



Understanding the process of suicide through accounts of experience

Introduction

For most of the time suicidal people are cared for by friends and relatives. Yet until now, no research project has attempted to support them by engaging with their collective experiences in order to develop a model of the suicidal process as it unfolds in the context of ordinary living.

Key findings

- We interviewed 14 people who had attempted suicide and 15 of their friends/relatives, and 25 people bereaved by suicide.
- In these accounts suicides appeared to arise from complex interactions of three factors: lack of inherent worth, lack of trust and suicidal exhaustion.
- Lack of inherent worth is the sense that what is meaningful and valuable about the person or his/her life is entirely derivative of and dependent on something else, for example their ability to perform a role (e.g. doctor, mother, 'others' idea of them')
- Lack of trust is the absence of an experience that allows people to function and build relationships regardless of the fact that their knowledge about self, others and future is incomplete. Lacking trust, suicidal people experience uncertainty as intolerable and they feel anxious and detached from others.
- The absence of trust and inherent worth forces suicidal people to substitute for them through for example over-commitment to roles, goals or projects (e.g. continued performance regardless of mental or physical ill health) and over-emphasis on emotional and practical self-reliance (e.g. hiding difficult feelings and failing to share responsibilities).
- Importantly, these substitution strategies place a heavy demand on mental resources.
- Suicidal exhaustion is a special kind of chronic mental exhaustion that
 - 1. Makes life seem incompatible with rest
 - 2. Involves a sense that mental resources will continue to fall short of demand in the future
- Suicidal exhaustion gives not just a motivation but a warrant to die. Exhausted and unable to sustain their worth-creating efforts, the suicidal person comes to think of themselves as 'just a burden' whose death would benefit everyone.
- 'SANE on suicide' web-resource will help the general public and professionals to draw on this research when they are preventing suicide and suicidal distress in their community.

Conclusions

This research highlights the importance of mental exhaustion in the process of suicide. Friends and family members can reduce mental exhaustion by opening up opportunities for disclosing suicidal and other difficult feelings. However, they too should seek support to avoid exhaustion, which carries risks for them and the suicidal people they assist. Support for trust relationships should therefore be at the forefront of suicide prevention. Researchers and treatment professionals should pay increased attention to the contribution sleep disorder makes to suicide. These findings also warn against interpreting recovery from suicidal distress exclusively in terms of function (e.g. return to work).

Where to find more information

You can contact SANE by emailing info@sane.org.uk or by calling 020 7375 1002

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