there is still another part of the brain that's going "will you shut the fuck up", that's kind of talking to this other presence in your mind". (John, line 544-555)

The conflict between a critical part that attacks John for his cowardice to kill himself and a somewhat angry part that argues with this is evident here. This seems to be leaving him feeling uncertain of what to do. He described this as a "split" indicating a battle between two opposing entities that were trying to win the ongoing conflict.

Bill also described experiencing contradictory feelings, where on one hand, he cared about his family, and on the other, wanting an end to the pain he was feeling

which seemingly left him confused. He describes a sense of being absorbed by his own pain, which fuelled his desire for death, yet thinking of the pain he would cause his family, creating hesitation. It seemed as though Bill experienced feeling torn between feelings of his own pain against the potential pain of his family, and concluded that the pain he would put his family through if he acted on his suicidal thoughts, was more important than his own.

"It's just a, it's a contradiction having suicidal thoughts and erm caring about what my family thought because on one hand like I was consumed by my own pain erm but on the other hand like the pain of my family was more important to me still erm so yeah, you, it's a contradictory feeling that I had." (Bill, line 533-540).

Tom also described experiencing a conflict between wanting death whilst at the same time wanting to live. He described feeling afraid of death including the pain that he would inflict on himself and seeking a painless way to end his life. There was a sense of desperation in Tom's account, as he was evidently in a "horrible" state of mind and in need of relief from this. It seemed that the idea of suicide provided Tom with some respite which fuelled his desire for death. However, knowing that there was no way for him to end his life in a painless way appeared to stop him from wanting to do this, which he described in the following extract.

"Yeah it was horrible, cos it's like it's like you know you wanna do it but then you're scared of it as well and you know there's no easy way to do it which makes it harder erm like desperately trying to look for ways that you could just do it and it'd be painless and not scary and then you quickly realise that there isn't really a way to do it like that, like it's always gonna be quite a scary way out." (Tom, line 116-123)

At times, feeling conflicted could create further frustration for participants. Georgia described feeling as though she was left with no solution to the psychological and emotional pain she was experiencing. She mentioned that for her, the idea of suicide provided an escape and relief from her constant emotional pain. Georgia stated that a part of her reason for not acting on her suicidal thoughts was her fear of death, as well as the uncertainty of whether or not she wanted to die. There seemed to be ambiguity and confusion in her desire for death and contemplation of whether or not she really wanted to die. In particular, she described thinking she may change her mind in the last minute after having acted on her suicidal thoughts and it being too late by then to stop it.

"Yeah and the fear that it would be actually real at the last minute. Me realising that I didn't want, didn't want it, actually didn't want it. I think a combination of all those things" (Georgia, line 197-200)

Georgia's repetition of "didn't want it" highlights the part of her that did not in fact want to die, accentuating the ambivalence she was experiencing at the time.

"I guess it was kind of frustrating cos it didn't take the pain, like I just wanted the pain to stop. And the idea of killing myself was just this (pause) I thought that would be it, the pain would stop and then having to debate with myself it just was frustrating. A sense of frustration because the pain was still there and I didn't have a solution to it." (Georgia, line 205-211).

3.1.1 Despair

Participants shared as a part of the conflict between wanting to die and wanting to live, they experienced a sense of despair and hopelessness, feeling as though their

lives would not get better and seeing no end to the emotional pain they were in. Participants described a sense of darkness, misery and gloom overshadowing their lives at all times which they did not seem to be able to get away from. There was an impression of an inability to enjoy good things in life as a result of this constant dullness and hopelessness. These feelings that participants described seemed to be fuelling the part of them that wanted to die.

"just erm, (pause) just like, b, bleak kind of depressed erm unable to look to the future erm, feeling worthless and kind of, feeling like everything you do, you kind of, nothing's good enough kind of thing, erm, (pause), yeah and just kind of scared, really of what the future holds." (Tom, line 255-260)

There also appeared to be a sense of emptiness, as though various aspects of participants' lives had no meaning or purpose. Participants expressed feeling alone in their struggles and as though they had nothing to live for, having no purpose or value in the world. Georgia saw the entire world as empty and shallow, feeling disconnected from it and believing that nothing would make it seem purposeful again. She described feeling as though her efforts were useless and unproductive.

"just, yeah, I felt very alone, very disconnected from anything and also that the world and that the opportunities in the world were just fruitless, they were like empty and nothing good could come, and a sense, also a sense of dullness like not being alive, sense of being dulled." (Georgia, line 105-110).

For some participants there seemed to be a sense of being overwhelmed by an accumulation of many things that were happening at once. John talked about a number of difficulties he had experienced in a short amount of time and described this as the "Perfect Storm" (John, line 321).

"However, so all these things were just kind of going on in my head, it was just confusing, they, they, erm it seemed like there was no way out of them because I'd separated from my partner and my kids, I, er, I had to find somewhere to live found a little studio flat er, which took a hit, for a few months cos I hadn't lived on my own for (pause) ever, really. Erm it felt like a coffin you know, it was just a horrible place to come home to really, with no one to talk to. So just it was all, it was a very kind of bleak, bleak period." (John, line 305-316).

John's use of the word "coffin" to describe what his home felt like may symbolise death and carries a sense of being alone, suffocated and in a confined space which is dark and cannot be escaped from. There also seems to be an undertone of hopelessness which is implied by the use of the word "coffin".

John's suicidal ideation also seemed to represent a need to escape his current situation, part of which consisted of ruminating thoughts he described as constant, unbearable and something he could not appear to get away from or switch off. He described that these thoughts were draining and exhausting for him, creating a desperate need to get away from them through the idea of suicide. These feelings seemed to be contributing to his desire for death, whilst at the same time there was another part of him that was scared of death, causing him hesitation in acting on his thoughts.

"..erm just kind of feeling of hopelessness just kind of got to the point of not wanting to be alive, where suicidal seemed kind of like an ever present thought that was really about a form of escape, you know it's kind of about getting away from the unhappiness that seemed all prevailing at the time." (John, line 17-23).

"exhausting, exhausting. So I kind of erm, (pause) erm (pause), kind of wake up in the morning and erm it was like erm it was like somebody kind of switching on radio 4 on

me. It was just kind of like thoughts, thinking, thinking, thinking, there was no escape from, from those thoughts, it was kind of erm, and they were, they were stuck thoughts, erm I couldn't turn them off." (John, line 359-367).

"everybody wants a painless way to die, there isn't one. Well, not that I know of, erm, and I think that was, that was the thing that was keeping me safe." (John, line 439-442)

The data from the interviews also captured a sense of worthlessness participants had about themselves and about their lives. Participants felt that they did not have any significance or importance and perhaps others would not miss them, or others would not be affected by their potential deaths. There was an insinuation of not being worthy of being noticed by others and feeling as though others did not care for them. For some participants this feeling was reiterated by the mental health professionals they sought support from, where participants felt their concerns were not severe enough to warrant immediate attention and support. There seemed to be an impression of being misunderstood by others, and thus feeling alone in their battle against their mental health and their suicidal ideation.

"And I think that people didn't take you seriously unless you had actually physically done something like taken an overdose or you know, so it's like, just talking about it would be like okay so you've got these thoughts but are you gonna act on them, and if you said no they'd be like okay cool cool." (Georgia, line 742-747).

Felicia expressed feeling as though her concerns were not severe enough for mental health services, as she had family and various other support systems around her. For her, this confirmed that she was not worth noticing which would often cause her to feel confused, let down and lead to further feelings of worthlessness and despair.

"I think I fell through the cracks all the time because I would walk into a mental health service and even if I said I was suicidal which most of the time I did, erm actually like 100% of the time I did, I still wouldn't fall under anything that for me at least seemed worth noticing, so not only was it confusing but it was the biggest let down I could have because for me, getting out there and being strong was what I needed to do to stay alive, but it was also the reason why services would in some way or another kind of ignore or overlook me." (Felicia, line 283-294).

It seems that an important part of Felicia's struggle to resist her suicidal ideation and stay alive, was to get "out there" and be strong. Felicia's experience emphasises the strain to act against killing herself and the strength it requires. In the extract above, Felicia's despair was dealt with by reaching out to services and finding resilience to seek help. Unfortunately, this was dealt with through specific diagnostic categories and that did not fit her presentation: "I still wouldn't fall under anything", leaving her feeling ignored and arguably reinforcing her despair and hopelessness.

On the one hand, participants expressed not feeling worthy of being noticed, whilst on the other, there was a sense of not wanting to be noticed, wishing to be small and to disappear, away from the world and from their problems. Participants seemed to feel alone in their difficulties. Being overwhelmed and unable to cope, they just wanted to escape, to disappear, seeing death as the only viable chance for salvation.

"..School was just unbearable. I remember once I had to run out of the class because they would just not stop hounding me. Erm (pause), so after that I started to feel, after that, I started high school. Erm, and I started to feel like really, really worthless erm, you know, erm I started to think maybe it was me and it would be better if I wasn't here." (Robert, line 29-32).

Tom experienced wanting to go unnoticed during his period of having suicidal ideation as he described feeling exposed, as though people could see through him and the insecurities he felt about himself. This would often cause him to feel self-conscious and anxious when going out, leading to him withdrawing from social situations and resulting in isolation. He described that this anxiety would urge him to cover himself up on the occasions he had to go out, as he wanted to appear small and felt a desire to disappear from the world. Tom spoke about this constant anxiety as though it was intensifying the despair he felt, which seemed to also fuel the part of him that wanted to die. This appeared to be causing further conflict within him, whilst the other part of Tom was hesitant and did not want to die. In the following extracts, Tom firstly talks about his need to cover up and not be seen before later on describing some of the despair he experienced.

"… Even like, like little things like crossing the road and pressing the like the green button to cross the road, I would never do that. Like cos I'd feel like to like anxious that people in the cars were looking at me and stuff like that. And like in the summer I would always, wear like a hoody, covering up and anyway of like covering myself…" (Tom, line 45-52)

"just, just being generally miserable in life and like constant constant anxiety, just brings your mood right down em, yeah and I think that, that in itself is enough to kind of just not enjoying life, if you're really anxious all the time you're kind of just trudging through the mud and getting through it day by day. Erm so like obviously that's gonna make you not really wanna live" (Tom, line 133-140).

Tom described his daily struggle to feel as though he was "trudging through mud", which implies there is a heavy and exhausting essence to this. His inability to

enjoy life and having a constantly low mood is suggestive of a further sense of despair and misery.

Georgia described feeling as though her life would never get better and that she would always continue to be in the emotional pain she was experiencing at the time. She expressed being hopeless and wanting to give up, leading to feelings of despair. She stated that her experience of having suicidal ideation included feeling as though she did not have any control over the circumstances in her life, leading to helplessness. Georgia mentioned not being able to do anything to make it better for herself, and wanting to escape this endless emotional pain she was in. Thus, the idea of suicide provided Georgia with an escape and a way out of her despair. However, there continued to be another part of Georgia that did not want to die, as she feared she may change her mind in the last minute, realising she did not want it in her final moments. This thought, along with the consideration of wanting to be a good role model for her younger sister caused Georgia to hesitate, fuelling the part of her that did not wish to die. As a result of these two conflicting parts of her, Georgia expressed further feelings of being stuck in this suffering state of mind that she felt she was in.

"And so the idea of killing myself was like yes, what a weight off my shoulders, all of this is gonna end, the feeling of being like abandoned, alone, unloved and also like not worthy of love and also just tired and not interested in anything will just go and then thinking that I can't do it, I was like what the fuck am I gonna do then, cos I'm just, I'm just stuck feeling like this and it's horrible." (Georgia, line 555-564)

3.1.2 Punishing

Aggression, anger and self-hatred seemed to be amongst the feelings that emerged as part of the experience of having suicidal ideation. There was a sense of

anger that participants felt towards themselves, others and the world in general. This appeared to be associated with a sense of punishment within them. Participants seemed to have been hurt by others in their lives, and thus wanted to perhaps punish others through their suicide.

In the extract below, Georgia explained how her family may have hurt her and expressed anger towards them. She shares that she saw suicide as the expression of that anger and a punishment to her family. This in turn was described as an experience of conflict between the urge for revenge and the wish not to harm them.

" Yeah, I think at the same time maybe I was quite angry with them as well, so like, maybe part of me wanted to, manifest that and make them suffer but at the same time, I didn't want them to." (Georgia, line 181-184).

There also seemed to be a sense of guilt expressed by participants, which was associated with this need to punish the self, through violent fantasies of inflicting self-harm. In the extract below, Bill talks about the guilt he experienced as a result of feeling suicidal. He seemed to be self-critical for feeling low and miserable whilst comparing himself to others who were less fortunate than him. There appears to be a sense that Bill was not allowed to feel the way he was at the time, leading to guilt and wanting to punish himself as a result.

"There are kids out there who don't have food, and here I am like wallowing in erm, you know, misery just because I've broken up with someone and I'm not living on the beach anymore you know and I just considered myself erm, I don't know if pathetic is the right word but I punished myself because of, because of those feelings" (Bill, line 188-196)

Later on in the interview, Bill seemed to be trying to make sense of his suicidal ideation and questioning the seriousness of his suicidal thoughts, wondering about how close he was to actually killing himself. Bill had fantasies of shooting himself, which he believed would be his preferred method of suicide.

"..it's always just been almost a lingering thought you know, and for me erm, it's almost like a fantasy of er, sho, shooting myself that's always been er if I were to choose a method, that would be it and this is gonna sound really messed up by the way, I guess it's the reason I'm talking to you, I wanna be honest. Erm, I just have these flashes of just shooting myself like I just, when I'm feeling depressed and I'm you know, I've had suicidal thoughts, I just like, I'll lay in bed and just over and over and over again imagine shooting myself". (Bill, line 334-345)

Bill's fantasies of shooting himself seemed to highlight a sense of punishment inflicted on himself through a lethal and violent way. He described that these fantasies occurred frequently when he was feeling depressed, and seem to be connected to a sense that his problems or difficulties were trivial compared to others.

Similarly, self-blame was another element of this which was expressed by participants through a desire to punish themselves, wanting to inflict violence on oneself through brutal fantasies of suicide and painful deaths. Participants believed that they had caused the emotional pain they were in leading to self-hatred and a desire for self-punishment. This urge reinforced participants' wish to act on their suicidal ideation and fuelled the conflict with the equally present urge to stay alive.

Georgia described experiencing an extreme desire to inflict violence towards herself, evidencing a self-hating part of her that wanted to punish herself. The use of the word "extreme" implies that this desire is intense and the extract below carries a sense

of urgency for Georgia to act on this desire. She further described feeling as though she had caused the difficulties she was in, as well as having a restless energy at times which seemed to be expressed through this urge of wanting to punish herself. There also appeared to be a sense of hopelessness, where Georgia expressed feeling as though her life would never get better and she would never be happy again.

