Understanding the process of suicide through accounts of experience – A new focus for suicide prevention

BACKGROUND INFORMATION

Why we carried out this research: Finding a new focus for suicide prevention

The people who stand the most chance of preventing suicides are ordinary people, the friends, colleagues, neighbours and family members of those whose lives are at risk. Only one in four people who kill themselves are in contact with mental health services at the time of their death, and those who are spend very little time in the presence of professionals. This means that health care professionals are often not in a position to help people who are feeling suicidal.

Despite this important role for ordinary members of the community in suicide prevention, it is mostly left unrecognised and unsupported. Most suicide research is targeted to help professionals to identify those at risk and to respond, while the evidence base to assist friends and family as they struggle to spot signs of danger and to help is very thin.

With this research project we aimed to make a sizeable contribution to that evidence base and enable a much larger proportion of the community to take part in preventing suicides than is possible at present. In doing so, we believe that health care professionals will also benefit from the increased understanding of the process of suicide; despite all the research to date, predicting a suicide is still incredibly difficult and many care providers are not able to respond appropriately when a risk is identified.

Understanding suicide from a first-person perspective

In order to carry out this study we used a qualitative method called 'grounded theory'. We took a qualitative approach because most existing suicide research focuses on quantifiable risk factors (bereavement, unemployment, etc.) and psychiatric diagnoses. In doing so it overlooks the many different ways in which someone might be feeling suicidal and the varied signs and behaviours which might be noticeable to those around them. Also, quantifiable risk factors are never sufficient as reasons for suicide; focusing on them renders suicide impossible to understand. What is needed is an account of

the suicidal process in which those risk factors do explain suicide, given the person's lived background experience.

Our interpretation of the method was to start with the freely told stories of our participants without much interference from the researchers, and from these to come up with further, more specific questions. In a grounded theory study, you try to stay as theory-free as possible until you've actually talked with your participants. That is how you end up with a theory that is 'grounded' in the experiences of your participants. In a sense this process is the opposite of the standard scientific research project, in which you start with a theory and a hypothesis you are trying to support.

In grounded theory there is also open-mindedness regarding what counts as evidence, so we were able to include diaries and poems and other such materials in the study.

Academic and research literature in grounded theory is used at a late stage in the study, and from a wide range of disciplines. When we had analysed what people had told us sufficiently to know that trust, worth and exhaustion were going to be important, we reviewed books and articles from philosophy, psychology, sociology, theology and even neuroscience to refine and deepen our understanding of the process.

As in all grounded theory, our aim was to explain, as well as to describe. So although we were interested in the lived experience of suicide (what it is like for those involved), we also wanted to understand the process of suicide and attempted suicide.

Background research

Our earlier qualitative study, supported by the James Wentworth-Stanley Memorial Fund, of the experience of suicidal feelings provided a solid foundation for this project. In that study we analysed 124 questionnaires and 21 interviews, and from them developed an understanding of 'the feeling of being suicidal', a set of alterations to the experience of self, world and other people shared to some extent by all people who feel suicidal.

To learn more about this study please visit http://www.sane.org.uk/resources/research_studies

Who took part?

We talked to people who had, in the previous 5 years, lost a close friend or relative through suicide. We also talked to people who had attempted suicide themselves within the last 5 years, together with their close friends or relatives. The 'significant others' we spoke to included mothers, fathers, partners, sons, daughters, sisters and sisters-in-law, and friends.

We interviewed 14 people who had attempted suicide, and 15 of their family or friends, and 25 people bereaved by suicide (21 cases of completed suicide). Of those who had attempted suicide, 79% (n=11) were female and 21% (n=3) male. Of those who had completed suicide 38% (n=8) were female and 62% (n=13) were male.

The age range of those who had attempted suicide was 19-55 years, with a mean age of 40 years. For those who had completed suicide, the age range was 21-63 years, with a mean of 40 years.

Using our results to help everyone to take part in preventing suicide

Our findings will be used to make SANE's services better, and improve the way our helpline and email volunteers recognise and respond to suicidal distress. The results will inform our campaigning and media activities, as we work towards better recognition of and support for family members and friends as they try to alleviate suicidal distress and prevent suicides, as well as to raise awareness about suicide among the general public. We will also campaign for better services for suicidal people.

