Journal of Positive School Psychology http://journalppw.com
2022, Vol. 6, No. 7, 5413-5433

Surviving Suicide: The Realities Faced By Suicide Survivors

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Abstract

Suicide survivors are oftentimes overlooked within the scope of suicide studies, however, it is just as crucial to gain a better understanding of the transition from suicide ideation, to long-term recovery, and in that vein, this study will attempt to examine these transitional thought processes utilizing IPA. In-depth interviews of 19 Malaysian survivors of suicide, from the age of 21 to 53 were conducted, in order to establish and develop a feasible framework of the transition from suicide ideation to long-term recovery. Three factors were found to drive suicide ideation into action: internal negative states, one-off crisis states, and what the researcher has coined, anticipatory hopelessness, a unique finding within this study, whereby positive states, in conjunction with an achievement of 'contentment' or 'fulfilment' led to suicide attempts as a way of 'maintaining' said positive states. Survival of suicide was linked to external interventions and failed methodologies, leading to another coined term, suicide fatigue, whereby one is exhausted from their failed suicide attempts, thus reducing chances of re-attempts. Enhanced connections with loved ones, alongside shifts in internal perceptions attributed decreased motivation for re-attempts. Long-term recovery and decrease in suicide ideation were associated with enhanced support systems, shifts in perception, mental health support and enhanced personal power. The impact of suicide failures, and in particular, suicide fatigue, warrants further investigation, while the fear of loss of contentment via anticipatory hopelessness, should also be addressed as part of intervention methodologies.

Keywords: Suicide, Failed Attempts, Transition, Survivor, Suicide Fatigue, Anticipatory Hopelessness.

Background

The occurrence of suicide and the vicissitudinous of events leading to suicide remains to be a taboo riddled anathema of life in today's modern world, thought to account for about 1% to 2% of mortality rates on a global scale, or over 700 thousand people per year according to the WHO (WHO, 2021). Despite the ever-changing renaissance of cultural and social norms over the years, the act of suicide continues to carry stigma and taboo within most of our societies, transcending socioeconomic and geopolitical divides (Lu et al., 2020). More worryingly, the act of suicide, whilst morbidly determinate in its finality, does not account for the many more, who survive their untoward commitment, which in turn, deserves just as much attention and concern, comprised of a much larger multiplier, estimated to be somewhere in between 10 to 20 suicide attempt survivors for every suicide death (Lew et al., 2021).

In a country like Malaysia, comprising a multitude of ethnicities, cultures, religious faiths and social norms, the subject of suicide continues to suffer from its stigma and taboo (Ghaza et al., 2021). Literature on suicide have showcased plentiful empirical evidence linking ethnic-based perspectives (Canetto, 2021), cultural biases (Stack, 2021), religious

constraints (Teo et al., 2021) and repressive social judgements concerning the act and/or attempt of suicide (Nie et al., 2021), which evidently can be observed within Malaysia. Nonetheless, the case on the ground is that the perturbing trend of suicide has increased over the years (Lew et al., 2021), and have had a further upsurge from the trauma of the Covid-19 pandemic (Ganaprakasam et al., 2021).

Regardless of the exceptionally alarming rates of suicide and suicide attempts in the country, Malaysia continues to adopt its archaic laws on suicide, which itself was borrowed from India, who in turn, has already decriminalised the act (Shah, 2018). Section 308/309 of the Penal Code in Malaysia purports that the act of suicide and suicide attempts are to be considered criminal acts, oftentimes disregarding their individual mental and socioeconomic/demographic considerations which may have led them towards said actions (Khamis et al., 2021). Studies on suicide, for both attempts and deaths, have pointedly shown that mental health and wellbeing plays a major role (NMHC, 2019; WHO, 2021; Graney et al., 2020; Raaj et al., 2021). Concordantly, socioeconomic and sociodemographic backgrounds and environments have also been closely linked with suicide ideation and acts (Xiao & Lindsey, 2021; Tubbs et al., 2021; Lewitzka et al., 2017). When taking Malaysia into consideration, on both ends, with respect to mental health and socioeconomic/demographic intervention and/or mitigation of risk-association, there is a clear lack of coordination, effort, regulation, support and oversight.

