

An attempted suicide from an adult's perspective*

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Objective: to analyze the experience of attempted suicide from the perspective of adults who attempted suicide. **Method:** a qualitative study with eight Brazilian adults assisted in a mental health service. Data was collected in 2018 through semi-directed interviews about the experience of the suicide attempt and group meetings. Symbolic Interactionism was the theoretical framework used. Data was submitted to thematic analysis. **Results:** we identified three themes: Intrapsychic environment: representation and communication with the self (generalization of failures and negative expectations in the construction of meanings attributed to the self, life and relationships); Interpersonal relationships (need to bond, belong, recognize, welcome and feel necessary for other people); and Representations of the suicide attempt: escape and the encounter with pain (the suicide attempt is motivated by the desire to relieve pain, but results in the encounter with pain, and instigates the search for new methods, the avoidance of suicide for fear or the reconstruction of meanings). **Conclusion:** the study provides important findings to be explored in the clinical practice, in the design of protocols, institutional policies, as well as in the qualification of the professionals.

Descriptors: Suicide; Suicide Attempted; Adult; Mental Health.

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A experiência da tentativa de suicídio na perspectiva de adultos

Objetivo: analisar a experiência da tentativa de suicídio na perspectiva de adultos que tentaram suicídio. Método: estudo qualitativo com oito adultos brasileiros assistidos em serviço de saúde mental. Os dados foram coletados em 2018 por entrevistas semidirigidas sobre a experiência da tentativa de suicídio e encontros grupais. O Interacionismo Simbólico foi o referencial teórico utilizado. Os dados foram submetidos à análise temática. Resultados: identificamos três temas: Ambiente intrapsíquico: representação e comunicação com o self (generalização de fracassos e expectativas negativas na construção de significados atribuídos ao self, à vida e às relações); Relações interpessoais (necessidade de vínculo, pertença, reconhecimento, acolhimento e sentirem necessários para outras pessoas); e Representações da tentativa de suicídio: a fuga e o encontro com a dor (a tentativa de suicídio é motivada pelo desejo de aliviar a dor, mas resulta no encontro com a dor, e instiga a busca por novos métodos, a evitação do suicídio por medo ou a reconstrução de significados). Conclusão: o estudo fornece importantes achados a serem explorados na prática clínica, no delineamento de protocolos, políticas institucionais, bem como na formação de profissionais.

Descritores: Suicídio; Tentativa de Suicídio; Adulto; Saúde Mental.

La experiencia del intento de suicidio desde la perspectiva de los adultos

Objetivo: analizar la experiencia del intento de suicidio la perspectiva de los adultos que intentaron suicidarse. Método: estudio cualitativo con ocho adultos brasileños asistidos en un servicio de salud mental. Los datos se recopilaron en 2018, entrevistas semidirigidas sobre experiencia del intento de suicidio y las reuniones grupales. Se utilizó el marco teórico del interaccionismo simbólico. Los datos fueron sometidos a análisis temático. Resultados: identificamos tres temas: Entorno intrapsíquico: representación y comunicación con el "yo" (generalización de fracasos y expectativas negativas en la construcción de significados atribuidos al yo, la vida y las relaciones); Relaciones interpersonales (necesidad de establecer vínculo, pertenencia, reconocimiento, aceptación y de sentirse necesario para otras personas); Representaciones del intento de suicidio: la fuga y el encuentro con el dolor (el intento de suicidio está motivado por el deseo de aliviar el dolor, pero resulta en el encuentro con el dolor e instiga a la búsqueda de nuevos métodos, la evitación de suicidio por miedo o la reconstrucción de significados). Conclusiones: el estudio brinda hallazgos importantes que deben ser explorados por la práctica clínica, en el diseño de protocolos, políticas institucionales, así como en la capacitación de profesionales.

Descriptorios: Suicidio; Intento de Suicidio; Adulto; Salud Mental.