"…I just had this like extreme like desire to just do some sort of violence to myself and my life." (Georgia, line 528-529).

"*I thought that I'd done something to myself like I'd messed up something. And I would just remember being a child and like that feeling of excitement that you'd get, I don't know, like the excitement before Christmas or like just loving the summer and running around, it was like I'd killed that part of myself and I'd, I don't know how I'd done it, but I had done that and I was never gonna get it back."* (Georgia, line 577-585).

Georgia described that she had experienced excitement in the past which she felt she could no longer do, believing she was the reason for this. There appeared to be a sense that Georgia herself had taken away this excitement and she seemed to be certain that she would "never" be able to enjoy those moments again. There is a strong undertone of self-blame in the extract, which was amplifying the anger towards herself and eventually leading to her urge and desire to punish herself for this.

3.1.3 Belonging

Whilst some feelings such as despair, hopelessness and worthlessness expressed by participants contributed to their urge of wanting to die, awareness of being in connection with others and having a supportive network were described by participants to be fuelling a part of them that wanted to stay alive. A sense of being in a constant

debate with oneself emerged, as participants considered how their potential suicide would hurt their loved ones, thus leading to them not wanting to do it. Participants described that feeling as though they belonged in the world, would stop them from acting on their suicidal thoughts, as it led to them feel like they were part of a community.

"..if you go for a walk on the seafront or wherever and you say hello people answer back. And you don't, you didn't that's something that even now when I go back home I say hello to people that I've not seen for a while, erm my old boss works on the seafront, I'll go and have a chat with her you know. Even like, you know, even people I used to work with. Er, it's just nice, it's real community spirit that is something that's missing in this part of the world I think" (Robert, line 572- 581)

"Yeah, it kind of felt like I belonged a little bit. Erm and at that time, that was something that I desperately needed." (Robert line 584-586).

Robert expressed that a simple gesture such as greeting one another could lead him to feel a sense of community spirit. It seems that perhaps through this, he was able to feel a part of a group and develop a sense of belonging which he expressed he was in desperate need of. It is clear here that fostering a sense of belonging by reaching out to people helped Robert towards overcoming his thoughts of killing himself. Connecting with others brought about positive change and helped Robert deal with his suicidal ideation. Perhaps the beneficial nature of re-connecting with the community also emphasises the loneliness and despair that was experienced with suicidal ideation. This sense of community and belonging appeared to be important for Robert as this meant that he did not feel alone but rather felt heard, valued and perhaps understood.

"You kind of need people around you to kind of pick you up and not to feed into it. You need people that understand erm but not feed into it.." (Tom, line 278-280).

Tom spoke about needing people around him who were supportive and understanding of his difficulties and his suicidal thoughts. He describes that this perhaps could have had a positive impact on his life by allowing him to feel happier, or supported at the time he was feeling despair and sadness. It appears that connecting with others entailed an element of positivity for Tom by not reinforcing his sadness but rather helping him move away from it, to a happier and more positive life. It is also evident here that Tom's mood is something that could have been fed into by either making him feel better or worse, highlighting the impact of 'others' in his life.

The sense of being in connection with others also included participants considering how their potential suicide could have a negative impact on their loved ones. This would intensify the part of them that did not wish to die, contributing to the conflict of wanting to die whilst also desiring to live. Tom described considering how his family and particularly his mother would be impacted if he was to act on his suicidal thoughts. His experience of this included weighing up both, acting on his suicidal thoughts as well as not acting on them, describing deep contemplating and reasoning with himself. It seems that through thinking about the impact on his family, Tom was able to acknowledge a sense of belonging and therefore experience belonging which strengthened the part of him that wanted to live.

"Yeah, actually you just have to weight it up really and just think what's more important, for you to get out of the situation or like your family's kind of wellbeing. Erm, and to me, how like, I would never do that to my family. I couldn't. I couldn't

make my mum live with that for the rest of her life, to take that way out." (Tom, line 232-23)

For all participants, considering how their potential suicide would impact on those around them, played a big role in their experiences of being suicidal. At times, this was in the form of thinking about how their loved ones would suffer as a result of their suicide. Exploring this impact, seemed to remind participants that they did belong and were cared for by their loved ones. This would lead participants to reconsider when they were feeling their urge to die, by intensifying the other part of them that did not wish to die.

"Erm, in High School I had friends, I did have people who really cared and were really concerned erm, sometimes you know, throughout my life span, sometimes I would think about my parents and what it would do to them." (Felicia, line 183-188).

Felicia spoke about having people around her that were concerned and cared for her throughout her life. She described that in particular, she considered how her parents would feel if she was to act on her suicidal thoughts. It seems as though this realisation that others cared deeply for her safety led to her feeling as though she wanted to stay alive rather than to die. It would appear that through this, there was a sense of belonging that arose, reminding Felicia that she was loved, cared for and that she had a place in others' lives thus feeling belonging.

3.2 Making Meaning of Suffering

During their periods of being suicidal, participants shared lacking meaning or a purpose in their lives. Participants expressed the importance of making some sense and meaning out of their suffering. For some, taking control of some aspects of their lives

seemed to be a fundamental process of starting to overcome their suicidal ideation. Amongst participants, previously experiencing a lack of control over their lives had been apparent. This included them feeling a restricted sense of control over external circumstances in their lives as well as over their own emotions. There was a sense that participants were unable to be happy and enjoy their lives, were stuck in their suicidal thoughts and a victim to their lives' circumstances.

"..But other times it was just this real futility, (pause) nothing that anyone said and nothing that I did could make it go away. I felt like I was always, always just destined to be in this pain and wanting to die". (Georgia, line 66-70)

The extract above indicates Georgia feeling as though she was destined to be in the circumstances and pain she was experiencing at time, indicating a lack of control over them. There seems to be a sense of uselessness to her life as well as her inability to do anything about it, implying having no agency or power to do anything regarding her circumstances.

The analysis seemed to indicate that participants' experiences of being suicidal changed when they felt more in control, building structure in their lives and looking after themselves. Participants explained that taking back control of their lives co-existed with overcoming their suicidal ideation. They described various ways through which they were able to be more in control, which seemed to help participants feel better about their lives. This included seeking help through therapy, understanding the context of their feelings and expressing themselves to others when feeling low. Seeking talking therapies seemed to aid participants' understanding of their early experiences in relation to how they were feeling at present, which appeared to give them some rationale for their feelings and in turn, reduced the intensity of their suicidal thoughts. This

understanding and sense of control seemed to influence participants' ability to accept and make meaning of what they had experienced.

Tom shared seeking talking therapies gave him a way of thinking differently and creating alternative coping mechanisms for the distress he was in. Having this new way of thinking about his current situations evidently allowed Tom to understand his previous thoughts as well as find ways to change these. It appears that this led to him taking control and thus feeling empowered. This seems to have been an important part of Tom's experience of overcoming his suicidal ideation, which influenced him to be reflective and understanding regarding his experiences as well as find different ways of being.

"I suppose people just get into that state of mind where they think life is never gonna change and they're always gonna be miserable or it's always gonna be like that but I think if you kind of – as I said before, if you've got goals or things to look forward to like I could do this, I could do that, then that keeps you going." (Tom, line 537-543)

"That's why I believe like therapies are really good cos they help you look at things in a different way, and I think that's really important erm me personally, I don't really have massive faith in like anti-depressants and stuff like that. Anti-psychotics yes, I think they're effective but in terms of anti-depressants, no I don't believe. Cos I have, I've taken a lot of anti-depressants myself in the past and they never had any effect on me whatsoever, on like my thoughts, my suicidal thoughts. I believe it is more about your thought patterns and changing your way of thinking about certain things like coping mechanisms and how you deal with situations." (Tom, line 546-559).

As well as the importance of taking control, participants seemed to be inclined to find some sort of purpose following their experiences of being suicidal. During their

experiences of despair, hopelessness and suicidal ideation, participants shared feeling as though there was nothing that they needed to live for, and thus perhaps there was no point of continuing to live. For some participants, this included not having anything to work towards, and a lack of goal or direction in life.

John described feeling as though he had no "anchor" to help keep him alive. There seemed to be a sense of having no grounding or stability which is implied through his use of the word. It appears that not having anything to live for, was at times contributing further to his distress as he described it as being "overwhelming".

"*So there was no kind of anchors, there were no, things keeping me erm, no reasons to live. That was kind of, well, it was sort of the overwhelming thought that there is nothing, nothing that I need to live for, what's the point of it really, that was really the shape of my kind of suicidal thoughts..*" (John, line 344-350).

Participants described that in the midst of their suicidal thoughts they did not feel as though they had a goal or direction in life. However, whilst overcoming their suicidal thoughts, it seemed important for participants to implement some goals in order to have a purpose and direction in their lives.

"I feel like you have to implement just something positive like a goal, a goal in your life just to strive forward or just think yes, or something I think you always have to have a goal like something you want to achieve..." (Tom, line 385-389).

Furthermore, there was a sense of wanting to find a reason for their suicidal ideation, understanding why they had experienced them, helping them to seek a rationale as well as being able to use them in a meaningful way. This often included participants wanting to help others that may similarly be experiencing suicidal ideation.

Additionally, there also seemed to be a sense of being more open to listening to others' experiences and an enhanced capability to empathise with others going through similar difficulties. Participants seemed to be passionate about helping others using their own personal experiences, giving them a sense of purpose. This was also apparent through participants' willingness to participate in this research and talk about their personal and subjective experiences, in hopes to continue trying to make sense of them as well as helping others through these. Bill shared why he was keen to participate and help the current research, which seems to indicate helping others, as well as allowing further insight and understanding for himself.

"I think it allows me to, it's allowed me to empathise. If you suffer from depression I think it really helps you to empathise with other people's thoughts and mindsets and problems.." (Bill, line 303-308)

"*I wanted to help the research but I thought it might be quite therapeutic for me and I think that's gonna be the case."* (Bill, line 659-662).

3.2.1 Taking Control

Participants expressed that taking some control over aspects of their lives was an important part of overcoming their suicidal ideation and help to make meaning out of what they had experienced. One way of taking control seemed to be through seeking support such as talking therapies, which helped participants to gain new insights into their experiences. This included being reflective and developing a better understanding of their own mental health. Understanding of early experiences was important in helping participants to make sense of their feelings and behaviours, giving them a sense of control over any future difficulties they anticipated. John described this understanding as vital in getting to know himself better which he believed would allow

him to learn new ways of coping and hopefully prevent him from reaching the stage of being suicidal again in future.

"..knowing and, and, understanding that really, really helped because I kind of understood my own behaviour, I understood I knew kind of how to counteract them, erm, I knew what to avoid I knew when I was behaving in a certain way, what I was actually really doing you know." (John, line 665-671).

Self-reflection seemed to be an important part of participants' experiences in order to take control and make sense of what they were experiencing. Georgia also appeared to attempt to understand this through the context of her early experiences.

"I think that I was unhappy, when I was young because I wasn't, like I didn't have a proper family, like I didn't have a caregiver really..." (Georgia, line 623-625)

"..I still had that sort of empty feeling, a sort of sense of being a child that wasn't looked after, it was still there and I think it stayed with me until I started to really look at it in therapy when, so when I started that psychodynamic therapy I started to look at it a bit.." (Georgia, line 648-653)

Having an alternative outlook on their difficulties was a key part of participants' recovery. Following the understanding of what had previously contributed to their suicidal thoughts, participants were able to understand the need to develop and employ healthier coping strategies to help with their emotional pain. Such ways of coping included keeping good physical health, withdrawing from unhealthy relationships and generally being able to speak more openly about their need for support.

"Erm, I used to live about 2 or 3 miles from school and I would walk there or cycle. If I walked erm, I would just think about like, I used to enjoy erm going on quite long walks.

You know it's true what they say about like if you're feeling depressed or if you're feeling low erm you know go out for a walk. I think, I think that you know exercise really helps." (Robert, line 541-548).

Participants had also expressed a lack of control over their emotions when they were suicidal. It seemed that at present, participants attempted to take control of their emotions by gaining an understanding of what could lead them to feel distressed, and putting things in place in order to cope with their feelings. Felicia's suicidal ideation had represented a desire to shut the world around her off, which she started to do in a healthier way. She described turning all the lights off in her house and allowing some time to be by herself in order to cope with her feelings of being overwhelmed. Through this, she was evidently able to take control of her overwhelming feelings.

"And I mean even still to this day, I know that it's like my senses are really high a lot of times when I come home, I turn off all the lights and I'll just sit in the dark for a little bit because I've always been that type of person where I get overwhelmed quite easily so in a way I think this is like my healthy way of doing the sleep, is by kind of like shutting out the world..." (Felicia, line 549-556)

3.2.3 Purpose

Looking for a purpose seemed to be an essential part of participants' recovery from suicidal thoughts. This appeared to consist of finding something purposeful in life, such as a direction or a goal to work towards, which gave participants a reason to live. Felicia experienced a sense of "flailing", feeling unstable and not grounded in life prior to finding a purpose which allowed her to have a path and something to strive for.

"I was kind of like, flailing in the wind really not knowing what was happening, what I was doing and then it was not long after that I kind of like found my path in life and went into psychology, erm and I think that gave me kind of like deep purpose that I was supposed to be doing something..." (Felicia, line 219-226).

Participants also described finding a purpose through wanting to help others in similar situations, following their own experiences. Participants shared that they were able to empathise better with others, having gone through a struggle themselves. The ability to give something to other individuals facing a similar situation to their own seemed to provide participants with some purpose and meaning. This included taking part in this research, as well as volunteering for mental health charities, or writing music that could potentially help others through their pain.

Bill described wanting to create music to share with the world and perhaps influence other people in some way. He described this as something to have kept him safe from acting on his suicidal thoughts at the time he was experiencing them, as he wanted to stay alive to finish some of his work and share it with others. Creating music appeared to give him a sense of purpose during the difficult period in his life, which he seemed to persist with after overcoming his suicidal thoughts as this continued to give him purpose.

"... the thoughts in my head like how can you kill yourself when you haven't finished that piece of work or you haven't finished writing that erm album or it hasn't been recorded, you're denying yourself erm and you're denying possibly other people." (Bill, line 606-611)

A further element of having a purpose seemed to involve influencing a change for other people who may feel suicidal. Through speaking about her experiences openly,

Felicia expressed wanting to help influence a more accepting societal reaction to those who express suicidal ideation. She highlighted the importance of being frank and truthful, wanting to encourage other individuals who are suffering to also speak candidly as a result and seek support, helping them through their difficulties.