Exacerbating the issue of suicide intervention and support systems (or rather, the lack of), Malaysia is also host to systematic misclassification of data, underestimating the prevalence and/or severity of the issue at hand (Ting et al., 2022; Lew et al., 2021; Cheah et al., 2018). This underrepresentation and understudied social phenomena that has significant weight on the local community cannot, and must not be overlooked. Provided that the ongoing impacts of the Covid-19 pandemic is still being felt by the average Malaysian, the escalation of suicide attempts and deaths (Ganaprakasam et al., 2021) are a worrying trend that deserves due diligence and examination. Moreover, it has been observed that the rate of mental distress (Wong et al., 2021), alongside overall deficiency in life satisfaction (Aydogdu, 2022), have only deteriorated further over the past two years (at the time of this writing) due to the Covid-19 pandemic.

Local Malaysian studies on suicide has mostly been focused on a quantitative perspective, examining antecedents and determinants of suicide ideation and acts of suicide (Ting et al., 2022; Lew et al., 2021; Cheah et al., 2018), with little to no focus on the survivors of suicide (henceforth, SoS). The general view cast by scholars, practitioners and academics on the subject of suicide tends to lean towards the ‘event’ of suicide, without addressing the ‘process’, both pre- and post-event. In other words, there is limited follow-up and investigation/oversight regarding those SoS, who may provide useful insights into how suicide ideation, failure and what this study will term, ‘fatigue’, contributes in terms of expanding the understanding that we may have of these social phenomena that has plagued our societies throughout the ages. Ergo, this present study will aim to review, examine and construct an informed and structured process flow, from the point of suicide ideation, to the act/failure of the act, and more importantly, the following post-event ‘fatigue’, comprehension, consolidation and progress (if any) gained by the SoS. The primary aim of this present study is therefore, to examine the transitional thought processes experienced by SoS from suicide ideation to long-term recovery.

According to Vijayakumar (2018), the overall suicide rate in Asia is approximately 30% higher than the global average, with a rate of 19.3 per 100,000, despite the fact that the epidemiology examined within Asian countries are limited by their lacking reliability of data and taboos on the subject of suicide, from

cultural, to religious constraints. Conclusions and implications made towards the subject of suicide is further supported by authors like Snowden (2018), who in turn has showcased the differences in their epidemiological divergence between the 'East' and the 'West', with sociocultural factors playing a large part as being the primacy cause of Asian suicides, usually associated with mental health, amongst other socioeconomic/demographic/cultural factors. With that said, research on suicide, particularly in Asian regions, remains to be limited by purposeful underreporting and misclassification of the cause of death, with reference to sociocultural biases against suicide (Arafat et al., 2021).

Given the seriousness of the global situation on suicide, it is unsurprising that suicide ideation and predictors of suicide are key areas of research. However, the confounding factor is that research has clearly indicated that ideation alone is not a significant predictor of suicide (Schreiber, Culpepper & Fife, 2010, as cited in Harmer et al., 2020). In particular, Harmer et al. (2020) wrote that the nomenclature of suicide ideation (or SI), despite having a lack of consensus amongst the medical and psychology/psychiatry community, must be acknowledged to be multifaceted and heterogenous in its conceptualisation, operation and eventual outcome. These findings are further complicated as there are reported discrepancies in terms of suicide predictors between SI and those who have attempted suicide (Kleiman et al., 2017). In a meta-analysis of suicide predictors by Klonsky, May and Saffer (2016) there were no significant distinguisher between suicide attempters and SI despite the years of research in the area. The major significance in the studies on suicide have determined that while there is no significant predictor between SI and actual suicide attempts, there were significant predictors between those who do not have SI and those who do. Meanwhile, mental health issues, PTSD and trauma, especially trauma related to sexual abuse and environmental trauma are significant contributors to the development of a suicide ideation (Alix et al., 2020; Barzilay et al., 2021; Orri et al., 2020).