Introduction

Suicide is an important mortality problem in the world, involving not only medical, but also social issues. It is estimated that one death due to suicide occurs every 40 seconds. Suicide is the second leading cause of death among young people aged 15 to 29 years old⁽¹⁻²⁾. Suicide attempts are known to reach rates approximately 20 times higher than deaths due to suicide⁽¹⁻²⁾ despite being little identified and reported. A Brazilian study, which investigated estimates of the prevalence of suicidal behavior in the urban area of Campinas, São Paulo, found that, for every three cases of non-lethal attempts, only one reaches a health service to be assisted⁽³⁾.

Suicidal behavior is complex and multi-factorial. It involves an interaction of biological, clinical, psychological, social, and cultural risks, among others⁽⁴⁾. Non-lethal suicide attempts are the main predictor of a future lethal attempt and people who have attempted suicide are at 100 times higher risk of suicide than the general population⁽⁵⁾. The high rates of suicide attempts and the risk of death associated with them show the importance of investing in the knowledge of this phenomenon to improve care for vulnerable people⁽⁶⁾.

Non-lethal suicide attempts are poorly investigated⁽⁷⁾ despite being an important risk factor and indicating important information for professional monitoring and help from the supportive network⁽⁸⁾. The recognition of personal, social, and care network characteristics related to suicidal behavior is relevant because it provides a better understanding, identification, and formulation of protection and prevention strategies for the phenomenon⁽⁹⁾.

Suicide attempt can represent an important existential dilemma, it is linked to intense mental suffering⁽⁹⁾ and to the need to obtain answers on the value of life⁽¹⁰⁾. This act can be recognized as a legitimate or inappropriate request for help from a third party perspective⁽²⁻¹¹⁾. The suicide attempt represents an event associated with the experience of loneliness and psychological pain interpreted as a situation of abandonment by the loved ones⁽¹²⁾.

According to the literature, suicide attempt is represented in different ways and is commonly misunderstood by third parties, including students and health professionals⁽¹¹⁾. Studies also demonstrate the predominance of negative attitudes towards people with suicidal behavior⁽¹³⁻¹⁵⁾. From the perspective of other individuals, suicide attempt is incomprehensible, transgressive, and stigmatizing^(11,14,16-19).

The in-depth understanding of the experience of attempting suicide can promote important advances in scientific knowledge on this subject, in reflections, reframing the theme, as well as in professional training and in the clinical practice. Thus, this study aimed to analyze the experience of suicide attempt from the perspective of adults after attempted suicide.

Method

This is a qualitative study carried out in a city in the inland of Minas Gerais, Brazil. The estimated population of the municipality was 113,807 inhabitants in 2016. In the same period, it is estimated that there were 218 cases of suicide attempts. The municipality has a Psychosocial Care Network being structured. The city's specialized mental health services are a Psychosocial Care Center II (*Centro de Atenção Psicossocial II, CAPS II*), a Psychosocial Care Center for Alcohol and Other Drugs (*Centro de Atenção Psicossocial Álcool e Outras Drogas, CAPS Ad*) and a Mental Health Clinic. The outpatient clinic is intended for care provided by physicians and psychologists and the CAPS have, in addition to these services, different modalities of individual and group therapeutic activities.

This study had Symbolic Interactionism as its theoretical framework. It is a theoretical perspective that assumes that human behavior is symbolic and defined by the meanings that individuals construct. Such meanings are dynamically constructed and reconstructed in social interactions, predominantly in the present⁽²⁰⁾. Considering the theoretical framework employed, after attempting suicide, the individuals can dynamically re-signify this experience from the interactions they have with themselves and with other people.

The study's inclusion criteria were the following: people over 18 years old with suicide attempt(s) less than two years from the date of the study collection and who were being assisted by specialized services, during the data collection period, and being available to participate in five face-to-face meetings. The exclusion criteria were the following: being under 18 years old and over 60 years old; refusal to participate in the research; inability for verbal communication in Portuguese; diagnosis of psychotic disorders (due to changes in thinking); and having a diagnosis of personality disorder.

A survey of cases of suicide attempts was carried out, based on medical records and indication of professionals, and people eligible to participate in the study were invited to participate in the research. There were 4 refusals related to the unavailability to participate

in the meetings. The sample consisted of eight people over 18 years old who attempted suicide less than two years ago and were assisted by the services.