"I like talking about stuff that is important for the field and will be important for other people." (Felicia, line 650-652)

"We need to stop making a big deal out of stuff. Some people think talking about it will make it worse. I had a client who said that he was triggered by a questionnaire, but it's like why, if we lived in a world where it was okay to talk about these things, that may have come up, it would have been talked about already." (Felicia, line 659-665)

Robert expressed being passionate about working in mental health as a result of his own difficulties as a teenager. He shared that helping others in his current job, seeing them get better and being part of their recovery, gave him a sense of purpose and meaning. It seems that using his own experiences to help others, allowed Robert to make meaning out of his personal struggles with suicidal ideation.

"I'm glad that I didn't act on them, erm, if I'd have acted on them, then I would, first of all I'd never met Linda, erm, I would have never discovered the passion I have for helping people with mental health, I, it's er, very hard working in my job and I'd like to change it, but, deep down, very deep down I love my job. You know, I love seeing people get better as a result. I'd like to think that even in some small way, that I'm part of that. And that, and that really helps." (Robert, line 378-387)

4. Discussion

The following section discusses the main findings of this study in relation to existing literature, with the intent to draw conclusions and seek how then these can lead to impactful practices. This is followed by a review of the current study in relation to credibility principles proposed by Yardley (2000). The limitations of the study are also considered and discussed. Some suggestions are then made for directions that future researchers may wish to take, which could provide further insights into suicide.

The study found that participants' experiences of having suicidal ideation and not acting upon them, consisted of a sense of despair which seemed to include feeling alone and hopeless regarding their current situations and futures. Participants also described feeling worthless and angry which in some cases led them to having an urge to punish or inflict violence to themselves through suicide. These feelings could contribute to participants experiencing suicidal ideation. Participants also expressed a hesitation to act on their suicidal thoughts if they felt a sense of belonging. The experience of feeling part of a community, being understood by others and not feeling alone seemed to lead participants to want to stay alive and not act on their suicidal ideation. These contradicting feelings appeared to cause a conflict within participants. The study also found that participants' lives improved and their suicidal ideation reduced once they felt more in control over various aspects of their lives, finding some purpose or ways of making meaning out of their suffering. Understanding the context of suicidal ideation, including its' connections to childhood experiences, contributed to participants' meaning making processes. Goal setting or actively helping others with similar experiences was equally described as part of resuming control and finding a purpose.

Participants described a conflict between wanting to die and wanting to stay alive. When describing their experiences of being suicidal, participants stated they would often consider various reasons why they wanted to or should stay alive. Previous literature has equally identified that individuals who experience suicidal ideation may feel conflicted. Schneidman's theory of "Psychache" additionally indicated individuals' ambivalence of wanting to die yet wanting to live. Furthermore, Wu et al. (2012) found that participants who were suicidal would often reminisce regarding their successes in life which would lead them to want to stay alive rather than to die. It was found that individuals may feel a constant struggle between these two positions, similar to what the current study has found. Whilst Wu et al., (2012) identified this struggle and conflict, this research provided additional insights through exploring what the experience of this conflict was like for participants. Participants in the current study expressed feeling distressed and stuck as a result of not acting on their suicidal ideation. These findings combined with previous literature indicate that despite not having intentions on acting on their suicidal thoughts, people may feel a sense of frustration and being stuck. Mental health professionals working with those who are not deemed to be at risk of attempting suicide could continue to encourage exploration of people's suicidal ideation. It may be helpful to identify whether or not a person feels conflicted and stuck as part of their suicidal ideation and how to support them through this. This may be achieved through psychological therapies such as Narrative therapy (White, 1998), which particularly focuses on re-telling a person's life story from an alternative perspective. This could be helpful in allowing people to understand their life experiences in a more positive light, and can particularly help people who feel stuck to move forward with their lives (Denborough, 2014).

Participants' need to make meaning out of their suffering seemed to be an integral part of their experience of overcoming suicidal ideation. Seeking a purpose and taking control of their lives allowed participants to create meaning out of what they had been through. Previous research has indicated that making meaning out of stressful and difficult life events can help people change the way in which they appraise situations as well as adjust to their lives (Park, 2013). Dransart (2013) found that those who had survived the suicide of a loved one were helped in their grief through making meaning out of their losses. Moore (1997) also found that having meaning in life allowed people who faced adversity, to make sense of the chaos and difficulties in their lives which promoted their wellbeing. The findings of the current study seem to reinforce the ones in the literature and highlight the importance of reflecting upon one's suffering towards finding purpose and meaning. This seems to reflect more general mechanisms of overcoming adversity, suggested in the broader literature (Park, 2013). It could be argued that psychological therapies that focus on and facilitate such processes, can be helpful to people with suicidal ideation. Allowing understanding of pain and suffering can provide a way forward to overcome wishes to take one's own life (Walser, Garvert, Karlin, Trockel, Ryu & Taylor, 2015). One of the ways in which this could be achieved is through the 'Tree of Life' Narrative approach (Ncube, 2006) which has been recently developed as a method of exploring a person's history, roots and struggles in life, and how these can attribute to making meaning. This approach allows individuals to gain an alternative perspective to their lives, by exploring stories which are more strength-based than problem-saturated (Carr, 1998). For example, in therapy, people may explore the skills they utilised to overcome past problems and how this is in line with their values/roots (Ncube, 2006).

The current study also revealed a sense of anger, aggression and violence in participants, which they suggested led them to want to punish themselves through suicide. Similar to these findings, the psychodynamic understanding of suicide proposes that there may be an internalised anger and drive to kill which influences suicidal behaviours in individuals (Menninger, 1938). Klein (1935) emphasised the role of guilt which may be unconscious in those who attempt suicide stemming from wishing to kill others. Previous research has also indicated that guilt may lead individuals to have an increased sense of wanting to punish themselves (Nelissen & Zeelenberg, 2009). In the current study, one participant spoke about the guilt he felt as a result of his suicidal thoughts, as he compared himself to others who he felt were less fortunate and privileged than him. Other participants in the current study did not express a sense of guilt when they were talking about their anger and their wishes to punish others through their suicide. Perhaps this reflects that indeed the guilt may be present at unconscious level. However, it is also possible that the lack of guilt expressed by participants in the current study reflects the characteristics of the sample, as these participants have experienced suicidal thoughts but never attempted. The lack of action arguably does not trigger the sense of guilt which could highlight a difference in the psychological processes between those who attempt and those who do not.

Whilst the psychodynamic understanding highlights the role of aggression, anger and self-punishment in those who engage in suicidal behaviours, the current study additionally found that participants often expressed a sense of worthlessness. The findings of this research suggested that participants felt worthless about themselves and about their lives, which led to an increase in their suicidal ideation and the desire to inflict violence and harm to themselves. Perhaps some individuals' suicidal thoughts are associated with feeling worthless, highlighting a need for psychological interventions to

explore this. Focusing on enhancing self-worth could reduce people's suicidal ideation by perhaps allowing them to feel that their lives are worth living. Psychological therapies such as Cognitive-Behavioural Therapy (CBT) (Beck, Rush, Shaw & Emery, 1979) could allow this in various ways. CBT focuses on identifying particular thoughts a person may have, which can indicate specific beliefs they may hold about themselves such as, "I'm worthless" (Beck et al., 1979). The identification of such thoughts can then lead to a better understanding of how these thoughts may interact with a person's feelings and behaviours and thus maintain some of their emotional distress (Josefowitz & Myran, 2005). CBT conceptualises these as beliefs as "central features" (Hazlett-Stevens & Craske, p.2) of the presenting problem and attempts to shift them in order to relieve psychological distress (Hazlett-Stevens & Craske, 2002). CBT is widely used due to the growing evidence-base (Hawley et al., 2017). For instance, Morton, Roach, Reid and Stewart (2012) found that CBT group therapy was helpful for people who had low self-worth in helping them to shift this belief about themselves. Thus, in therapy, these feelings of worthlessness could be addressed in order to help develop a more positive self-image and representation of the self which could allow people to feel more worthwhile and therefore potentially reduce their likelihood of engaging in suicidal behaviours. Additionally, Acceptance and Commitment Therapy (Harris, 2009) is a form of CBT which could be an alternative intervention for those who do not feel that their lives are worth living. One of the aims of this form of therapy is accepting the inevitable pain in a person's life whilst reconnecting with important values which clients hold, making their lives more rich, full and meaningful (Harris, 2009).

Further therapies could additionally be used to address a person's sense of internalised aggression, guilt and worthlessness which may contribute to their suicidal thoughts. Psychodynamic therapy could offer a platform for people to understand how

their unconscious sense of aggression and guilt may be contributing to psychological distress. Psychodynamic therapy is based on the notion that there are unconscious processes contributing to a person's mental health, which individuals may not be aware of (Martinsen et al., 2019). It is argued that as a result of these unconscious and, at times, conflicting states/feelings, they can impinge on one another and contribute to difficulties within a person (Martinsen et al., 2019). This may impact how they understand themselves and how they interact with others. Therefore, in psychodynamic therapy, some of these unconscious processes may be brought to awareness through the therapist offering interpretations and reflections of what the client is bringing (Lemma, 2016).

Previous research has indicated that social isolation and feelings of being disconnected are a risk factor for suicide (McLean et al., 2008). The inter-personal theory of suicide (IPTS) (Joiner, 2005) also posits that a lack of belonging contributes to individuals experiencing suicidal ideation. Similar to previous research, the findings of the current study suggest that the intensity of participants' suicidal ideation was reduced when they felt a sense of belonging and connectedness. Participants in the current study expressed that feeling connected with others and a sense of community or belonging boosted their desire to live rather than to die. The current study also found that participants could at times feel alone as a result of being suicidal, indicating a need for social inclusion. Previous literature and findings from this study highlight the importance of feeling connected, understood and belonging in order to reduce people's suicidal ideation. As a result of these findings, perhaps interventions for those who experience feeling alone and isolated, could be based on helping them to feel integrated and a part of a community. This could be achieved through various means such as forming community support groups which could be set up by charitable organisations,

local authorities, employers and academic institutions. Suicide Prevention Australia (2011) found that social inclusion projects are an important part of suicide prevention. There has also been an increasing emphasis on providing care in various community settings (Suicide Prevention: Policy and Strategy, 2018) for those who may be suicidal. Furthermore, as well as allowing people to feel connected, Fountoulakis, Gonda and Rihmer (2011) found that community projects provided psycho-education and encouraged people to seek professional support for their mental health which was linked to reduced suicide risk. Facilitation of these groups could increase a person's sense of belonging and connectedness and therefore their psychological wellbeing as previous literature and the current study have identified.

As well as feeling a lack of connectedness, IPTS (Joiner, 2005) also proposes that individuals who engage in suicidal behaviours may perceive themselves to be a burden on others. Participants in the current study did not share any such experiences. In fact, they expressed not acting on their suicidal thoughts as they did not want to cause their loved ones pain. This deviation from the literature perhaps highlights the difference between acting and not acting on suicidal thoughts. The sense of being a burden on others could potentially suggest higher risk for suicidal attempts whereas the consideration of others as a protective factor can indeed suggest less chance of suicidal attempts, since participants in this study have never acted on their suicidal thoughts. Of course, further research and exploration is needed to reach such conclusions with greater certainty. Future research could perhaps explore this in depth to allow further insights into a person's feelings of being a burden on loved ones in those who attempt suicide and those who do not. This would allow a more comprehensive understanding of some of the processes involved from suicidal ideation to attempting, which could further contribute to the development of interventions. These interventions could

potentially focus on facilitating a re-appraisal of how a person views themselves in relation to others and perhaps minimise the risk for moving onto suicidal attempts. For example, identifying those who feel that they are a burden on their loved ones may be considered higher risk for developing suicidal ideation and attempting suicide, and thus interventions could be targeted to these individuals.

Research has proposed that there may be some differences between individuals who attempt suicide and those who do not (Baumeister, 1990; Joiner, 2005). It is suggested that the fear of causing physical pain to oneself may hinder people from acting on their suicidal thoughts (Joiner, 2005). Baumeister's (1990) escape theory similarly suggests that a person may hesitate to act on his/her suicidal thoughts due to the fear of physical pain. The findings from the current study seem to be in agreement with previous literature. Participants in this research expressed not acting on their suicidal thoughts due to fear of physical pain, worrying about causing themselves physical disabilities as a result of a failed suicide attempt, as well as their fear of death itself. Additionally, the current study indicated that participants hesitation was also influenced by thinking about the consequences their suicide would have on their loved ones. Previous literature has also indicated that considering the effects of their potential suicide on loved ones may prevent people from acting on their suicidal thoughts (Wu et al., 2012). Therefore, it is possible that psychological interventions could further explore ways in which people think their potential suicide may impact their loved ones, which could potentially prevent people from acting on their suicidal thoughts.

A further reason expressed by participants in the current study for not acting on their suicidal ideation was an inner drive to continue living. This finding supports Linehan et al., (1983) who highlighted that some people may hold positive beliefs regarding their survival through difficult situations which may point to a difference

between those who act on their suicidal thoughts and those who do not. This distinction may be the consideration of various factors, which could influence people to reconsider attempting suicide when experiencing suicidal ideation. The cognitive model (Beck et al., 2009) proposes that those who act on their suicidal thoughts may focus more on the reasons they want to die rather than staying alive, which could perhaps explain the difference between individuals who act on their suicidal thoughts and those who do not. The current study did not produce any findings in support or disagreement of this, due to the focus being only on people who did not act on their suicidal thoughts. However, the participants in this study did express that the intensity of their suicidal ideation reduced when they were able to change their ways of thinking about difficult situations. It was expressed that developing new coping strategies to manage their difficulties allowed participants to change their perception regarding their struggles. The understanding that participants' suicidal ideation were a result of their upbringing and a reaction to adverse life events, allowed them to consider alternative ways to respond to difficulties. These findings indicate some cognitive changes taking place within them, supporting the cognitive model (Beck et al., 2009). The findings of the current study and previous literature suggest that interventions that explore early experiences and give people context for their suicidal ideation may be helpful for them.

Baumeister's (1990) escape theory proposes that people who engage in suicidal behaviours do so as a way of escaping from unbearable situations. This is supported by the current study, where participants expressed feelings such as being unloved and feeling helpless, which led to despair and loneliness. The experience of such feelings was described as overwhelming and unbearable, resulting in participants' desire to escape from these. The idea of suicide seemed to provide participants in the current study with relief from their intolerable emotions and pain, which is in line with

Baumeister's theory of suicide. What could be noted here, is the importance of the need to escape and its role in suicidal behaviour. Acknowledging unbearable experiences and helpings clients develop creativity in finding ways forward and improving their problem solving skills, could potentially be the focus of psychological therapy interventions to prevent suicide.