 So, for example, we will write about our research to the relevant policymakers and inform journalists who are writing about suicide in the media. And we will contact NHS treatment providers and speak to them about our findings.

We have created a web resource - 'SANE on suicide' - based on our findings. The resource was developed together with people who have been suicidal, families bereaved by suicide and support professionals. It is designed to communicate with as wide an audience as possible, so that more people can recognize when someone might be suicidal and do something to help. This online resource will be supplemented by information leaflets distributed through GP surgeries.

In addition, we'll write articles for publication in academic journals and speak about our research at conferences.

Limitations

We found a lot of commonalities in the stories of the people we spoke to and we expect that others will have had similar experiences. However, there might be other experiences that could be uncovered by additional studies of suicide.

FINDINGS

We identified three contributing factors to the process of suicide: lack of worth, lack of trust and suicidal exhaustion. These factors interacted in many subtle ways, but a useful simplification might be to think of the first two as background experiences from which suicidal exhaustion emerges.

'Background experiences' are very basic experiences that make up the background of a person's life. These experiences are often unnoticed but they still influence the way life is lived.

1. Lack of worth

Having a sense of our own worth and of the meaning and value of life gives us reasons for acting, for taking on projects and responsibilities. We do things because they matter to us, and also because we think that we matter to others. Without this sense of worth it can be hard to find reasons for acting, and to feel valuable.

> *"I feel very worthless, unimportant, done nothing with my life. I just feel really crap about my life, I feel as though I had so many opportunities that I should have taken, and I didn't."*

Having a sense of worth enables us to keep going, and gives us satisfaction and joy in who we are and what we do.

For people who are suicidal, or susceptible to feeling suicidal, there are problems with maintaining these feelings of worth. Perhaps everyone has times when they feel that they're not making a valuable contribution, or that what they are engaged in might not be so worthwhile after all. But these doubts can have a stronger impact on people who are suicidal because they experience their worth in a way that makes them more vulnerable.

Contingent and non-contingent worth

Our research suggests that when suicidal, people experience their worth as *contingent*. Contingent worth depends on something else for its value; something has contingent worth when it is done for the sake of something else. People have worth in their various roles, and their worth in these roles depends on their performing those roles to at least an adequate standard. Likewise, a project might have contingent worth because it is of value to something or someone else.

Non-contingent worth is the kind of worth that is just there. Perhaps this idea is a little more elusive. In philosophy, one idea is along the lines that people have non-contingent worth precisely because they can find value and purpose in their lives and are able to decide what is worthwhile to *them*, without necessarily having to refer to anything or anyone else[i]. For example, someone might value walking in the woods, or reading books, or listening to music, and spend a lot of time doing these activities, but not because they considered these things to be improving their health, or their minds (although they might believe that they do). The activities would be pursued just because they seemed meaningful and worth doing (and most probably also enjoyable), without the need to justify or question and explain.

> *"I had this stressful job, I decided I couldn't carry on so I went to the doctors. He put me on the sick. Then you start feeling worthless when you're on the sick. Not doing anything, you're a letdown. All that type of business."*

Both contingent worth and non-contingent worth are a part of the experience of ordinary living. But people who are suicidal seem to be missing a sense of non-contingent worth, and that means they are

> "I do feel, even when I'm well that that's my role: to look after everybody. I think that's a mother isn't it, to look after everybody but myself, and it's very difficult because I feel as if, if I admit to anybody that I'm not coping, then it's almost as if I'm failing."

likely to repeatedly question whether they are good enough, or whether what they are doing is worth doing.

People who lack non-contingent worth can still have a high sense of worth and act in a very motivated and purposeful way. But imagine that there are two people, both with apparently high levels of worth. Only one, though, has a sense of both their contingent and non-contingent worth. What happens when these two people both experience a loss of contingent worth? This can happen for many reasons, for example they may be struggling at school or work, being made redundant or asked to retire, or their children may be leaving home or they may be separating from their partners.

The person who has both senses of worth has something to fall back on but for the other one, loss of contingent worth can result in the experience of a complete and potentially catastrophic loss of worth.