The first four participants with availability to participate in an individual meeting and four group meetings were included in the study and, after completing the collection process with the first group, another four participants were included; in the groups, the same procedures were applied, however separately, conducted by the first author, who sought a structure of contracts and management that were similar. Data analysis started during the data collection process, which allowed identifying that, at the end of the collection with the second group, the research objective was achieved and the categories were sufficiently constructed and articulated. Thus, collection was interrupted.

Data was collected in 2018 through a semi-directed interview and four group meetings. The interview was guided by a script with sociodemographic and clinical data (diagnosis, treatment modality in mental health services, number of suicide attempts, and hospitalization in psychiatric hospitals) and a semi-directed interview. It is highlighted that the script (content) for data collection was validated by a committee of five experts in the area. The judges being eligible to participate in the study as experts were professionals with post-graduate level master's or doctoral degrees related to suicide, confirmed by the Lattes curriculum, and who could be contacted by email identified in some of their publications available on the Internet. These professionals were identified through a search conducted in Lattes.

The main guiding question of the interview was the following: tell me about your experience of attempted suicide. The subject was approached carefully and the interviews were conducted in order to allow for the expression of feelings, needs, emotions, and experiences. The four group meetings included moments of listening, sharing experiences, and welcoming. At the end of each meeting, the participants were offered the opportunity to obtain emotional support, if necessary, both from the services and from the researcher with qualification in mental health. In addition, the health services monitored these cases during the data collection period. The collected material was audio recorded with the consent of the participants, and the meetings were held in a private environment. Data collection continued according to the availability of the participants.

Thematic Analysis was used for data analysis⁽²¹⁾. Thematic analysis allows for the in-depth identification, analysis, and description of themes. The research

followed the six phases proposed by thematic analysis: 1- Familiarization with the data: transcription and re-reading of the data; 2- Generation of initial codes: coding the interesting characteristics of all data in a systematic manner, comparing the relevant data; 3- Search by themes: grouping of codes in potential themes, gathering relevant data for each potential theme; 4- Verification of the themes in relation to the coded extracts and the data set with the proposal of a thematic analysis map; 5- Definition of the themes: ongoing analysis to improve each theme; 6- Writing the scientific research report⁽²¹⁾.

The data were analyzed by two researchers with experience in thematic analysis and in the object of study, and meetings were held for discussion and consensus on the themes found in the study.

The study followed the recommendations on research with human beings. All the participants received information about the ethical aspects and signed a Free and Informed Consent Form (FICF). The participants were being assisted by the specialized mental health services of the municipality that safeguarded professional monitoring. It is also highlighted that the opportunity to support the participants was offered at the end of each meeting. The study was submitted to and approved by the Ethics and Research Committee of the Ribeirão Preto College of Nursing at the University of São Paulo, with CAAE approval number and regulation 77961417.8.0000.5393.

Results

This study had a sample of 08 people, aged between 18 and 50 years old. Most of the participants were women (86%), had some belief or spirituality (86%), and did not practice physical activity (86%). Most of the sample reported being dissatisfied with their own lives (72%), with the support received from the people with whom they live (72%).

All the participants were diagnosed with mood disorders, were undergoing psychological counseling, and used psychiatric drugs. Most also underwent psychiatric treatment (86%) and half of the participants had already undergone psychiatric hospitalization. The number of suicide attempts by the study participants ranged from one to 12 attempts (Figure 1).

The experiences related to the attempts were gathered in the following categories: "Intrapsychic environment: representation and communication with the self"; "Interpersonal relationships: need for bonding, belonging, recognition, and acceptance"; and "Representations of the suicide attempt: escape and the encounter with pain".