Research has indicated that people who engage in suicidal behaviours may feel alone and disconnected, highlighting the need to be in connection with others (McLean et al., 2008). Webb (2010) described that part of his journey of having suicidal ideation included feeling disconnected and alone. The Three-Step theory (May & Klonsky, 2016) additionally highlights the importance of being connected with others and how its absence contributes to suicidal ideation. Similarly, re-engaging with people in a meaningful way can in fact reduce the likelihood for transitioning from suicidal ideation to attempting. This study also found that participants' suicidal ideation reduced when they felt connected to others. Supporting previous literature (McLean et al., 2008; Webb, 2010), the current study also found that participants felt isolated and misunderstood due to their suicidal thoughts. Participants expressed feeling as though others did not understand what they were experiencing and thus were often reluctant to speak to their friends and family about it. The three-step theory attempts to explain the transition from suicidal ideation to suicidal attempts, and suggests that if a person's pain exceeds their sense of connectedness, it may be more likely for them to attempt suicide. If a person feels their connection to others surpasses their sense of pain, they may be less likely to act on their suicidal thoughts (May & Klonsky, 2016). Although the current study did not explore experiences of attempting suicide, and thus cannot suggest differences between those who attempt suicide and those who do not, it does support that being connected to others can be a protective factor for not acting on suicidal

ideation. Perhaps interventions for those people whose suicidal ideation are associated with feeling a lack of connectedness or purpose, could focus on facilitating the re-establishment of supportive links with people, loved ones or the community. Connecting with others who are empathic and supportive may allow individuals to feel more understood, and less alone (Greidnaus & Everall, 2010). Another way of facilitation reaching out and connecting with others is through providing support to people with suicidal ideation. Greidnaus and Everall (2010) found that people who had engaged in prior suicidal behaviours were eager to help others which gave meaning and a sense of importance or purpose. This could further enhance individuals' sense of purpose and meaning which could improve their own psychological wellbeing, as helping others has been found to be a strong predictor of an individuals' psychological recovery (Roberts et al., 1999).

The current study found that participants experiencing suicidal ideation could at times feel overlooked. It was expressed that on occasion, mental health professionals did not believe participants' severity due to the presence of protective factors and lack of suicide intent, expressing a sense of 'falling through the cracks' and leading them to feel dismissed and ignored. This experience of feeling overlooked and ignored does not seem to be corroborated by previous literature, although some studies have suggested that certain groups of people may be overlooked. For instance, Kaminer, Feinstein and Barrett (1987) suggested that adolescents who are "mentally retarded" (Feinstein & Barrett, 1987, p.90) and engage in suicidal behaviours may be ignored by professionals offering psychiatric interventions. Furthermore, it has been proposed that those who are bereaved by suicide may also be overlooked as they may not be offered interventions that they ought to be (Ajdacic-Gross et al., 2008). It seems that experiences of feeling overlooked by participants in the current study also reflect the current interventions for

suicide, which tend to focus on individuals who are more at risk or those that meet the criteria for a mental health diagnosis. Perhaps with the focus being on those who are at immediate risk, individuals who do not presently have intent of acting on their suicidal thoughts may not be responded to with as much urgency, thus leading them to feel dismissed. Furthermore, it seemed that often for these participants, their psychological suffering may have persisted. It is possible that this could at some point develop into suicidal intent or attempts, highlighting the need to also focus on these individuals. The importance of identifying those who have a mental health diagnosis and those who are deemed to be at higher risk of suicide for prevention of suicide is evident (Bertolote & Fleischmann, 2002; Mclean et al., 2008). However, the findings from the current study suggest that there may be scope to extend current interventions for suicide, to include those who experience suicidal ideation but are not deemed to be at immediate risk of acting on these suicidal thoughts. This is also highlighted by Moore (1997) who suggests the need for interventions to focus on improving the quality of life in individuals who experience suicidal ideation, rather than focusing merely on preventative interventions. Furthermore, it has been argued that current interventions may be largely dominated by the medical model of suicide, focusing on patients' "mental illness" which previous literature has indicated may not be effective (Michel et al., 2002; Webb, 2010). Fitzpatrick and River (2018) highlight the need to focus on building therapeutic relationships with patients who may be suicidal, which could increase the likelihood of patients' recovery. This may include training professionals who may be the first point of contact for these people, to prioritise the emphasis on empathy and understanding, which evidently does not often take place at present (Fitzpatrick & River, 2018).

Participants in the current study were happy to take part in the research and discuss their experiences, describing participation as therapeutic. They shared that it had been encouraging for them to open up and make sense of their experiences. Other literature has also highlighted that taking part in such research studies may potentially be therapeutic for participants (Smith, Poindexter & Cukrowicz, 2010). Lakeman and Fitzgerald (2009) further suggest that sharing experiences in such studies can encourage participants to seek further support if they need to. Participation in the research may have allowed participants to reflect on their experiences which they stated had been useful for them.

The findings of the current study indicated that those who experience suicidal ideation may feel a lack of control over their lives. This has also been highlighted by previous research which has suggested that not feeling in control can be an important predictor of whether or not someone develops suicidal ideation (Tyssen, Vaglum, Gronvold & Ekeberg, 2001). Furthermore, literature also indicates that having an internal locus of control whereby people feel as though they have agency and control over their lives, may act as a protective factor against suicidal behaviours (Donald et al., 2006). Interventions could be based on exploring aspects of their lives that individuals do feel in control of, and how this sense of control may be extended to other areas of their lives. This could allow them to feel in control of their therapy, as well as parts of their lives and may reduce some distress they are feeling, and thereby perhaps their suicidal ideation.

4.1 Credibility of Research

Yardley (2000) argues that qualitative research should adhere to a number of principles in order to ensure credibility, as opposed to reliability and validity in

quantitative research designs (Roberts & Priest, 2006). Firstly, "Sensitivity to context" emphasises the need for researchers to be aware and sensitive of the socio-cultural context of the participants, the researchers themselves and how these could impact the research. This principle also highlights the importance of understanding and engaging with the topic being studied and the philosophical underpinnings of the methodology used. Whilst it is vital to engage with previous literature, the importance of allowing interpretations to emerge originally from the data itself is also stressed (Yardley, 2000). Additionally, the importance of paying attention to both non-verbal and verbal communication by participants is accentuated. Yardley (2000) also highlights a potential power imbalance that can occur in research which may be a result of the researcher positioning themselves in the expert role. She emphasises the need to pay attention to this, which may be achieved through being sensitive to all perspectives offered by participants and the researcher not positioning him/herself as the expert.

Further principles of good qualitative research as suggested by Yardley (2000) are "commitment, rigour, transparency and coherence". 'Commitment' refers to the researcher being thorough and committed to the research, engaging with it over a prolonged period of time and immersing themselves in the data. 'Rigour', according to Yardley (2000, p.221) refers to the "completeness of data and analysis" which includes reflecting on whether there is sufficient data to answer the research questions posed in a study. Furthermore, this principle includes completeness of interpretations, which phenomenological studies would include the researcher making use of their own understanding of what the participant may be experiencing and engaging with the data with an explorative approach (Smith, Flower & Larkin, 2009). 'Transparency' refers to the researcher being transparent about the details of the study, including the data collection and analysis phase. This includes the researcher's awareness of their own

position and stance regarding the research topic, their assumptions and beliefs and how these may have impacted on the data. The principle of 'coherence', refers to the congruence between the research question and the methodology of the study (Yardley, 2000). This is discussed in the section that outlines the rationale for choosing Interpretative Phenomenological Analysis (IPA) (Smith, Flower & Larkin, 2009) to address the research question in this study.

Yardley (2000) further argues that assessing the potential impact, relevance and contribution of the research is vital in measuring the credibility of it. This includes the question of how the research can be used to inform current practices or offer alternative perspectives on phenomena (Yardley, 2000). It is therefore vital for researchers to suggest how it may be utilised in various different ways. The current research attempted to adhere to these principles in a number of ways as discussed below.

Sensitivity to context was adhered to in several ways. Firstly, the researcher practiced continuous reflection and paying attention to how the researcher herself may have impacted the study. Yardley (2000) suggests paying close attention to the potential power imbalance between researcher and participant, particularly in quantitative research where deception may be utilised to conceal the purposes of research. The current study made attempts to prevent this power imbalance through being transparent regarding the aims of the study and reiterating the focus of the study being on the lived experience. An attempt was made to advocate the participants as experts in their subjective experiences, rather than the researcher positioning themselves as the expert. This principle was also adhered to through engaging with previous literature on the topic of suicide as well as the philosophical underpinnings of the methodological framework in the current study. Engaging with literature allowed an understanding of

the context of the research topic as well as identifying any gaps that may be present to find a focus of the current study.

The current study reflects a two year project for a Professional Doctorate in Counselling Psychology. The principle of 'commitment' was adhered to through the engagement with and time spent on the research. Firstly through the reviewing of the existing literature, and secondly through collecting the data and the analysis phase which required several months to complete. The researcher attempted to immerse herself in the data through reading and re-reading transcripts a number of times, making notes and interpretations and engaging with what the participant was expressing. Furthermore, the initial analysis was revised as it was felt that it did not reflect what the participants had shared, highlighting the researcher's commitment to ensuring participants' experiences were reflected as clearly as possible.

Rigour was achieved through the use of IPA, which encourages the researcher to take an interpretative and explorative stance to the study. The researcher made interpretations of what the participants shared in the interviews, being curious regarding their experiences. Rigour was also achieved through the use of open-ended questions, allowing participants to share their stories and experiences. The semi-structured interview design allowed the researcher to ask participants questions that led the discussion and freely share and reflect on their experiences. The use of open-ended questions and the interview schedule advocated this exploration whilst ensuring that the discussion stayed within the subject and the focus of the research question.

The transparency principle was achieved through detailing the process of carrying out the research, including all the different stages of collecting the data and conducting the analysis. The researcher also reflected on her own understanding and

assumptions regarding the research topic as well as how these may have impacted the study, which is further discussed in the reflexivity section. The researcher also considered and discusses the limitations of the study.

Coherence was achieved through the philosophical underpinnings and the method of analysis being thoroughly and coherently identified, thought through and presented. In addition, ontological and epistemological issues were considered and discussed, which influenced the methodology utilised in the study. Furthermore, the method of analysis that was applied was deemed as the most appropriate to the research design and in comparison to various other qualitative methods.

The current study demonstrates its' importance through providing insight into a specific population and exploring how interventions can be improved and tailored to people who fall in this category. This includes potential ways of informing interventions for individuals who experience suicidal ideation and do not act on them. Furthermore, the research aims to encourage a shift of the focus onto these individuals who may have been overlooked by mental health services in the past. It also attempts to shed light on some of the processes that may occur in people who do not act on their suicidal ideation.

4.2 Limitations

There are a number of limitations to consider. Even though specific ethnicities were not an exclusion criterion to participate, unexpectedly all participants were of white backgrounds. It may have been useful to include participants of varied ethnic backgrounds, providing a heterogeneous sample that could arguably provide further richness in the data. For example, research has shown that suicide rates vary among different cultures (Diekstra & Gulbinat, 1993) which may be an indication of the impact

that cultural beliefs and discourses can have on how individuals experience engaging with suicidal behaviours. Thus, exploring these experiences within participants of different cultural backgrounds may have enriched the data further with an understanding of the impact of culture on subjective experiences.

The use of online interview methods may have influenced the way in which participants described their experiences in a number of ways. For example, it is possible that participants may have shared more or less details of their experiences depending on how comfortable or uncomfortable they felt during the interview. Perhaps some participants felt safer in their own homes being interviewed online which may have been an advantage of online interviewing. However, on the contrary, participants may also have felt less connected to the researcher and therefore shared less during the interviews. Furthermore, some technical difficulties in the online interviews were experienced at times during this study. For example when the internet connection had been poor at times, the interviewer was required to ask the participant to repeat what they had said, which may have disrupted their flow and therefore the experiences they described. Comparing the use of online as opposed to face to face interviews during this research, it was found that at times the feelings and experiences of participants were more accessible in the face to face interviews. These allowed the researcher to feel more connected to what the participants were describing. This may have impacted the analysis and interpretation of the data, particularly when a stronger connection was felt to some participants' experiences than to others. Jowett, Peel and Shaw (2011) highlight some of the difficulty that can arise in building rapport with participants using online interviewing methods as the participant may be uncomfortable. This may lead to difficulty in establishing a connection between researcher and participant. Jowett et al., (2011) suggest that in order to maximise rapport and a connection between researcher

and the participant in online methods, the participants should be given as much information as possible on the research project in order to enhance their sense of comfort. Despite some limitations of using online interviews, it allowed the present study to include populations from long distances and those who felt more comfortable via online methods in this study (Iacono et al., 2016).

Further limitations may have arisen as a result of the number of inclusion criteria for the study. One of these criteria was participants' requirement to have had experienced suicidal ideation two or more years prior to participation, as well as having no long-standing unresolved difficulties. These criteria were put in place to minimise any risks to the safety of the participants and the researcher. There was no specific information collected regarding the time passed since each participant experienced suicidal ideation. Thus, the length of time lapsed may have varied significantly, making the sample less homogenous than is required by IPA research (Smith et al., 2009) thereby limiting the study in a number of ways.

Firstly, it can be argued that due to the time between the actual experience and the interviews, participants' recollections and current reflections of their historical suicidal ideation were somewhat distorted in comparison to what would have been if their experiences were current. Devitt, Monk-Frontmont, Shacter and Addis (2016) argue that over time, people may not accurately recall memories and that these memories may change over time. It may be that if a significant amount of time had lapsed, the participants may have struggled to accurately recall and adequately share their experience of having suicidal ideation and not acting upon them. As recalling this experience is a key feature of IPA, it may be that this limited the applicability or usefulness of certain interviews.