The current therapeutic modalities have found a measure of success, as they seek to support a patient from ideation to action. Individuals who acted on their thoughts of suicide were significantly more likely to have had a close family member or friend who self-harmed or attempted suicide (Jones et al., 2021; Dendup et al., 2020; Grendas et al., 2020). The Interpersonal Theory of suicide looks at thwarted belongingness, perceived burdensomeness and suicide risk factors (ease of access, thoughts, plans) as key factors that increases an individual's vulnerability to suicide (Forkmann et al., 2020). Consequently, Vijayakumar (2018) has made note of the increasing rates of reported suicides in Asia alongside the notion of accessibility (of methods of suicide), while others like Das and Mishra (2019) took note of the overlaps between our modern-day lifestyles, and that of SI. With this in mind, van Gennip (2019) also mentions how rapid modernisation has been closely linked with increased SI and suicide attempts, especially in developing/emerging economies, i.e., Asia.

In literature, the role of therapy is critical in supporting those who have attempted suicide. Empirical research has shown that psychotherapy and therapeutic alliance play an important role in reducing the risk of future suicide attempts. The benefits of cognitive behavioural therapy (CBT), psychotherapy and dialectical behavioural therapy (DBT) in lowering the risk of suicide reattempt has been proven effective (D'Anci et al., 2019). Effective techniques in therapy include building rapport, employing cognitive and behavioural techniques to work on suicidal thoughts and finding the meaning of life, and crisis management. Another systematic review by Inagaki et al. (2019) showed that maintaining close and follow-up treatment plans are crucial to lowering the risk of suicide reattempt within six months although the

precise mechanisms that decrease suicide reattempt remains unexplained. The connectedness between patients and mental service providers could be reinforced through maintaining active communication and follow-up treatment plans.

Despite the seriousness and more importantly, the heightened prevalence of suicide (Ganaprakasam et al., 2021), there seems to be a reluctance in Malaysia to address the issue of suicide in an open platform, highlighting the strengths of those who have survived attempts. This is not just evident in official media or government writing but in the current cultural ethos. According to global digital overview report, by January 2020 Malaysia had a total number of 26.69 million active internet users with a median age of 30.3. 98% with an average of 7 hours and 57 minutes daily usage of the internet (Kemp, 2020). YouTube was the 5th highest used search engine Malaysia in 2018, however, on YouTube under the tags "suicide", "survivor", and "Malaysia", on 10th April 2021 there were no videos concerning Malaysian survivors' experiences. While on Google, there is almost little to no articles, links, news or reports addressing and/or sharing stories about suicide survivor experiences or any indication of a follow up to check on the well-being of the survivors in Malaysia. This stands as a sad highlight of the lack of support and platforms for sharing that is provided to those grappling with issues of suicide in Malaysia.

The stigma of suicide is so prevalent that individuals who have attempted suicide are perceived as being weak and having failed at managing their life challenges. This is apparent from the literature that focuses mainly on suicide ideation, risk factors and suicide prevention without addressing long term recovery and ideation reduction (Mayer et al., 2020). The prognosis of SoS, post-event from their failed attempts is usually overlooked in literature, with little consideration, examination and follow-up on their state of minds, with research directions being focused instead on pre-event antecedents.