Maintaining a sense of worth

People who are suicidal have often worked very hard to maintain a sense of worth. One of the striking things we found from talking to participants was the importance they often attached to having a role or a purpose.

A role isn't necessarily something that you can easily define, like 'mother' or 'teacher' or 'husband'; it can also be a vague idea of 'who the person is meant to be', an idea usually based on the perceived expectations and/or needs of those around him or her.

Because self-worth is attached to fulfilling a role or achieving a goal or purpose, a lot of work goes into achieving high standards, even at the expense of meeting one's own needs.

It also means that when things become difficult, problems in maintaining the role and meeting expectations are hidden. People will put on a performance, both as a way of maintaining their self-worth and because they do not want others to know

> "It was amazing when you think about it, how he could snap, from being really, really not well to: 'I'm OK, and I'm this normal, pleasant person'. He was my life, and we'd been together for a long time, and yet, who was this other person that I never knew? Because there's like the flip-side of him, that I didn't really know. And it was this disguise. Well, did he love me at all? Or did he just pretend to? But he can't have pretended for thirty years. Sometimes it feels like there was another person that I didn't know, the other side of him that wasn't the one he showed the world."

that they are struggling. Contingent worth is often very dependent on the estimation of other people and for some, having a 'hidden self' can also be part of a more long-term strategy for coping with feelings of worthlessness. For both the suicidal person and those close to them it can seem that there are two different people.

For some, high standards may mean that at times responsibilities come to feel overwhelming and goals impossible to achieve, and the person seeks instead to avoid commitments or challenges.

If all of the person's sense of worth is invested in what they are able to contribute, when they are unable to do so, they can experience feelings of failure, of shame and guilt, and feel that they are a burden. At the same time, they feel unworthy of the concern and care of others.

2. Lack of trust

What is trust? Trust is complex and very difficult to define. It seems to be one of those things that people only really notice when they don't have it.

When people do trust, they are able to ignore the fact that they can't completely know other people's feelings, thoughts or motives, or the future – even their own feelings and motives are partially obscured from us.

Trust allows people to think, feel and behave as if things are certain and simple, when in reality they are uncertain and complex. Trust enables a person to make a commitment to a positive version of the future and act accordingly. In other words, trust enables people to act, to do things, which we refer to as having *agency*.

Trust is social and relational - it happens between people and is a part of human social relationships. Trust is how we open up to another person. Rowan Williams, the theologian and now-retired Archbishop of Canterbury, wrote in his book *Tokens of Trust* that mistrust comes about when we feel another's agenda is different from our own, and they are being

> *"When I get into a panic the main thoughts that dominate are: 'Who am I?', 'What is this thing called life?', 'How can I have the confidence to act?', 'The world is so big, how can my understanding of it have any authority?', and so on. And from those doubts spring all the fearful imaginings that I might fall apart completely and be overwhelmed by a sea of doubts. (…) When I am anxious all sorts of possibilities sprawl out before me; one of the challenges is containing the sense of infinite indecisiveness."*

untruthful about it. We might fear that they are trying to get us to open up and reveal ourselves, without being prepared to do the same themselves. In this case trusting could be too risky. Trust takes you closer to others, whereas distrust takes you further away, and although both can be useful at the right time and place, lack of trust can become a problem for people who are vulnerable to feeling suicidal.

When trust is lacking people may feel wary or suspicious of others, or feel that they are not fully trustworthy themselves. Without trust uncertainty can feel overwhelming and the person can become anxious.

Without trust there is no agency - people stop being able to do things in their lives and to function normally.

Trust and the process of suicide

It seems that part of the process leading towards a suicide or suicide attempt is a lack of trust, not just in situations that warrant caution, but throughout many aspects of life. This lack of trust may become evident through a number of different experiences, which centre on how the person feels about relationships, and how they manage anxieties.

"There were a couple of occasions for about a year before he killed himself when he kind of accused some of his other friends of shopping him in to the TV license people, and really odd things which were really out of character, like almost paranoid episodes. Which I didn't know about at the time, you know, but he'd set up CCTV cameras in his house and things."