However, there are a number of factors which may contradict or answer for this supposed limitation. Other research has disputed the claims of Devitt et al., (2016) as it has been indicated that people are generally able to recall subjective experiences regardless of how much time has passed (D'Argembeau and Van der Linden, 2006). Additionally, the analysis and the subsequent conclusions drawn from the findings, take into consideration that the data comprises of historical recollections of past experiences through acknowledging that participants were sharing their past experiences at the time of study. This is supported by Polkinghorne (2005) who stated that IPA is focused on participants' lived experience as they make sense and meaning of them in the here-and-now. As this sense or meaning is integral to IPA research, it is recognised that, as individuals, varying degrees of meaning and reflection could have occurred during the time elapsed since the experience. More specifically, D'Argembaeu et al. (2008) argue that over time, self-reflection influences the way in which people recall past events. However, there appears to be no current research present that discusses how this impacts self-reflection and merely, just that it does. The varying amount of time for this self-reflection would potentially allow participants more or less time to reflect and process their experiences, impacting the recall during the research interview. Perhaps for participants whose experiences were recent, they were able to reflect and articulate them in more detail, therefore providing richer data for the analysis. Similarly, for those whose experiences had been historical, it may have been particularly difficult for them to recall their experiences deeming the interview less rich in data and allowing certain aspects of their experience to remain unexplored.

Secondly, stemming from this, the possibility that certain interviews could yield richer data may have led to the researcher being more connected to some participants more than others. This may have led to an over-utilising of the data of participants who

perhaps shared more of their experiences in depth. The issue of being more or less connected to particular research interviews was reflected on throughout the study and is noted in the reflexivity section. Participants ability to share or lack of sharing rich and in-depth experience may have been in relation to the time that had passed since they experienced suicidal ideation, or their general ability to share their experiences in great detail. However, it is possible that this impacted the analysis of the interviews, which will continue to be considered carefully in any future research.

Thirdly, in considering that certain participants may have not processed their experiences as in-depth, it may be that a third limitation arises as certain aspects of this phenomenon may again remain unexplored. Perhaps, for some participants, the sense or meaning they may draw from their experience has yet to be explored, this unfortunately depriving the current study of potentially relevant and important reflections. For instance, Blythe, Overbeeke, Monk and Wright (2004) argue that people make sense of their experiences through a number of ways including reflecting on them over time, connecting them to other similar experiences they may have had as well as making interpretations as to what their experiences may have meant. This suggests that a person's sense-making of a particular experience would vary on individual bases, depending on not only the time that has passed, but also other events in their lives. In the current study, this was acknowledged as each participant recalled their own subjective experiences of having suicidal ideation and how these may have been in the context of their histories and life events. Additionally, it is argued by some philosophers such as Mead (1932) that people make sense of their historical experiences to fit with their present, regardless of how much time has passed (Flaherty & Fine, 2001). This suggests that people will constantly make sense of their pasts through what they are experiencing at present, and bring the past in line with this. In the current study, it is

acknowledged that regardless of how much time has passed, the way participants made meaning of those experiences, would indeed depend on their present (Flaherty & Fine, 2001).

Despite these limitations, an important aspect of the phenomenon must be considered. Suicidal ideation is not necessarily a phenomenon that is time limited. It can vary in its intensity and duration and it could be difficult to quantify when and for how long one has such experiences. As such, collecting data on time that has passed since the experience and how long it lasted can become complicated and challenging. Kleiman et al., (2018) attempted to measure fluctuation and types of suicidal thoughts in participants and highlighted that suicidal ideation can fluctuate in response to various life events. This may include suicidal thoughts fluctuating from hour to hour as well as over several years. The issue of duration of the experience can potentially contribute further to a dis-homogenous sample. It is clear however, that collecting such information would be indeed very valuable to drawing further conclusions and it is necessary for any similar research in the future. The current study's lack of collection of data regarding the amount of time that had passed since participants' experiences is an important limitation which will be considered in more detail in any further studies conducted by the researcher.

4.3 Future Research

It is evident that although there is an extensive amount of research on suicide, there remain some gaps in the understanding of how suicidal behaviours are experienced by people. Therefore, there are several directions researchers may wish to take in future to extend on previous literature and the current study.

It is apparent in the literature (Joiner, 2005; May & Klonsky, 2016) that there may be differences between individuals who act on their suicidal ideation and those

who do not. Future research could perhaps explore people's use of language whilst speaking of their experiences of attempting suicide, as well as not acting on their suicidal thoughts in a qualitative research design. This could be achieved through the use of Discourse Analysis which would allow researchers to unpack the language used by participants to construct their accounts. These findings could then be discussed in relation to one another, which could help professionals to identify those who may be more at risk of acting on their suicidal thoughts. Eventually, this may lead to improved interventions for both groups of people, those who are less and more likely to act on their suicidal ideation.

Previous research has found that people who engage in suicidal behaviours may feel as though they are a burden on others (Joiner, 2005), which the current study did not find. As this research focused only on those who hadn't acted on their suicidal thoughts, it is possible that this feeling may be experienced more intensely by individuals who do attempt suicide. Future research could explore this further through quantitative methods such as t-tests and ANOVA which allow observation of differences between groups. As a result, this may help improve the understanding of suicidal behaviours and therefore interventions further.

The findings of the current study also highlight the issue of assessing for suicidal ideation and the need for identifying people who might be deemed as low risk but do indeed need the health professionals' attention. Participants in the current study expressed feeling overlooked or dismissed by some professionals, as though their experiences were not urgent or important enough as others' and warranting interventions. Participants expressed feeling as though they were not offered any interventions that, as this study suggests may allow for reflection on personal values and meaningful re-engagement with the self and the world. Perhaps future quantitative

research could explore whether this feeling of being overlooked is a shared experience in a larger number of people. This may highlight the need to improve interventions for these people further.

4.4. Summary

The aim of the current study was to explore subjective experiences of people who have suicidal ideation and have not acted on them. The findings revealed that participants often felt a sense of conflict of whether or not they wanted to die. Participants expressed feeling despair and an urge to inflict violence to themselves contributing to the part that wanted to die. A sense of not being important and feeling overlooked was also expressed by participants. On the contrary, belonging and being in connection with others seemed to fuel participants' desire to stay alive. Additionally, the findings revealed the importance that participants gave to being able to make meaning out of their experiences. This seemed to come in the form of taking control of their lives and seeking some purpose and direction. The study further highlights the importance of improving interventions for people who may have suicidal ideation but do not have intentions on acting on them, as their distress seems to persist. Whilst the study provided some valuable insights into the lived experiences of its' participants, it appears that there continues to be gaps in research on suicide. It is evident that further research is needed to allow professionals a more in-depth understanding of suicide in order to improve interventions and prevention of this.

5. Reflexivity

The following section discusses my reflexivity and role in the process of the research. I will then reflect on how my own assumptions and beliefs may have influenced the research, and the attempts that were made to bracket these assumptions. The section also considers some of the challenges I faced whilst conducting the research.

My curiosity to understand individuals particularly the way they think, feel, behave, the choices they make as well as how they experience life, was one of the major influences in choosing to train as Counselling Psychologist. I have always been curious about human nature and have wanted to help individuals who may struggle in life. My choice for this research topic was influenced by not only this curiosity but also by the many whom I've met with suicidal ideation, both in my professional and personal life. Working on psychiatric wards as a support worker, I often came across people who had not acted on their suicidal thoughts but were deemed to be at risk and thus admitted to hospital. It seemed that often these individuals did not get the support that other patients on the ward would get, as they were not taken seriously, in my experience. Having regular one-to-one's with them allowed me to understand some of the struggles that they often faced, including the conflict and uncertainty of whether or not they wanted to die as well as the lack of attention and care they seemed to get on the wards. In my personal life, being from a Muslim community I have also met a number of Muslims who may have been suicidal but did not intend on acting on their suicidal thoughts due to their religious beliefs. This often made me wonder how these individuals may feel going through difficult life experiences and desiring death, yet having a strong faith that stopped them from acting on this desire. Thus conducting this research, I hoped to be able to disseminate this in various ways including to mental health professionals and

also Muslim communities such as my own to encourage a dialogue around this important issue that seems to not be spoken about. Starting out with this research, I expected to find that participants would feel conflicted and uncertain. From having many conversations with people, my assumptions included that those who experience being suicidal and do not act on their suicidal thoughts, may feel confusion, and a sense of being in constant limbo. This expectation to find conflict as part of the experience may have impacted the analysis as it may have meant that I was looking for it. In order to restrict how my assumptions and expectations may have clouded my analysis, at the end of the write up of my thesis, I re-read the transcripts of all interviews. I made a note of what I thought participants shared as part of their experiences of having suicidal ideation. I attempted to purposefully look for themes other than conflict in order to ensure I was not missing other themes.

In the interviews, I hoped to gain an understanding of what had changed leading to a reduction of their suicidal thoughts and how they had felt having not acted on them. I anticipated that participants would express that they were happy not having attempted suicide as perhaps their lives would have improved which could also provide some hope for those who do not feel their lives will get better. My desire was for this research to perhaps hold on to hope for those who did not feel hopeful about their lives. I tried to be aware of all my expectations and to bracket them as much as I could and prevent them from seep into my data collection and analysis processes too much. Sometimes, however, this was picked up afterwards. In the initial interviews, I asked participants how they felt not having acted on their suicidal thoughts, hoping that they would say they were glad not having acted on them. Reflecting on this following the interviews I felt that this question seemed leading. Perhaps participants would know that I wanted to hear they were happy not having acted on their suicidal thoughts, or perhaps they felt

that saying anything other than this may be a cause for concern. It is possible that some minor expressions in my face or intonations in my questioning that I myself could not have realised, might have prompted participants to answer in a certain way. Following on from these and reflection on how I could reword this to make it less leading, I asked participants how they made sense of their experiences instead. Furthermore, it felt important for me to end the interviews on a good note, as during these participants had talked about their distressing and difficult experiences and a part of me was concerned that the participation in the research would trigger their distress again. Perhaps allowing participants to reflect on how they made sense, would encourage them to consider how far they had come which would be a positive way to end the interview. This was again related to my own anxiety of causing distress to participants.

During the interviews I also noticed that at times I would refer to suicidal thoughts as "these thoughts" rather than using the word "suicidal". My fear of using the word "suicidal" was related to not wanting to trigger them. I feared that perhaps by saying the word "suicide" participants would be reminded of their difficult life situations which had led to their suicidal ideation and possibly put them at risk of having suicidal ideation again. This anxiety had developed further from reading some articles that highlighted the difficulty of conducting research on suicide and the need to ensure participants would be protected from any potential distress or harm. Following discussions about my thesis as well as my fear of using the word "suicide", I was made aware of the possibility that my fear of triggering partcipants' suicidal ideation may also reflect the societal myth of people's suicidality being triggered if they are asked about them. Perhaps this fear is also commonly experienced by other professionals who come into contact with people who are suicidal and may contribute to the ongoing myths and taboos and indeed even hinder therapy. I reminded myself that I had put procedures in

place in my research to protect participants. Participants would have consented to taking part in the study talking about their suicidal experiences, as well as having stated that they felt safe to discuss these. Furthermore, I had made the confidentiality breaches explicit where participants were aware that confidentiality would be breached if they expressed suicidal intent. I therefore continued to remind myself of this which allowed me to feel more at ease with asking participants about their experiences and using the word "suicide" explicitly. My initial fear impacted on the way that I asked questions, particularly in the first interview. It is possible that as a result, it also influenced how my participant shared his experience. For example, he may have noticed that I was not using the word "suicide" and thus possibly felt less comfortable to share his experience in depth. Once I was able to notice my own fear and attempt to bracket it, I felt that my interviews were much more in-depth and less coloured by my fear of triggering my participants. Additionally, I noted the word participants were themselves using, if they had used the word "suicide" I felt more comfortable using it as well, which I continued to be aware of during the interviews.

Being a novice IPA researcher I also noticed that at times I did not get into as much depth in the interviews as I could have. This was perhaps a combination of my anxiety as well as lack of experience conducting IPA interviews. It was useful to reflect on each interview, whilst transcribing it in order to improve what I could for the next interview. When I would finish transcribing one interview, I started making notes on how I had conducted it, considering the areas I was doing well in and what I needed to improve on. This helped me to develop my researcher position better for the next interview. For example, in the first one I noticed that I was not prompting the participant enough to get depth of their experience. Once I was able to reflect on this, I was more aware of unpacking participants' experiences further in order to gain richer

data for IPA. I also utilised research supervision to reflect on my interviews and possible ways to prompt participants for more depth of their experiences, which seemed to have a positive impact on the interviews conducted following this. I also met with my research supervisor in order to discuss how the interviews were being conducted and what areas I could improve on in order to gain further richness of the data. The process of transcribing the interviews whilst at the same time also conducting further interviews, may have impacted on my understanding of the participants' experiences. For example, I was at times aware of what my previous participants had shared when I would be conducting the next interview. This may have influenced my understanding of what the next participant was sharing, possibly relating their experiences to the previous interviews. I attempted to counteract this through ensuring that I allocated at least a number of days between transcribing previous interviews and conducting the following. This helped me to focus on one participant alone rather than merging participant experiences.

As some of my interviews were conducted online whilst others were conducted face-to-face, I also observed that at times using Skype I felt less connected and emerged in participants' experiences. I noticed this difference in connecting after conducting my first face to face interview, following my initial three Skype interviews. I then reflected on what, if anything I may have been doing differently face to face as opposed to Skype interviews. I considered that during the face to face interview, I was not concerned with ensuring that the internet connection was right, or that the participant could hear me. I was able to be more present in the room with the participant, and delve into the experience they were sharing. I reflected that this may also be related to the restricted access to the emotions in online interviewing, as opposed to all the emotions that were in the room during face to face interviews. The next interview I conducted following on

from this, I attempted to bracket my thoughts regarding the internet connection and try to understand and be present with the experience the participant was sharing. I do believe this made some difference, however, continue to feel that the face to face interviews may have allowed a depth and richness of the data that my online interviews did not. This is something that will be important for me to consider in any future research studies I embark on.

Reflecting on my own assumptions about the participants, I also felt it was important to consider the assumptions that my participants may have about me. Being a Muslim and wearing a headscarf, I wondered how this impacted on what participants did or did not share. It is perhaps common knowledge that suicide is forbidden in most religions and I wondered what my participants may think my beliefs regarding suicide are and how they thought they might have coloured the interview and my view of them. I wondered whether participants may feel judged by me, or perhaps believe that I wouldn't understand their experiences due to my religious affiliation. I considered this and felt that participants may feel more comfortable if they could ask me questions at the end of the interview. Before starting the interviews, participants were told there would be time for them to ask me questions at the end, in order to allow space for participants to share any feelings they may have about the research or the interview process.

During the interviews I often wanted to use my therapeutic skills with participants and show empathy and understanding. In therapy, this would include, expressing how difficult something may have been for them, or giving a language for emotions to clients that may not have this. It was difficult to try and find a balance between showing understanding and be empathic to participants' experiences, but continue exploring the research question. This was a difficult balance to achieve and I

often found myself regressing to my natural therapist position which may have impacted on the process of the interviews. Thus, I attempted to show understanding through alternative ways. I found myself having to pay closer attention to the words that participants were using, and using their language in order communicate my understanding to them.