For the purpose of this present study, the survivors of suicide, or SoS are operationally defined as individuals who have survived one or more attempts of suicide. However, historically the term "Survivor of a Suicide" was applied by Dr. Edwin Shneidman, to people who lost a loved one to suicide (Shneidman, 1998, as cited in Galynker & Galynker, 2017). Research in Hong Kong in 2007 defined Suicide Survivors as people bereaved by suicide (Wong, Chan & Ben, 2007, as cited in Bharati, Lobo and Shah, 2020). This terminology was so prevalent with that a book on the bereavement suffered by those who lost family members to suicide was titled "Survivors of Suicide" (Robinson, 2001, as cited in Chan & Cheung, 2020). Only in 2011 was the term 'survivors of suicide loss' popularized for family members (Jordon & McIntosh, 2011, as cited in Hamdan et al., 2020). Thus, the view of attempters as survivors of the trauma of suicide is relatively new in the literature, and accordingly, the survivors of suicide will thus be termed SoS within this present study. Past research on suicide stigma usually focused on public stigma, prejudice, discrimination, shame and self-stigma faced by those who had a close family member who suicided (Scoco et al., 2017; Im, Park, & Ratcliff, 2018; Sheehan et al., 2018). The experience of stigma faced by individuals who have attempted suicide and survived however, has not received similar attention. Surviving a suicide attempt does not exempt the family and the individual from similar stigma and shame (Oexle et al., 2019).

This paper seeks to view suicide through the lens of the survivors. Utilizing interpretative phenomenological analysis (IPA), this research examines the experience of individuals who have attempted suicide to explore their journey and identify factors that kept them alive after the attempt. The research also addresses the experiences of the attempters in therapy and in dealing with social norms. With the positive impact of the role of therapy being recognized globally, this research will also examine the

experiences of survivors of suicide with local practitioners.

Methodology

19 Respondents were recruited in this research. The respondents were all Malaysian, made up of three males and 13 females, and three transgender individuals. Respondents ranged between 21 to 53 years of age. All respondents were able to converse in English and all respondents self-declared that they were fit to participate in the research, with no active therapy on suicide at the time of the interviews. All respondents acknowledge that each had a minimum of one serious suicide attempt in their past and have survived. None of the respondents were addicted to drugs. Any potential participant who had attempted suicide six months prior to the interview was excluded from the research. All respondents received follow-up calls and were provided with contacts for therapy if they so required it. The research was approved by Taylor's University Ethics Committee.

Advertisements for respondents were made through online media platforms such as Facebook and WhatsApp groups. Potential respondents approached the researcher voluntarily. Screening was conducted at that point to ensure the eligibility of the participant and a meeting was scheduled. Once the informed consent was collected, in-depth interviews were carried out with respondents: all initial interviews were face-to-face. The minimum length of an interview was 45 minutes, with the longest single interview lasting two hours. Interviewing began in January 2020; this was disrupted in March 2020 as the COVID-19 lock downs began and the team determined that the topic may be too triggering during the crisis for respondents and interviewers alike. In July 2020, data collection resumed following social distancing protocols. Respondents were invited to a second interview if they felt they had more information to share, nine of the 19 respondents came back in for a second interview. The second interview added depth to the data collected and allowed for the better triangulation of data.

Researchers assured respondents that they would be able to stop the sessions at any time, none of the respondents choose to opt out of the sessions. Respondents who got emotional, instead choose to either cry, have a drink or to take a break, and subsequently completed the interviews. No renumeration was offered or provided to respondents beyond light refreshments and transport costs. All respondents were offered free therapy sessions post interviews. With the funding for the research being withdrawn due to Covid-19, the main researcher bore the cost of research, as such there are no conflicts of interest in this research.

Table 1 below highlights the development of the primary interview questions utilized for this present study.

Interview Question	Referenced Theory/Model	Aim of Question
Please share, the story of your suicide attempt, the event and how you survived.	Phenomenological view of the event	To understand the respondent's story, how they viewed the event
What were the key contributing factors that led to suicide ideation?	Interpersonal Theory of Suicide	To investigate the factors that led to suicide ideation.
What were the key contributing factors that led from ideation to the actual attempt?	Suicide predictors; Klonsky, May and Saffer (2016)	To investigate what motivated the respondent to move from ideation to action.