Trusting others

Trusting others can be especially difficult for some people, and they may not feel comfortable sharing their feelings or responsibilities with anyone else. This can sometimes be due to past experiences in which they felt betrayed or let down. Other people may think of them as 'independent' because they take on extra responsibilities or seem to like being 'in charge' - in other words, they'd rather not rely on anyone else. Not trusting others may not be immediately problematic and some people rely on themselves for years. However, if that person's confidence is knocked and they begin to doubt their ability to cope, without anyone else to trust, suicidal thoughts, feelings and behaviours may escalate.

Feeling (un)trustworthy

One aspect connected to losing trust in others can be feeling that others have lost trust in you, and this can lead to feeling that you are untrustworthy. Sometimes a person may feel their family or friends don't trust them because of things they have done in the past, for example previous suicide attempts. The person may try very hard to gain the trust of others, but find they are met with suspicion by those around them who are scared about what is happening. This can become a vicious circle, as the person hides what is really happening in an attempt to gain the trust of others, and unintentionally becomes less trustworthy in the process. In some cases the vicious circle starts when the suicidal person is not trusted and loses trust in others as a consequence.

Losing trust in yourself

A further aspect of feeling untrustworthy is starting to doubt yourself. For some people this means losing confidence in their ability to be a 'good' person and fulfill their role (as parent, friend, partner), for others it might be losing confidence in their performance (for example losing confidence in their ability to do their job well or get good grades in their studies). For others, there may be a loss of trust in their own actions; they may feel they cannot fully trust themselves to keep themselves safe.

Anxiety and feeling unsafe

Without trust, feelings of anxiety can become overwhelming. The world can seem like a very unsafe place and a person can feel frightened and anxious. They may feel they have no confidence, or feel overwhelmed with doubts and worries. At its worst, these feelings can become debilitating and leave people unable to undertake any meaningful activity. Anxieties become outright fears, and in some people phobias such as agoraphobia.

For some people, losing trust can extend to feeling quite paranoid about those around them, or society at large. Sometimes their worries can seem out of proportion with reality. They may believe they are being watched, talked about, or are about to be 'caught out' by the authorities. Financial worries sometimes seem to drive these fears, but they can also relate to their concerns about what friends and family 'really' think of them.

> *"I guess the reason why the therapist failed was that she was very good, when asked a personal question about how she felt, she was very good at not answering, taking control of the conversation so that she didn't have to think about and confront her feelings. She really wanted somebody that she trusted, that she could actually let in, so that she could start looking at her feelings. And that's just what she didn't get."*

Coping with a lack of trust

Because of the difficulties with relationships and overwhelming anxieties and fears that a lack of trust can bring about, many people use alternative strategies to deal with the uncertainty and complexity of life. These strategies can be seen as 'trust substitutes', and can be very successful, but eventually, the strain of having to substitute trust with other strategies such as hiding feelings and seeking control can become exhausting (see below).

Hiding how you feel to protect yourself and others

Some people struggle to trust others enough to show how they're really feeling. They become guarded and believe that sharing their feelings is too much of a risk to take. They may not trust that others will use that information well and feel that sharing their feelings will make them more vulnerable. Instead they may prefer to keep people at arm's length by putting on a 'front' or not revealing too much of themselves. For some people, they may not be able to trust that others would be able to cope with hearing about difficult feelings, or may be trying to protect them from having to do so.

Seeking certainty, control and order

Another way to cope with uncertainty is to try to create order. Things can seem more orderly and certain if you take control of them. For example, this could be by working very hard in order to try to guarantee the outcome of something. Or it could be by taking charge of a project. When things don't go to plan, it can seem catastrophic.

Seeking reassurance

Sometimes no matter how hard you try to hide your vulnerabilities, or create order and certainty out of uncertainty, you are left with the feeling that what you are doing is not good enough. One aspect of losing trust is losing trust in yourself, losing confidence in your ability to be a good person or perform to an acceptable standard. In order to keep going, and as a way to cope with the anxiety of feeling 'not good enough', sometimes people seek reassurance from the people around them. They ask, often repetitively, if they are performing well enough. This can be difficult and frustrating for the people around them, who may think their worries are out of proportion.

3. Suicidal exhaustion

The experience of suicidal exhaustion has many facets – not everyone experiences it in the same way. Some of our participants described it as a special kind of tiredness, which is both mental and physical, and deep enough to colour the person's entire experience of self and world. Participants appeared to struggle to put this experience into words: mundane expressions like tired and exhausted, which appeal to shared experience, didn't quite seem to capture this extraordinary sense of exhaustion.