Throughout the process of the research, I kept a reflective journal to write down any thoughts and feelings that emerged as a result of this study at its' different stages. Transcribing the interviews after conducting them, I often felt a sense of connection with my participants, their experiences and their pain. At times after transcribing an interview, I felt sad thinking about how challenging the experiences they were sharing may have been. At these times I used my reflective journal to explore my own feelings in relation to the participants' which enabled me to start making sense of these. Connecting with participants pain and difficulties influenced me to want to empathise with them, and there was a part of me that wanted to be their therapist and help them. This connection may have impacted my analysis, perhaps as a result of my empathy for participants, I was able to put myself into their narratives and worlds more which may have helped the analysis. One of the challenges I faced during the analysis stage was the balance between using my own interpretations whilst at the same time staying close to the participants' experiences. During my analysis stage, at university I was also learning about psychological theories which occasionally influenced me to want to understand participants' experiences through a psychological lens. I often had to remind myself to stay close to the descriptions that were being expressed. At times when participants described feeling down, hopeless and anxious I felt that I could relate to some of these experiences. Although I have not had suicidal ideation myself, I was thinking about occasions in my life where I had felt despair, anxiety and other feelings participants

may have been speaking about. These were important to bracket in order to stay with the participants accounts rather than assuming our experiences may have been similar. In my attempt to stay with the participants' stories, I noticed the first time I went through the transcript I stayed too close to the participant's experience and that I was not using my interpretations enough as is required by IPA. Reading about IPA (Smith et al., 2009), I started to understand the importance of making the analysis richer using my interpretations and slowly started to integrate them into the analysis. Research supervision was particularly useful at this stage to allow me to see the importance of keeping a good balance of interpreting and staying with the participants' experience. The most challenging part of the analysis was clustering themes into super-ordinate themes whilst ensuring to reflect what the participants had shared. I felt it was important to give significance to all the themes that came up regardless of the frequency, in order to do justice to my participants' stories. My first attempt at clustering the themes together did not seem to be a sufficient reflection of what my participants had told me, which I discussed with my research supervisor. Following this, I went back to the analysis and started again. The outcome seemed to be more aligned with my participants' experiences and thus I felt comfortable to proceed with the analysis.

Another challenge I faced during the analysis stage was my difficulty with creativity. This may be because it required me to be inventive and explorative with the data which is something I often struggle with. I have always been a person who finds comfort in structures and concrete ways of doing something. Being on the counselling psychology doctorate has allowed me to start challenging some of this and opened up my sense of creativity a little further. However, occasionally I continue to doubt myself when I am being imaginative, in fear that I may be doing something wrong. During the analysis stage, this often led me to feel as though I was doing my analysis "wrong" and

that there may be a “right” way of doing it. I noticed this only through my research supervisor pointing this out, as I asked him many questions regarding how I should be conducting the analysis and whether or not I had been doing it in the “correct” way. Following on from this, I attempted to reassure myself that I needed to let my mind be creative and free, letting all my thoughts and feelings regarding the data emerge without restraint.

Reading through my findings and relating them to the literature in the discussion section, I noticed that many were aligned with previous findings on suicide. I found it particularly interesting to think about how individuals who do not act on their suicidal thoughts can potentially be distinguished from those who do attempt suicide hoping to provide further understanding into this phenomenon. Having only conducted quantitative research in the past, I had the inclination to think about how the findings in the current study can be transferred to other populations, or how the qualitative findings can have an impact at all. Moving away from this position was difficult at times and required me to thoroughly engage with my ontological and epistemological framework, thinking about how my research can have an impact without the need to make it generalisable. I considered the importance of hearing first-hand accounts of people and how these can help to develop our understanding of phenomena in general, with the additional assumption that people may experience similar situations in various different ways.

My own position, assumptions and pre-conceptions may have impacted my research in various ways, including what has been reflected on in this section. I feel that I was able to acknowledge my role through keeping a reflective journal and constantly discussing my position in research supervision. I am confident that I have tried my best

to do justice to my participants, to share their experiences and consider ways in which the findings can be disseminated and have a wider impact.

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Appendix I- Ethics Submission and Approval Form

UNIVERSITY OF EAST LONDON

School of Psychology

APPLICATION FOR RESEARCH ETHICS APPROVAL

FOR RESEARCH INVOLVING HUMAN PARTICIPANTS

FOR BSc RESEARCH

FOR MSc/MA RESEARCH

FOR PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL PSYCHOLOGY

*Students doing a Professional Doctorate in Occupational & Organisational Psychology and PhD candidates should apply for research ethics approval through the University Research Ethics Committee (UREC) and not use this form. Go to:

http://www.uel.ac.uk/gradschool/ethics/

Your details

1. **Your name**: Adila Mahmood

2. **Your supervisor's name**: Yannis Fronimos

3. **Title of your programme**: Professional Doctorate in Counselling Psychology

4. **Title of your proposed research**: What is the experience of having suicidal ideation and not acting on them?

5. **Submission date for your BSc/MSc/MA research: June 2018**

6. **Please tick if your application includes a copy of a DBS certificate** ☑

7. **Please tick if you need to submit a DBS certificate with this application but have emailed a copy to Dr Mary Spiller for confidentiality reasons (Chair of the School Research Ethics Committee) (m.j.spiller@uel.ac.uk)** ☐

8. **Please tick to confirm that you have read and understood the British Psychological Society's Code of Human Research Ethics (2014) and the UEL Code of Practice for Research Ethics** (See links on page 1) ☑

2. About the research

9. The aim(s) of your research:

To explore how individuals make sense of having suicidal ideation and not acting on them. To gain insight into how having suicidal ideation is experienced by individuals who do not have intention of acting on them.

10. Likely duration of the data collection from intended starting to finishing date:

As soon as ethical approval is granted to June/July 2017.

Methods

11. Design of the research:

(Type of design, variables etc. If the research is qualitative what approach will be used?)

Qualitative design, using Interpretative Phenomenological Analysis (Smith, Flowers & Larkin, 2009) to analyse collected data. Semi-structured interviews, with 6-8 participants.

12. The sample/participants:

(Proposed number of participants, method of recruitment, specific characteristics of the sample such as age range, gender and ethnicity - whatever is relevant to your research)

6-8 participants will be recruited through advertisement (after gaining written permission from service managers) in various mental health charity organisations [redacted] as well as word of mouth through

researcher's professional network (Appendix A).

Age - above 18, no other age criteria. No gender or ethnicity restrictions, and anyone interested in participating will be considered, if safety is ensured through screening questionnaire (Appendix C). Participants have to have experienced suicidal ideation without acting upon them, over 2 years ago and have received therapy in the past to resolve their concerns.

Interviews will be conducted in UEL rooms during working hours (9-5pm) where health and safety policies are in place. If participants are unable to commute, skype interviews can be conducted.

13. Measures, materials or equipment:

(Give details about what will be used during the course of the research. For example, equipment, a questionnaire, a particular psychological test or tests, an interview schedule or other stimuli such as visual material. See note on page 2 about attaching copies of questionnaires and tests to this application. If you are using an interview schedule for qualitative research attach example questions that you plan to ask your participants to this application)

Audio recorder

Encrypted USB stick to store files
Interview schedule (Appendix B)

Screening questionnaire (Appendix C)

14. If you are using copyrighted/pre-validated questionnaires, tests or other stimuli that you have not written or made yourself, are these questionnaires and tests suitable for the age group of your participants?

NA

15. Outline the data collection procedure involved in your research:

(Describe what will be involved in data collection. For example, what will participants be asked to do, where, and for how long?)

- Contacting Service Managers to acquire permission to advertise
- Advertising research (Appendix A)
- Participants who are interested will be given the screening questionnaire (Appendix C) and invitation letter (Appendix D)
- If agreed, they will be given a consent form to sign before interviewing them (Appendix E)
- Before beginning the interview, participants will be briefed on the aim of the research again, and will have an opportunity for them to ask any questions
- Interview will be recorded and transcribed, deleting or altering any identifiable data such as name of places or services.
- Interviews will be conducted at UEL rooms or over Skype if more convenient for participants
- Participants will be given a lengthy debrief at the end of the interview and informed of services they can access for support (Appendix F)

3. Ethical considerations

Please describe how each of the ethical considerations below will be addressed:

16. Fully informing participants about the research (and parents/guardians if necessary): Would the participant information letter be written in a style appropriate for children and young people, if necessary?

Participants will be fully informed of the purpose of the research, including details of how this research will be conducted. Participants will be made aware that they may experience distress and will be given contact details of services they can access for support.

17. Obtaining fully informed consent from participants (and from parents/guardians if necessary): Would the consent form be written in a style appropriate for children and young people, if necessary? Do you need a consent form for both young people and their parents/guardians?

After being informed of the research, participants will give consent by signing a consent form, before their interview (Appendix D).

18. Engaging in deception, if relevant:

(What will participants be told about the nature of the research? The amount of any information withheld and the delay in disclosing the withheld information should be kept to an absolute minimum.)

NA

19. Right of withdrawal:

(In this section, and in your participant invitation letter, make it clear to participants that 'withdrawal' will involve deciding not to participate in your research and the opportunity to have the data they have supplied destroyed on request. This can be up to a specified time, i.e. not after you have begun your analysis. Speak to your supervisor if necessary.)

Participants will be informed of their right to withdraw at any point before the interview, without being obliged to give any reason. This will also be made clear in invitation letter sent to participants before consenting.

Participants will be informed of their right to withdraw their data up to 2 weeks after the interview has been conducted. This is in order to ensure the participants do not withdraw at a later stage when the research is close to submission which may cause difficulties for the researcher. If a participant requests to withdraw from the research within two weeks then the data will not be used and will be destroyed. After the two weeks, anonymised data will be used in the research.

20. Anonymity & confidentiality: (Please answer the following questions)

20.1. Will the data be gathered anonymously?

(i.e. this is where you will not know the names and contact details of your participants? In qualitative research, data is usually not collected anonymously because you will know the names and contact details of your participants)

NO

21. If NO what steps will be taken to ensure confidentiality and protect the identity of participants?

(How will the names and contact details of participants be stored and who will have access? Will real names and identifying references be omitted from the reporting of data and transcripts etc? What will happen to the data after the study is over? Usually names and contact details will be destroyed after data collection but if there is a possibility of you developing your research (for publication, for example) you may not want to destroy all data at the end of the study. If not destroying your data at the end of the study, what will be kept, how, and for how long? Make this clear in this section and in your participant invitation letter also.)

Any confidential data will be stored in locked cupboards (if hardcopies). Digital data will be stored on encrypted USB sticks. Confidential data will only be researcher accessible to the researcher. Audio will be transcribed, and any identifiable data will be altered. Supervisors and examiners will have access to anonymised transcripts only.

Participants will be informed that confidentiality will be maintained unless they reveal grave risk to themselves or others.

Pseudonyms will be used when transcribing, analysing data and in the final thesis. Audio recordings will also be saved on encrypted device and will be destroyed after being transcribed. Data will be kept for publication at a future date, and all data will be destroyed after 5 years.

22. Protection of participants:

(Are there any potential hazards to participants or any risk of accident of injury to them? What is the nature of these hazards or risks? How will the safety and well-being of participants be ensured? What contact details of an appropriate support organisation or agency will be made available to participants in your debrief sheet, particularly if the research is of a sensitive nature or potentially distressing?)

N.B: If you have serious concerns about the safety of a participant, or others, during the course of your research see your supervisor before breaching confidentiality.

Screening (Appendix C) will be conducted in order to ensure participants' psychological wellbeing.

Participants may experience distress as a result of participation in the study, discussing their experiences of suicidal ideation. Therefore, the researcher will be looking for signs of distress and will be offering breaks during the interview or termination of the interview.

At the end of the interview, participants will be informed of services they can access as part of the debrief procedure (Appendix F), during which the researcher will check participants wellbeing. Services include, charities or other NHS psychological services they can access as well as emergency contact details (Samaritans).

If participants disclose grave risk to themselves or others during interview, safeguarding services will be informed or if there is immediate risk (if they disclose intent of acting on their suicidal thoughts), emergency services will be called (ambulance/police). This information will be given to participants before the start of the interview.

23. Protection of the researcher:

(Will you be knowingly exposed to any health and safety risks? If equipment is being used is there any risk of accident or injury to you? If interviewing participants in their homes will a third party be told of place and time and when you have left a participant's house?

Interviews will be conducted at UEL rooms during office hours (9-5pm), where health and safety procedures are in place. The researcher will contact her director of studies with any concerns she may have. Personal therapy and research supervision will also be used to discuss feelings/thoughts that may have arose for the researcher during interviews.

The researcher will create a Skype account for the purposes of this researcher, using the UEL email, rather than a personal one.

24. Debriefing participants:

(Will participants be informed about the true nature of the research if they are not told beforehand? Will participants be given time at the end of the data collection task to ask you questions or raise concerns? Will they be re-assured about what will happen to their data? Please attach to this application your debrief sheet thanking participants for their participation, reminding them about what will happen to their data, and that includes the name and contact details of an appropriate support organisation for participants to contact should they experience any distress or concern as a result of participating in your research.)

Participants' will be thoroughly debriefed at the end of the interview and informed of services that they can access. They will be able to discuss any thoughts/feelings that the interview may have triggered in them and ask questions regarding the nature of the research. They will be given a debrief sheet with details of the study and numbers to contact (Appendix F).

25. Will participants be paid? NO

If YES how much will participants be paid and in what form (e.g. cash or vouchers?)

Why is payment being made and why this amount?

26. Other:

(Is there anything else the reviewer of this application needs to know to make a properly informed assessment?)

4. Other permissions and ethical clearances

27. Is permission required from an external institution/organisation (e.g. a school, charity, local authority)?

NO

If your project involves children at a school(s) or participants who are accessed through a charity or another organisation, you must obtain, and attach, the written permission of that institution or charity or organisation. Should you wish to observe people at their place of work, you will need to seek the permission of their employer. If you wish to have colleagues at your place of employment as participants you must also obtain, and attach, permission from the employer.

If YES please give the name and address of the institution/organisation:

Please attach a copy of the permission. A copy of an email from the institution/organisation is acceptable.

In some cases you may be required to have formal ethical clearance from another institution or organisation.

28. Is ethical clearance required from any other ethics committee?

NO

If YES please give the name and address of the organisation:

Has such ethical clearance been obtained yet? YES / NO

If NO why not?