Participant	Gender	Age	Place of Treatment	No. of suicide attempts
01	F*	43	CAPS [†] II	02 attempts
02	F*	27	CAPS [†] II	10 attempts
03	F*	36	CAPS [†] II	01 attempt
04	F*	25	CAPS [†] II	03 attempts
05	M [‡]	18	Mental Health Outpatient Clinic	03 attempts
06	F*	50	CAPS [†] II	12 attempts
07	F*	34	Mental Health Outpatient Clinic	03 attempts
08	F*	40	Mental Health Outpatient Clinic	03 attempts

*F = Female; [†]CAPS = Psychosocial Care Center for Alcohol and Other Drugs; [‡]M = Male

Figure 1 - Sociodemographic, clinical, and therapeutic characterization of the individuals who have undergone the experience of suicide attempt, participants in this study. Passos, MG, Brazil, MG, 2018

1 - Intrapsychic environment: representation and communication with the self

The experience of living was associated with a sensation of failure, dissatisfaction, weaknesses, and permanent suffering in different spheres: affective, psychic, financial, and social. The generalizations of frustrations and negative expectations established throughout life impacted on the representation that the individuals built about themselves and society and, consequently, influenced their interactions with their own self and interpersonal relationships.

Thus, the participants expressed feeling anger for their own existence, dissatisfaction and disappointment with themselves and with others, and a feeling of embarrassing and disturbing the lives of other people. Adverse life experiences also impacted the construction of the self, giving a negative connotation and feeling of worthlessness, reduced coping, and hopelessness: *There are no good things inside here, I keep everything bad since the four years I remember, I keep everything in my head.* (P6), or even: *Suddenly, any little thing shakes me, then, I feel weak again, I see my dreams like this, as if everything had finished, you know.* (P1)

The expectation of failure was a constant fear that generated insecurity, difficulty in building or carrying out new projects. In the period leading up to the suicide attempt, sadness, anguish, disinterest in life, and desire to die were persistent in the interviewees: *The uncertainty of failure is very big (...) I hope it works out that I have a career, to be happy, but I'm afraid of failing.* (P5)

It is worth highlighting the limiting experiences in the social construction of the role of the feminine with consequence in mental suffering, such as dependence on marital status to validate social and financial freedom and devaluation: *I had no happiness. My mom wouldn't let me date, wouldn't let me go out. My life was a routine like this: from home to work, from work to home, you know.* (P8). Another testimony that reinforces this idea: *And I married without liking,*

I married when I was 22 years old, I didn't like the husband I married, I married to leave home. (P6) or *I feel that I am not valued at home, everything I do is little (...) I am very demanded for this.* (P8)

2 - Interpersonal relationships: need for bonding, belonging, recognition, and acceptance

From the perspective of the individuals with suicide attempts, interpersonal relationships were important in the development, continuity or reduction of the suffering experienced. Interpersonal relationships were promoters for well-being when they met the need for satisfactory bonds, feeling of belonging and feeling important and necessary for other people: *Everyone was criticizing, saying that I had nothing, that I was so beautiful, I had a good job, a well-structured family and how I could be like this. Only I know that, inside me, I was devastated.* (P3). Another testimony that reinforces this idea: *Nobody sees that we need to talk, speak, we put that there in us, that anguish that sadness hitting us.* (P6)

The interviewees experienced discredit in relation to their sufferings, which were neglected by the people with whom they lived. The participants who attempted suicide reported a feeling of loneliness, lack of affection and attention, did not feel accepted and belonging to a welcoming group and were dissatisfied with the support received from close people in difficult situations. However, they emphasized these gaps when opting for isolation out of a desire to protect themselves, feelings of social inadequacy, for not considering themselves important or for lack of interest: *The day I tried to kill myself, I thought: my son doesn't like me, my mom and my dad don't like me, my brothers don't care.* (P1), or even: *Ah, if I go away, no one will miss me. If anything happens to me, I have no one. I have no relationship with anyone except the family that was not so important to me.* (P7)

In contrast, the interviewees expressed positive experiences in interpersonal relationships when there was support, understanding, and acceptance. The

support network (health professionals), friends, and family members were cited as important sources of support. The feeling of being necessary to take care of other people, especially children, was an important reason to stay alive: *I'll tell you this, it was God who put the psychologist in my path. Because he made me see things that I haven't seen myself* (P8E). Another testimony that reinforces this idea: *I place my life in and say that I have to be strong, I have to get well to take care of my daughters.* (P3)