Instead of focusing inwards, and experiencing a feeling of exhaustion, some suicidal people may notice more how differently they are relating to external things. Though many of our participants did talk about feeling tired in a special way, not everyone who is suicidal may experience exhaustion as a tiredness or have a clear sense that they are exhausted. Some of the participants in our research focused on a sense of not being able to meet the perceived demands placed on them by others or their situation, others experienced whatever they did

> *"You feel exhausted, like … I don't know, like mentally exhausted. It's just a really draining thing to be depressed, it's so tiring. You get so tired I can't even explain how tired you get."*

as requiring huge amounts of effort, even those tasks that would ordinarily be relatively effortless. This feeling of unusual effort meant that in order to do anything, the person had to force themselves to do it. It couldn't be done "without thinking"; mental effort was required. This was sometimes described as loss of motivation.

> *"I just felt that I constantly had to put up a mask, my outside world face. But then it became so tiring and I got so absolutely exhausted from doing that, that I just wanted to not have contact with people."*

A mental exhaustion

Participants frequently described their suicidal condition as mental exhaustion. We have used some psychology research to help us understand what mental exhaustion is.

Professor Baumeister's team at Florida State University has carried out a series of experiments, which he and colleagues have interpreted as suggesting that acts of choice, self-regulation and volition all make use of the same resource[ii]. In other words, when we actively direct our thought and attention, deliberately bring up or subdue mental imagery, consciously regulate emotional responses and suppress emotional behaviours, act against our strongest desire, or make decisions, we make a 'mental effort' and in doing it, we use this resource.

This is also important to know about mental resources: first, that they are mainly replenished through rest, e.g. good quality sleep, and through positive emotion. Second, if someone thinks that the demand on their resources at a future moment will be high and they will not be able to replenish them before future challenges, they are more likely to conserve their energies in the present moment. People who feel exhausted and as if everything requires a huge amount of effort tend to start doing less; this is a way to conserve energy. So it is possible that the experiences of exhaustion and effort suicidal people are reporting have something to do with preparing for perceived future challenges.

Where does suicidal exhaustion come from?

The short answer is that it comes from living without trust and non-contingent worth. Exhaustion arises from these background conditions in many different ways, of which these four are the most important.

1. Lack of trust and lack of worth can both mean that difficult feelings are hidden or even suppressed and denied altogether. Not letting true feelings show in behaviour requires mental effort as spontaneity is lost and the person is left having to manufacture appropriate expressions and responses. This can turn everyday life into a kind of performance, which not only consumes additional energy but also erodes the person's trust-relationships further if they begin to feel that they themselves are untrustworthy, presenting a 'fake' self.

> *"Throughout all my depression I've always been able to be okay for other people. But I couldn't do it anymore, I just couldn't. And they kept saying to me, what is it, what is it? I'm going "I'm just so tired". That's all I kept saying, "I'm so tired". For ages. And they were going "but why?" And I couldn't explain what that meant, I just knew that I was so tired. And I wanted peace, I wanted some peace. And suicide was the only way."*

2. Living without trust and worth can also mean that the person routinely ignores 'messages from the body' in order to act according to values, roles, goals and projects. When people go about their ordinary lives, what they do is guided by their values and long-term goals on the one hand (e.g. wanting to be a good parent or excel as a student) and their body's messages on the other (these include immediate emotional responses to things).

These two ways of being guided work together, so that ordinarily feelings support goals and values and people are drawn to do those things that promote them. Similarly, when acting in accordance with goals and values people experience the feelings that are appropriate for those actions. When someone is suicidal, this synchronicity is disrupted and the person may for example do what they think they should, given the values they live by, but without having the feelings that would normally accompany those actions.

"He was unfit, and getting older, but he'd made no plans to retire. He could have retired at 55, taken a brilliant pension, had half the week off and still carried on working part time. It was ridiculous, it didn't make any sense, but I think he liked being a bit of a martyr, sometimes, you know, making himself ill, very tired. But he wouldn't let anyone help him, apart from my step-mum, who did her best, but he'd kept secrets about how much admin he was doing and all these extra jobs..."