If YES, please attach a scanned copy of the ethical approval letter. A copy of an email from the organisation is acceptable.

PLEASE NOTE: Ethical approval from the School of Psychology can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committees as may be necessary.

29. Will your research involve working with children or vulnerable adults?*

NO

If YES have you obtained and attached a DBS certificate?

If your research involves young people under 16 years of age and young people of limited competence will parental/guardian consent be obtained.

YES / NO

If NO please give reasons. (Note that parental consent is always required for participants who are 16 years of age and younger)

* You are required to have DBS clearance if your participant group involves (1) children and young people who are 16 years of age or under, and (2) 'vulnerable' people aged 16 and over with psychiatric illnesses, people who receive domestic care, elderly people (particularly those in nursing homes), people in palliative care, and people living in institutions and sheltered accommodation, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak to your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible. For more information about ethical research involving children see www.uel.ac.uk/gradschool/ethics/involving-children/

30. Will you be collecting data overseas? NO

This includes collecting data/conducting fieldwork while you are away from the UK on holiday or visiting your home country.

* If YES in what country or countries will you be collecting data?

Please note that ALL students wanting to collect data while overseas (even when going home or away on holiday) MUST have their travel approved by the Pro-Vice Chancellor International (not the School of Psychology) BEFORE travelling overseas.

http://www.uel.ac.uk/gradschool/ethics/fieldwork/

IN MANY CASES WHERE STUDENTS ARE WANTING TO COLLECT DATA OTHER THAN IN THE UK (EVEN IF LIVING ABROAD), USING ONLINE SURVEYS AND DOING INTERVIEWS VIA SKYPE, FOR EXAMPLE, WOULD COUNTER THE NEED TO HAVE PERMISSION TO TRAVEL

5. Signatures

TYPED NAMES ARE ACCEPTED AS SIGNATURES

Declaration by student:

I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor.

Student's name: Adila Mahmood

Student's number: 1521052 Date: 12/01/2017

Declaration by supervisor:

I confirm that, in my opinion, the proposed study constitutes a suitable test of the research question and is both feasible and ethical.

Supervisor's name: *Dr Yannis Fronimos* Date: 13 January 2017

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates

REVIEWER: Dr Rebecca Brewer

SUPERVISOR: Dr Jolanta Burke

COURSE: Professional Doctorate in Counselling Psychology

STUDENT: Adila Mahmood

TITLE OF PROPOSED STUDY: What is the experience of having suicidal ideation and not acting on them?

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below)**:** In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below)**:** In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

Approved with minor amendments

Minor amendments required *(for reviewer)*:

Clarify what will be classed as 'immediate risk' (i.e. resulting in emergency services being contacted) during the study.

Minor grammatical and formatting errors on the questionnaire for participants to fill in following the interview should be corrected

Major amendments required *(for reviewer):*

ASSESSMENT OF RISK TO RESEARCHER *(for reviewer)*

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐ HIGH

☒ MEDIUM

☐ LOW

Reviewer comments in relation to researcher risk (if any):

Reviewer *(Typed name to act as signature)*: Rebecca Brewer

Date: 24/1/17

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

Confirmation of making the above minor amendments *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *Adila Mahmood*

Student number: 1521052

Date: 25/01/2017

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

PLEASE NOTE:

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here:
http://www.uel.ac.uk/gradschool/ethics/fieldwork/

Appendix II – Inclusion/Exclusion Criteria

Inclusion Criteria:

- Age 18+
- Have experienced suicidal ideation and not acted on them
- Have experienced suicidal ideation 2+ years ago
- Feel safe discussing their experiences
- Have had some form of therapy in the past

Exclusion Criteria:

- If their concerns were longstanding from childhood or severely traumatic
- If their concerns are still present or still distress them enormously
- If they feel unsafe discussing their experiences

Appendix III – Screening Questionnaire

Before we proceed I would like to ask you some questions to ensure your safety and well-being during this process and to assess your eligibility to take part in this research.

Please circle each answer:

A. Have you experienced having suicidal thoughts?

Yes No

B. Have you acted on your suicidal thoughts?

Yes No

C. The difficulties that you worked on during your therapy experience were:

1. Long standing from childhood
2. Current at the time of therapy
3. Severely traumatic
4. Painful but manageable
5. Distressing at the time but not anymore

D. The difficulties that you worked on during your therapy are:

1. Resolved now
2. Still distress me enormously
3. Just a sad memory that does not bother me anymore
4. Elements of them are present but do not bother me anymore
5. Still present but I know now how to deal with them
6. Still present

E. How safe do you feel discussing your experience of suicidal thoughts?

Very Safe	Safe	Unsafe	Very Unsafe

Scoring

Participants are not going to be recruited if:

1. They reply No in question A
2. They reply Yes in question B
3. They reply 1 or 3 in question C
4. They reply 2 or 6 in question D
5. They reply ‘Unsafe' or 'Very unsafe' in question E

Appendix IV – Invitation Letter

UNIVERSITY OF EAST LONDON
School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

The Principal Investigator(s)
Adila Mahmood
Contact Details: u1521052@uel.ac.uk

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate a research study. The study is being conducted as part of my Professional Doctorate in Counselling Psychology at the University of East London.

Project Title

Experiences of suicidal ideation

Project Description

This research aims to look at how individuals experience having suicidal thoughts, and not acting on these.

As part of the research you will be invited to an interview to discuss your personal experience of having suicidal thoughts in the past.

Confidentiality of the Data

The interviews will be audio recorded and transcribed, and your identity will be protected, as the data will be anonymised in the research. Digital data will be saved on a password protected USB and hard copies of data will be stored in locked cupboards. Research supervisors at the university and examiners may have access to anonymised transcripts. Anonymised transcripts will be kept after submission of research, for publication purposes in the future and recordings will be destroyed after being transcribed. All data will be destroyed after 5 years. Any identifiable information will be changed to protect your identity.

To ensure your safety, the researcher may be required to breach confidentiality if suicide intent is disclosed by you.

Location

Interviews will be conducted in private rooms at the University of East London (above address). Interviews will also be offered over Skype.

Disclaimer

You are not obliged to take part in this study and should not feel coerced. You are free to withdraw at any time before the interview. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason. You will have a right to withdraw up to 2 weeks after the interview has been conducted.

As a result of participation in this study, you may feel distressed speaking of a distressing time in your life. You will be given contact details of psychological services you can access if you feel the need to do so as a result. The researcher will also stop the interview if you feel distressed and do not wish to continue with the interview at any point.

There will be a chance for you to discuss your thoughts regarding participation at the end of the interview and to ask questions or raise any concerns you may have.

Please feel free to ask me any questions. If you are happy to continue you will be asked to sign a consent form prior to your participation. Please retain this invitation letter for reference.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor [Dr. Yannis Fronimos, School of Psychology, University of East London, Water Lane, London E15 4LZ, 020 8223 4497, i.fronimos@uel.ac.uk]

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mary Spiller, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Tel: 020 8223 4004. Email: m.j.spiller@uel.ac.uk)

Thank you in anticipation.

Yours sincerely,

Adila Mahmood

Appendix V – Debrief

Debrief

Thank you for participating in the research study. As mentioned the aim of the research was to gain insight into how individuals experience having suicidal thoughts and not acting on these.

The following questions allow you to reflect on how it was to take part in the interview.

1. How do you feel having completed the interview?

2. Do you have any concerns/questions about the research?

3. Do you feel that you were able to talk about areas that are important to you? Were there any questions you feel I should have asked you?

4. Do you have any observations or recommendations about what would make this interview more effective?

I understand that doing the interview, may have been difficult for you, possibly reminding you of a difficult time in your life.

If you feel the need for further support, please contact the numbers below. Alternatively, you can contact your GP to be referred to your local psychological service that may be able to provide you with further support.

Thank you for your time.

Appendix VI- List of services

Useful contact information

Samaritans helpline
www.samaritans.org
Tel: 116 123
Email: jo@samaritans.org
663 Lea Bridge Road, Leyton, London, E10 6AL

Mind - for better mental health
www.mind.org.uk
Tel: 020 8519 2122
Email: supporterservices@mind.org.uk
15-19 Broadway, Stratford, London, E15 4BQ

Sane
www.sane.org.uk
Tel: 0300 304 7000 (4.30pm-10.30pm daily)
Email: info@sane.org.uk

Appendix VII – Research Ad

PARTICIPANTS WANTED

Your experience may help others!

Research on experiences of suicidal thoughts and not acting on them

Participants must:

- Be over 18
- Have experience of having suicidal thoughts and not acting on them
- Have recovered from having suicidal thoughts for at least **2 years**
- Have had therapy in the past to address their concerns

Please contact me for more information:

Adila Mahmood

u1521052@uel.ac.uk

School of Psychology
University of East London
Stratford Campus, Water Lane

London

E15 4L

Appendix VIII – Informed Consent

UNIVERSITY OF EAST LONDON

Consent to participate in a research study

Experiences of suicidal ideation

I have the read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed. I understand that confidentiality may be breached if I express suicidal intent.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time prior to the interview without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw 2 weeks after the interview, the researcher reserves the right to use my anonymous data in the write-up of the study and in any further analysis that may be conducted by the researcher.

Participant's Name (BLOCK CAPITALS)

……..

Participant's Signature

……..

Researcher's Name (BLOCK CAPITALS)

……..

Researcher's Signature

……

Date: ……..

Appendix IX – Interview Schedule

Project Title: Experiences of surviving suicidal ideation

Course: Professional Doctorate in Counselling Psychology

Name: Adila Mahmood

Participant details

Age: _____

Gender: _____

Ethnicity:_____

Previous therapy (reason for seeking therapy, time, orientation, duration):

_____
_____
_____

Interview Questions:

1. **Tell me about your experience of having suicidal thoughts?**

Prompts: When did they start? What was happening at the time?
What were the actual thoughts?
Can you remember how it was actually thinking you want to kill yourself
Plans?
Different times/places/situations?

2. **What happened next? What kept you safe?**

Prompts: Protective factors (thoughts, people, places, identities, meaning, religion)
Experiencing protective factors (thoughts, emotions, behaviour)

3. **Looking back on the experience, how do you make sense of your experience now?**

4. **Is there anything else you would like to add to what we discussed?**

Appendix X- Transcript showing numbered lines

I: Okay so, the first question is about your suicidal thoughts. Do you remember when they started and what was happening at the time?

P: Yeah, erm, it's probably er the first time was probably when I was 17, erm, and like I think it was mainly because of the whole, I was taking a lot of drugs (laughs). When I was a teenager, not a lot of drugs but just like cannabis and stuff when I was like a young teenager like in my teens and I think that was like the catalyst for it erm and then I just went, I became very withdrawn erm just very anxious all the time really like paranoid and then it kind gradually got worse. Erm, and then yeah it just continued really and it continued for like a good few years till I was about 22. And then I got into my new relationship and then it all kind of sort of calmed, I kind of learnt how to control it a bit more. When I was in my teens I couldn't control it.

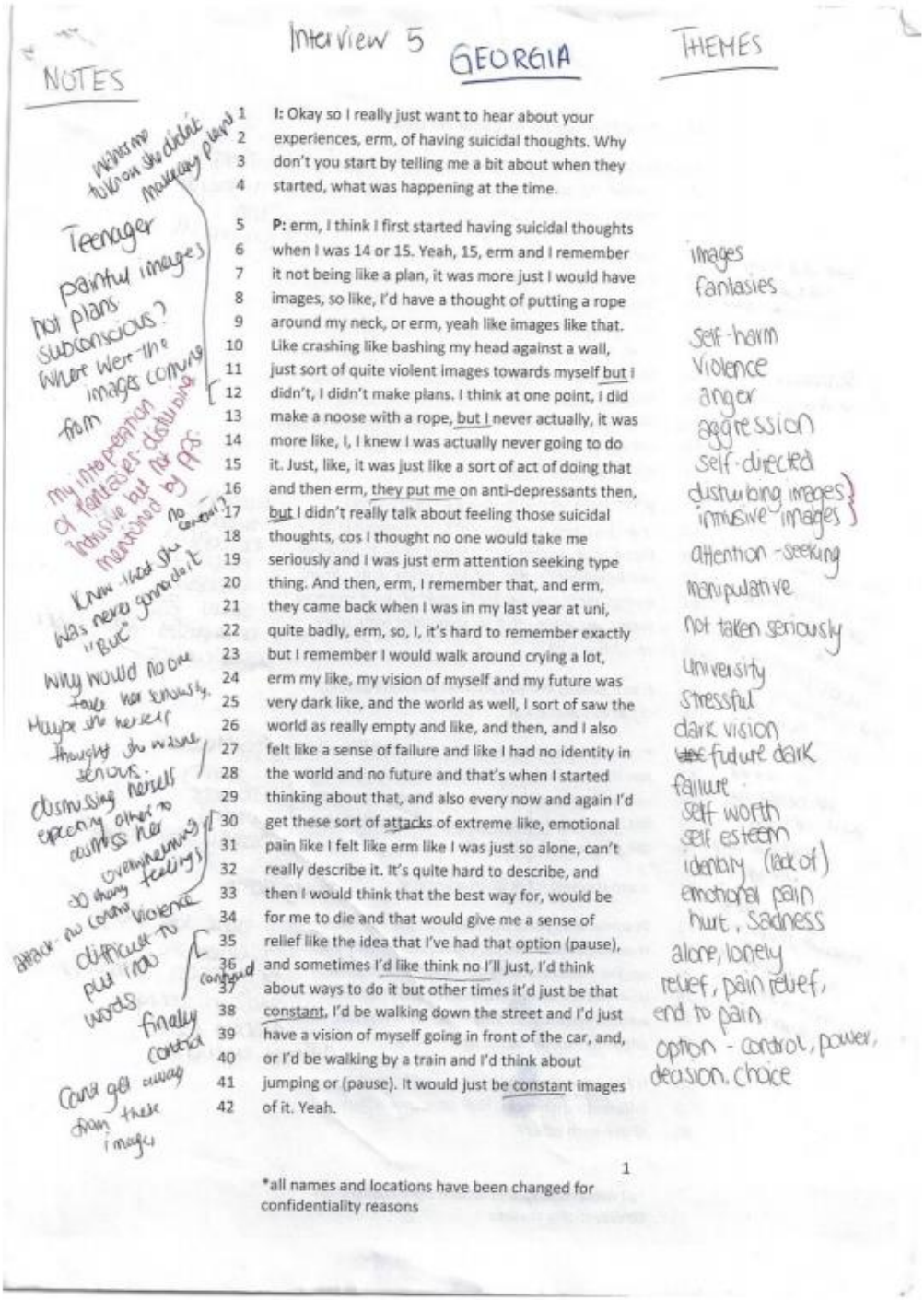
I: okay, and you said that you were taking cannabis at the time and that's what kind of exacerbated the thoughts

P: yeah definitely that was definitely the main thing for me. Once I got to the point of where I was like with my mental health I stopped. Cos I knew, I knew, I kind of had insight, I knew that was the main cause at the time erm but obviously now I still have the effects of it left, like some anxiety now. Erm anything could be a trigger really like change, change in

Appendix XI- Transcript showing sighs/laughs/pauses

has on the children even as grown-ups. Erm I remember as a kid I wanted two things in life, and one was to be professional footballer and second was to be erm you know for my parents never to break up you know. I remember thinking ah, as a kid, erm trying to make a choice between my parents breaking up and being a professional footballer what would I choose? Cos those were the two most important things to me and you know here I am you know 28, not a professional footballer and and my parents hate each other and so (laughs). Welcome to life you know (laughs). Erm but yeah I think, I think that was having a massive effect on me as well because it was messy, my dad was bitter, I hadn't had a proper relationship with my dad but I moved down there with him and (sighs) when you're

Appendix XII – Example of Transcript showing left hand side comments



NOTES

Interview 5 GEORGIA

THEMES

I: Okay so I really just want to hear about your experiences, erm, of having suicidal thoughts. Why don't you start by telling me a bit about when they started, what was happening at the time.