3 - Representations of the suicide attempt: escape and the encounter with pain

The suicide attempt represented, simultaneously, escape and the encounter with pain, since the desire to relieve suffering was the main driver of the suicide attempts, and surviving these attempts proved to be deeply painful. The suicide attempt was mainly motivated by the desire to cause death to themselves, eliminate pain or modify situations that they were living: *The three times I only saw death, because pain was so great that I didn't know how to control it, and I thought that if I die this pain will pass.* (P5). Another testimony that reinforces this idea: *I wanted a painless suicide.* (P2G) or even: *In my case, when I attempted suicide, do you think that I wanted to die? I didn't want to, I wanted to be free of everything I was feeling.* (P7)

The degree of lethality, pain, and other characteristics related to the means of perpetration were also reported by the study participants. Accessibility to the means of perpetration was scored as a practicality for attempting suicide in a moment of impulsiveness and emotional pain. It is highlighted that medications were the methods used in the first suicide attempts and represented an opportunity to permanently remedy pain and suffering: *I thought I'll take some medicine, it doesn't get better. Then I will take more drugs, I took all the drugs. Who knows, maybe I'll improve my mind, forget about all this, or die.* (P6E). Another testimony that reinforces this idea: *I took a pill, but there, I was so angry, sad, that pain, since I had all the pills in my hand, I took everything. That's where I stopped in the emergency room.* (P8 E)

After the suicide attempt, there were interviewees who reevaluated the method used and reported the search for more lethal methods, more elaborate plans in later attempts: *My first suicide attempt I was about fifteen years old, then I took poison with medicine, then I tried with gas, then I tried to hang myself with a sheet (...).* (P2)

Other study participants identified the suicide attempt as a moment of triggering crisis for reconciliation with family members and a new meaning in life. Gradually, some interviewees were able to find support and resources to start believing in life again: *Until then I haven't had much help from him and after my suicide attempt my husband changed for the better (...) I'm happy with myself, my relationship, I have more perspectives too, it helps, right.*

(P7). Another testimony that reinforces this idea: *After the attempt, I started to see myself, today my life has meaning. Through my grandson, my relationship improved, even in that my husband changed, because I changed, today he has more affection with me. And the best thing that God gave me was to have gone through it all.* (P8 E) or *I stayed in the hospital all morning and before I got home, my family went to see me, I remember very little more my aunt was crying and my other aunt was crying too, and at that moment I made a reconciliation with my aunt, because I was not talking to her.* (P5E)

Discussion

This study identified that the representation of the self, of life, and of the interpersonal relationships were permeated by the generalization of negative expectations and failures. There are studies showing associations of multiple adverse life experiences and depressive symptoms, dissatisfaction with life⁽²²⁾, lower well-being, and fewer coping resources, in addition to a higher stress level⁽²³⁾. Our study suggests that adverse life events can have an impact as they provide widespread negative expectations about different spheres of life, including the individuals' perception on themselves.

The social construction of the female standard is one of the factors that can harm the mental health of women and requires more scientific studies and discussion about the repercussions of the patriarchal model on suffering and suicidal behavior. A study carried out with 225 Portuguese women identified that women exposed to emotional and/or physical abuse, emotional neglect, and family history (mental disorder or substance use) had greater depressive symptoms and more suicide attempts⁽²⁴⁾.

According to the literature, suicide is complex and multi-factorial⁽⁴⁾. Our study reveals that the quality of the bonds is remarkable in the experiences related to life and suicide attempts. The sufferings experienced were closely linked to social interactions, with the participants blaming others for their own suicide attempts. Sufferings were perpetuated and intensified when they experienced discredit, neglect, loneliness, lack of affection, attention, love disappointments, and paternal rejections.