Living without inherent worth often implies over-commitment to roles or goals and having very high standards for adequate performance. In some cases it may also mean that the person has a sense that they need to do something special in order to be of value, something more and better than what is required of others. This – be it academic excellence or altruistic pursuits, which it often was in our study, or something else – may then be pursued "whatever the cost", without due attention to the conservation of mental resources and regardless of mental or physical ill health.

"I do try very, very hard the week before to keep all those balls in the air. And I race around. I describe myself sometimes as running around like a headless chicken... I must seem to everybody as if I'm coping so well, because I've got twenty things going on at once, and it's wonderful, isn't it, and I'm managing, and then bang, that's it."

The self-reliance (both emotional and practical) that is often a part of living without trust is also exhausting, insofar as it leads the person to deal with difficult feelings and thoughts by hiding and suppressing them (as discussed), or to try and take care of everything themselves without sharing responsibilities and work load.

3. Anxiety is a big part of the experience of being suicidal, and an important contributor to mental exhaustion. Ruminations follow from lack of trust, as the person tries to control doubts and fears by repeatedly attempting to fix in their mind a future that

is unbearably uncertain. They also follow from lack of worth which gives rise to incessant questions like "Am I good enough", "Is there any point in doing this?" and worth-saving attempts to answer these in the person's mind. Both ruminating and trying to stop ruminating can deplete mental resources!

4. Sleep disorder was part of almost every story that we heard. People were often simply not sleeping, night after night, or if they slept it was poor quality sleep no better than "just lying there with your eyes closed", as one participant described it. Some experienced vivid nightmares; others woke up in a full state of anxiety, un-refreshed. The experience of anxiety seemed to be intimately connected with sleep disorder. Given that sleep is when our mental resources are usually restored, regular sleep disruption leads to chronic mental depletion.

> *"The last couple of months all this really unraveled and the sleeping; it felt like if he could've slept then I think he could've maybe got a bit more of a handle on how he was feeling. But that Saturday, the week he died, he wasn't able to sleep and he went back to his homeopath in town because he couldn't sleep. His mind was just getting… there was no calm. He was becoming agitated I suppose, and hadn't been sleeping. And then that night, he, for the first time ever he woke me up in the night. And he said to me: 'I'm desperate'."*

4. From lack of trust, lack of worth and suicidal exhaustion to suicide: Motivation and warrant for suicidal acts

Why does suicide seem like the only solution?

Mental exhaustion is common and it can also be chronic without it necessarily motivating suicide. There seem to be two distinguishing features about suicidal exhaustion, which set it apart from ordinary mental exhaustion.

Suicidal exhaustion arises from life itself…

…lived without non-contingent worth and trust. Ordinary mental exhaustion, by contrast, arises from a part of life or even from many different parts simultaneously. People can cope with work stress and illness in the family, for example, and become very exhausted by this without becoming suicidal. Even if solutions to the exhaustion-causing problems seem difficult to come by in practice, the idea of living more restfully is possible to entertain (and can offer relief and hope).

For people experiencing suicidal exhaustion however, the idea of stopping living in this resource-devouring way seems inconceivable. For example, if the person experiences his or her value as contingent on a role, then failing to perform that role threatens to do away with self-worth. Without

being able to function in that role, the person collapses into anxious inactivity, because anything meaningful they have done has always been associated with that role. Or so they think, when suicidal.

To stop hiding feelings and thoughts without being able to trust others seems to risk shameful exposure and make one vulnerable to attack, or it might seem as if a catastrophe of some sort would follow a disclosure of difficult feelings as significant others try to cope with it.

Suicidal exhaustion has an aspect of hopelessness

When suicidal, people are impaired in their ability to think about the future, to have specific thoughts about what future might bring[iii]. Or in any case, insofar as they can imagine a future at all, it is full of the same kind of misery as the present, perhaps worse.

Our research highlights the role of lack of trust in this experience: lacking trust, people are unable to make a commitment to any version of a future (as the sociologist Piotr Sztompka puts it[iv]), not a positive one in any case. This can mean that future demands on mental resources seem undetermined, and that increases the person's sense of exhaustion and effort, which are likely to be affected by beliefs about future ability to respond to challenges.