P: erm, I think I first started having suicidal thoughts when I was 14 or 15. Yeah, 15, erm and I remember it not being like a plan, it was more just I would have images, so like, I'd have a thought of putting a rope around my neck, or erm, yeah like images like that. Like crashing like bashing my head against a wall, just sort of quite violent images towards myself but I didn't, I didn't make plans. I think at one point, I did make a noose with a rope, but I never actually, it was more like, I, I knew I was actually never going to do it. Just, like, it was just like a sort of act of doing that and then erm, they put me on anti-depressants then, but I didn't really talk about feeling those suicidal thoughts, cos I thought no one would take me seriously and I was just erm attention seeking type thing. And then, erm, I remember that, and erm, they came back when I was in my last year at uni, quite badly, erm, so, I, it's hard to remember exactly but I remember I would walk around crying a lot, erm my like, my vision of myself and my future was very dark like, and the world as well, I sort of saw the world as really empty and like, and then, and I also felt like a sense of failure and like I had no identity in the world and no future and that's when I started thinking about that, and also every now and again I'd get these sort of attacks of extreme like, emotional pain like I felt like erm like I was just so alone, can't really describe it. It's quite hard to describe, and then I would think that the best way for, would be for me to die and that would give me a sense of relief like the idea that I've had that option (pause), and sometimes I'd like think no I'll just, I'd think about ways to do it but other times it'd just be that constant, I'd be walking down the street and I'd just have a vision of myself going in front of the car, and, or I'd be walking by a train and I'd think about jumping or (pause). It would just be constant images of it. Yeah.

*all names and locations have been changed for confidentiality reasons

Appendix XIII – Example of Transcript with notes on left side and themes on right side

NOTES

nothing good.

Using stories to express her feelings.

The 'girl' -> is it her?

Even a good day but horrible. No good ever.

there is something inside of her. An object? It doesn't belong to her? It's not part of her?

concept of death is appealing

Escape solution trapped in her sad life. no other way to escape death

remembering she was cared for

making parents suffer through harming self. indirect way internalised aggression

cant see anything else but her struggles? overwhelming?

you've ever felt before, where you can't find a single ray of light and nothing seems worth it. I remember, I remember when I was like 15/16 around that time, and this is something that, I wrote a little story in my diary about this girl who everything was fine that day but the assumption was that she had had some struggles anyway, but that was a perfectly fine day and she came home and she killed herself and the last line of it was something along the lines of today was a good day. And I said it in the beginning of the story as well and I think that's something that rings true for suicidality, it can be a perfect day but when your life is being painted by this thing that lives inside of you, even a good day can be a perfect day to kill yourself which makes it even scarier. Yeah.

I: mm and when you were older and you experienced these thoughts, do you remember what that was like?

P: Yeah, I mean it was always, it's never really anything complex it's just kind of pure, (pause) there's no other way out and this is it, that's just always what it turns into that it's never gonna get better, I wanna die, like I wanna kill myself.

I: And do you remember what was keeping you safe at that time?

P: erm, in high school I had friends, I did have people who really cared and were really concerned erm, sometimes you know, throughout my lifespan, sometimes I would think about my parents and what it would do to them. But it's very rare I think about them, I think, one because they were such a source of my pain for so long erm, but two because I just, I didn't, when you're in that, well for me, when I was in that headspace I didn't really want to figure anyone else in the picture erm, because I

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THEMES

new level or extremity of feeling
no ray of light
nothing good
no hope to hold on to
writing stories
expressing self
fantasy
'Today was a good day'
one good day can't make up for others
planned out and completed
thought out plan
underlying feeling of sadness
'Even a good day can be a perfect day to kill yourself'
Scary
no good thing is good enough to stop being suicidal
thing that lives inside you
creature
something external
object, control
No other way out
Suicide is the only way out
never getting better
I want to die
kill myself
violence to self
people that care
people concerned
thinking about good things
thinking about family
consequences of suicide
parents are source of pain
revenge?
making them suffer
trying not to think about parents
angry at parents
expression of anger
5 rage internal

Appendix XIV – Example of Transcript with themes on the right side

Interview 2 BILL Skype interview

NOTES THEMES

I: okay, so why don't you tell me a bit about your experiences of having suicidal thoughts

P: okay that's quite broad, yeah okay. Erm, (3 second pause) I think like in order to understand or explain why my suicidal thoughts came about for a little while erm and probably, erm I guess therapists and nurses and and people in medical profession hear this a lot but erm ah, I think a lot of it was related to stuff that happened when I was a kid erm and as a teenager, erm there are a couple of things that were quite traumatic to me. Er, one was erm we we fostered a lot as kids, erm, you know we fostered all different types of kids and they all had a lot of different issues erm, one we, we fostered three, er set of three brothers which was like, it was mental. My mum is like superwoman, erm she has 7 of us erm the council hired us a mini, a mini bus that so she'd drive us all to school. Erm, and I suppose that, without really getting into specifics erm, if you don't mind, but er, I probably prefer not to go into specifics.

I: Sure

P: There were a couple of incidents and erm that, that just really stuck with me related to erm having to erm you know share my childhood with three boys that were damaged erm emotionally abused, er sexually abused erm and I think it just had such a profound effect on my psyche, and my perspective of the world erm that I didn't, I didn't really understand till I started having (2 second silence) really dark thoughts myself as an adult erm really like deep depression that I, cos I related it. I guess you start thinking back to when you, you start tryna understand why you feel the way you do erm and you do reflect on traumatic things that have happened to you and a lot and a lot of stuff

1

*all names and locations have been changed for confidentiality purposes

Appendix XV – Excel Spreadsheet Individual Interviews

A	B	C	D	E	F	G
Ugly	**Feeling attacked**	**Friendship break up**	**Unbearable**	**Persecuted by thoughts**	**Worthlessness**	**Self-criticising**
horrendous acne (1.10)	hounded (1.17)	toxic friends (1.13)	can't cope (1.25)	night after night (1.23)	substantially low self worth (1.30)	blaming self (1.30)
	wild (1.17)		too much (1.26)	suicide is an option (1.142)	not charismatic (1.12)	it's my fault (1.30)
	attacking (1.17)		better if dead (1.31)	continuous thoughts (1.55)	feeling like a failure (1.71)	constantly self-criticising (1.87)
	violence (1.17)		intense (1.341)		worthless (1.69)(1.79)	failing at suicide (1.281)
	badly bullied (1.9)		difficult (1.340)		wasting someone's time (1.475)	
					not deserving someone's time (1.475)	

Interview 1 | Interview 2 | Interview 3 | Interview 4 | Interview 5 | Interview 6 | Themes from all interviews

Appendix XVI – Excel Spreadsheet Clustered Themes

Images of violence to self	People won't take me seriously	Walk around crying	Dark
rope around neck (5.9)	I'm attention-seeking (5.19)	crying a lot (5.24)	vision of self (5.24)
bashing head against a wall (5.11)	being dismissed (5.726)		vision of future (5.24)
disturbing images (5.10)	risk managing (5.736)		
self-directed (5.12)			
going in front of a car (5.40)(5.246)			
jumping in front of a train (5.40)			
want to rip my body apart (5.240)			

World is fruitless	I'm a failure
saw the world as empty (5.26)	worthless (5.27)(5.121)(5.559)
fruitless opportunities (5.106)	there's something inherently wrong with me (5.121)
empty (5.107)(5.111)(5.635)	therapist didn't like me (5.366)
no good can come (5.108)	I've done this to myself (5.543)
no meaning (5.107)	
no fulfillment (5.111)	

Appendix XVII – Excel Spreadsheet showing all transcripts

Dark	Worthlessness	Unbearable / all consuming / overwhelming	Feeling alone
dark thoughts (2.37)	substantially low self worth (1.30)	can't cope (1.25)	no one to talk to (1.423)
indulging in dark thoughts (2.155)(2.370)(2.568)(2.821)	not charismatic (1.12)	too much (1.26)(2.299)	wanting help but difficult (1.447)
wallowing (2.162)(2.568)	feeling like a failure (1.71)	better if dead (1.31)	connecting with others (1.554)
dark place (2.459)(2.508)(2.521)	worthless (1.69)(1.79)	intense (1.341)	sense of community (1.580)
no light (2.460)	wasting someone's time (1.475)	difficult (1.340)	feeling like a part of something (1.580)
no way out (2.460)	not deserving someone's time (1.475)	unbearable pain (4.58)	sense of belonging (1.580)
grey (2.508)	worthless (3.257)	unbearable (5.90)	withdrawn (3.11)
grey cloud (3.199)	not good enough (3.258)	overwhelming (1.95)(5.90)	alone (3.11)3.76)
darkness (3.199)(3.255)(3.299)	Not feeling important (4.341)	culmination of things (2.299)	suspicious of others (3.73)(3.267)
overshadowing (3.199)	I'm a burden (4.337)	too much (2.299)	unable to make new relationships (3.266)
no brightness (3.199)	Kids will be better off without me (4.339)	several things at once (3.159)	unable to connect (3.266)
no light (3.199)	I have no value (4.342)	overcome with stress/difficulties (3.167)	need for supportive others (3.280)(3.645)
bleak (3.255)(4.315)	worthless (5.27)(5.121)(5.559)	deep, dark, anxious state (3.299)	need people who understand (3.281)
darkness (4.315)	Not feeling good enough at job (4.234)	deep in thought (3.600)	seeking support (3.285)
dark (1.48)(1.304)	at job (4.234)	too much (4.12)(4.163)(4.219)	wanting to be alone (3.350)
difficult (1.48)		all prevailing (4.23)	suddenly left alone (4.224)
empty (5.72)(5.240)		overwhelmed (4.162)	relationship ended (4.224)(4.277)
raw (5.72)		all consuming (4.382)	wanting someone to talk to (4.255)
dullness (5.111)(5.127)		full (6.600)	wanting someone to be there for him (4.255
bleakness (5.545)		unable to take anymore (6.600)	love interest disappeared (4.277)
no colour (5.545)		consumed by pain (2.538)	nowhere to go (4.285)(4.314)
		drowning in pain (2.538)	alone (5.83)(5.105)(5.165)(5.251)(5.558)
		meaning of pain (2.608)	lonely (5.105)
		making something of pain (2.645)	disconnected (5.105)

Page 5

Appendix XVIII – Sample of Excel Spreadsheet showing merged themes

Keeping up appearances	*Nothing and no one can help me*	*Overwhelmed*	*I'm ugly and worthless*	*Not wanting to hurt others by suicide*
Not wanting to be noticed	Hopelessness	All-consuming	Worthlessness	Not wanting to hurt family
being different on the surface	Dark	Worn out	I'm not worth noticing	How will my suicide affect others
I shouldn't ask for help	Not experiencing the beauty of the world	Unable to relax	Self-criticising	Setting an example
	Fear of the future	Numbness	Feeling inherent guilt	Suicide is selfish
	Residual anxiety		Shame	
	Only seeing the negative in life		Comparing self to others	
	Even a good day can be a perfect day to kill yourself		Ugly	
	Let down by mental health service			
	Deep depression			
	Others won't understand me			

This is not me	*Feeling angry at self*	*Others hurt me*	*In connection with others*	*Avoiding emotions*
No solid sense of self	Frustrated with self	Intense romantic relationship	Oasis of falling in love	keeping distracted
This is not me	violence towards self	Others with similar feelings made it worse	Good friends protective factor	Drugs/Alcohol
Something wrong with me	Attacking self	Attacked	Feeling heard	Avoiding emotions
scared of self and potential of violence	feeling overdramatic		Advice from others who have had similar experiences	
Surreal			Having a calm presence	
Psychotic thoughts			Supportive network	
Introduced to the idea of suicidal thoughts				

Appendix XIX Sample of Excel Spreadsheet showing merged themes 2

I have no control	Taking control	in connection with others	*Finding purpose/woundedhealer*	*Avoiding emotions*
Life is out of my control	*Taking control*	*in connection with others*	*Finding purpose/woundedhealer*	*Avoiding emotions*
Destined for depression	*seeking help*	*Not wanting to hurt others by suicide*		
Being at the mercy of feelings	*Reflection and understanding*			
	Finding strength within			
I really don't want to do it	***Unstable early years***	***Wanting revenge***	**It's too much**	**There's no point**
Theres no turning back	*Unstable early years*	*Wanting revenge*	*Being in extreme emotional pain*	*No sense of purpose*
Suicide is a bad death			*Overwhelmed*	*Nothing and no one can help me*
It's scary				

Victim to life	Finding purpose/woundedhealer	I hate myself	I can't cope	Taking control
I have no control	Finding purpose/woundedhealer	I hate myself	Avoiding emotions	Taking control
Unstable early years			It's too much	
There's no other way	**Conflict**	**Wanting family to suffer**	**sense of belonging**	**Feeling vulnerable and exposed**
Looking for a way out of the pain	I really don't want to do it	Wanting revenge	In connection with others	Feeling vulnerable
There's no point	Constant battle / what shall I do			

Purpose	Taking control	Despair	Conflict	Punishing	Belonging
Finding purpose/woundedhealer	In control	I'm a weak victim	in conflict	I hate myself	sense of belonging
		Nothing to live for		Wanting family to suffer	