A qualitative study conducted with Colombians identified that loneliness is linked to the lack of validation and acceptance by those close to them. Supportive manifestations throughout life are internalized favoring acceptance, autonomy, and balance; being that people who do not have acceptance are prone to vulnerability and suffering⁽¹²⁾. A study carried out with 18 Brazilians with suicidal behavior showed the structuring role of social support and a positive help relationship in preventing suicidal behavior. Affection, empathy, and lack of judgment or stigma collaborate with acceptance and favor coping with suffering. The research also

pointed out that knowledge about the theme favors living with people with suicidal behavior⁽²⁵⁾. Health professionals were also identified as catalysts and with a highlight on support for crisis and conflict management in the reporting from the men with suicidal behavior⁽²⁶⁾. Thus, there is a perceived need of support work for family members and a support network for the suicide victim to strengthen suicide monitoring and prevention.

In our study, the individuals who attempted suicide identified the relevance and protective role of the bond, belonging, recognition, and acceptance. They also highlighted the importance of perceiving themselves as useful and necessary for someone. Thus, it is important to implement and investigate interventions that promote social skills, healthy family life, social support, qualified reception in the health services, and prevention of abusive and violent relationships.

Different reasons and objectives were related to the suicide attempts, but all had the desire to relieve pain as a convergence point. Thus, it is possible for the desires to live and to die to coexist, being preceded by the desire to eliminate pain. A number of studies describe the presence of ambivalence, that is, two opposite meanings in the suicidal intentionality⁽²⁷⁾. A research study conducted with 5,655 Canadians with presentation in a psychiatric service identified that ambivalence is an important risk factor for future suicidal behavior⁽²⁷⁾. Ambivalence was correlated with high impulsiveness and absence of planning⁽²⁸⁾, with a possibility being the prevention work against suicidal behavior.

The use of medications in the attempted suicide was shown to be linked to accessibility and to the symbolic relationship of the medication as a "remedy" for the pain experienced. Intentional self-poisoning is one of the most used methods in suicide attempts and deserves to be considered carefully, as it appears to be an initiation or gateway to behaviors with greater risk. In this regard, the literature points out that the lethality and multiplicity of methods can increase in the course of the attempts⁽²⁹⁾. Thus, restricting access to lethal means is one of the main premises for interventions to prevent suicide⁽³⁰⁾.

After attempting suicide to relieve their own pain, the study participants rediscovered pain, sometimes even more intense. In view of this, some began to search for new methods, others continued to desire suicide, although they avoided it out of fear, while other individuals considered the crisis to trigger changes and reconstruction of meanings about themselves, their own lives, and interpersonal relationships. These findings show the multiplicity of experiences related to the suicide attempt and the extent to which interventions can be opportune to facilitate the protection of the individuals, but also the re-signification of the experience. It is

important to invest in longitudinal follow-up of the individuals who attempt suicide, as many people are discharged from emergency services after suicide attempts without referral for treatment continuity⁽⁶⁾. In addition, it is difficult for this collective to adhere to the treatment⁽³¹⁾. The aforementioned are issues that reinforce the importance of access to the services and the active search for less compliant people.

Final Considerations

This study aimed to analyze the experience of suicide attempt from the perspective of adults who attempted suicide. Three main themes were identified: "*Intrapsychic environment: representation and communication with the self*" (which deals with the impact related to the generalization of failures and negative expectations in the production of meanings attributed to the *self*, life, and relationships); "*Interpersonal relationships: need for bonding, belonging, recognition, and acceptance*" (the perspective that interpersonal relationships can be closely but differently linked to suffering); and "*Representations of the suicide attempt: escape and the encounter with pain*" (reveals that the different motivations for suicide attempts had in common the desire to relieve pain, but resulted in the encounter with pain, which instigated the search for new suicide methods, the avoidance of suicide out of fear or the redefinition of the *self*, of life, and of the interpersonal relationships). Suicide attempt is a multi-causal phenomenon, which impacts and affects the individuals involved in this act. Therefore, the relevance of research studies that seek to better understand this scenario is confirmed, promoting prevention as well as qualified assistance in the care provided to these patients. The study provides important findings to be explored in the clinical practice, in the design of protocols and institutional policies, as well as in the training of professionals, as it provides an insight into the experience and all the situations experienced by a person who goes through an attempted suicide, thus being possible to understand such an act.

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Author's Contribution


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