Sleep disorder also contributes to the person's lack of trust in their future ability to perform, as experience tells them that they cannot rely on sleep to restore them.

The warrant for suicide

If the suicidal person's self-worth and the value and meaning of anything in their life is dependent on their ability to perform the role of 'the person they are meant to be' or 'the person they are taken to be by others', and suicidal exhaustion makes it impossible to sustain this performance, the exhaustion leads first to a collapse of the person's ability to trust themselves to 'be who they are' and then to a complete collapse of value and meaning. The person comes to think of themselves as 'just a burden', whose death, though perhaps initially painful, would benefit everyone.

In this sense, suicidal exhaustion can provide, not just a motivation but also a justification for a suicide.

SUMMARY AND CONCLUSIONS

Engagement with the perspectives of people bereaved by suicide, people who have attempted suicide and their 'significant others' offers a novel way to understand the process of suicide. Suicidal behaviour seems to arise from experiences of lacking worth, lost trust and mental exhaustion, which all contribute to each other.

Most importantly, lack of non-contingent worth and lack of trust lead to ways of living that place a heavy demand on the person's mental resources. The suicidal person is likely to hide or suppress difficult thoughts and feelings and try to behave as if nothing is wrong. S/he may be particularly

concerned with fulfilling the demands of a role and try to excel at it regardless of ill health. Lacking worth and trust s/he is likely to experience anxious ruminations, including when trying to sleep.

Constant high demand on the person's mental resources combined with the inability to rest and replenish them leads to a state of exhaustion, which may be experienced as an extra-ordinary tiredness or a sense that life as a whole is effortful and making demands that the person is unable to meet.

> *Friends, family members and treatment professionals may be able to help by opening up opportunities for disclosing difficult feelings and thoughts, but they too need to seek support to avoid exhaustion.*

Suicidal exhaustion can motivate suicide if it involves a sense that only death can provide rest. It can give a warrant for suicide if it prevents the person from meeting the perceived expectations and needs of others on which their worth seems to depend.

Friends, family members and treatment professionals may be able to help by opening up opportunities for disclosing difficult feelings and thoughts. However, **those caring for suicidal people must themselves seek support**. Support networks need to be as wide as possible to avoid mental exhaustion in 'significant others', which can put both them and the suicidal person they care for at risk.

These results counsel both lay members of the community and treatment professionals against interpreting recovery exclusively in terms of functioning (e.g. ability to return to work). In many cases the suicidal person may be able to perform to a very high standard at work and at home; sometimes when suicidal they excel more than usual. It is tempting for everyone to be reassured by this performance, but **high functioning does not necessarily indicate absence of risk**.

Trust relationships should be placed at the centre of suicide prevention strategies, both in the sense of building those relationships between treatment professionals and suicidal people, and in the sense of supporting the existing relationships in the community. **Recognition of and support for the role that friends and family play in the care of suicidal people should be a key element in all care plans**.

Treatment professionals and researchers should pay increased attention to the role of sleep disorder in suicide and the possible contribution anxiety and its sources (lack of worth and lack of trust) make to it.

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[i] Here are some references to the philosophical works we used:

Glover, J (1990) *Causing Death and Saving Lives* 2nd Edition London: Penguin

Kant, I (1785, 2012) *Groundwork of the Metaphysics of Morals (Cambridge Texts in the History of Philosophy)* Cambridge: Cambridge University Press

[ii] Baumeister, R. F., Bratslavsky, E., Muraven, M. & Tice, D. M. (1998) 'Ego-depletion: Is the active self a limited resource?' *Journal of Personality and Social Psychology,* 74(5): 1252-1265

[iii] Future vagueness is recognised as one of the most important factors in the measurable-by-questionnaire psychological factor 'hopelessness', which has been shown to be associated with suicide (e.g. by Beck AT (1986)

Hopelessness as a predictor of eventual suicide. In J. J. Mann & M. Stanley (Eds.) *Psychobiology of suicidal behaviour* (pp. 90-96) New York: Academy of Sciences

[iviv] Sztompka, Piotr (1999) *Trust: A sociological theory*. Cambridge: Cambridge University Press