What stopped the suicide attempt?	Phenomenological view of the event	To go into deeper detail on the factors that stopped the suicide event
How did others view you for having attempted suicide?	Stigma of Suicide	Understand the reactions of other to the attempt
How did you view yourself for having attempted suicide?	Self-Stigma of suicide	Understand the reaction of self to the attempt
What helped you to come out of the that state?	Recovery and support system	To understand how individuals in a suicide state is supported to recover and move forward from this state
What was your experience with therapy? Did it help in your recovery?	Suicide treatment and therapy	To gain insights into the dos and don'ts in therapy and see from client's perspective what was most helpful or harmful.

Table 1. Interview question development

The research design was Qualitative research, utilizing Interpretative Phenomenological Analysis (IPA). It is an interview-based method that explores personalized lived experience in its terms rather than one prescribed by pre-existing theoretical preconception (van Manen, 2018). This design supports the study of suicide, which is a complex and emotion laden phenomena, where a wide range of issues from psychological factors such as mental health disorders, emotional or physical pains and hopelessness (Emery & Anderman, 2020) can be addressed. The IPA method allowed participant-oriented approach which enhances the investigation of the innermost thoughts of the lived experiences of respondents. Data was processed by the two researchers independently and discussions were held to confirm the emergent themes. Based on these themes, inductive reasoning was utilized by the researchers to generate a pattern and flow of the suicide survival phenomena. The findings were sent to respondents for member checking and triangulation was used to ensure validity of the data.

Results

Based on the IPA findings, it was observed that the most common method of suicide utilized by respondents was attempting suicide through an overdose of an over-the-counter paracetamol easily purchased in Malaysia. Aside from the main recorded suicide attempt, overdosing on this over-the-counter drug was used on 17 other instances by respondents who ingested between 40-120 of these pills, echoing the suicide method trends observed in Asian countries by Arafat et al. (2021). Other forms of suicide methods included intaking poisons such as rat-poison or bleach, hanging themselves, cutting themselves to bleed out, attempted jumping to death, attempted vehicular carbon monoxide poisoning and attempted drowning in an intoxicated state and attempting to run out into heavy traffic.

	Respondent	Stated Gender	Age	Main Attempt (Most lethal attempt)	Persistent suicidal ideation
1	SH	F	30	Rat poison	No
2	JM	F	42	Overdose on Prescription Drugs Cocktail	Yes
3	BN	M	34	Cutting to bleed out	No
4	HA	F	38	Over-counter paracetamol	No
5	MY	F	33	Over-counter paracetamol	Yes
6	KR	F	28	Over-counter paracetamol	Yes

7	NN	M	36	Jumping	No
8	MH	M	53	Overdose on Prescription Drugs Cocktail	No
9	AX	M	33	Over-counter paracetamol	No
10	GN	M	26	Overdose on Prescription Drugs Cocktail	No
11	HZ	F	31	Over-counter paracetamol	Yes
12	M0	F	37	Overdose on Prescription Drugs Cocktail	No
13	JI	F	24	Hanging	Yes
14	SR	F	31	Over-counter paracetamol	Yes
15	SV	M	34	Over-counter paracetamol	No
16	AR	F	27	Overdose on Prescription Drugs Cocktail	Yes
17	PE	F	44	Poison	No
18	RI	F	32	Drowning	No
19	HM	F	29	Vehicular Carbon Monoxide poisoning	No

Table 2. Demographic distribution and methods of suicide attempt

Taking note of the emerged patterns of suicide methods, the following conceptual framework was developed, to highlight the process flow from the initial point of influence, to recovery. Figure 1 below showcases the emerged process flow, with the focus being on the lived experiences pre-attempt, the factors that governed the failed attempt and respondents long term recovery, stressing the multifaceted phenomena of suicide.

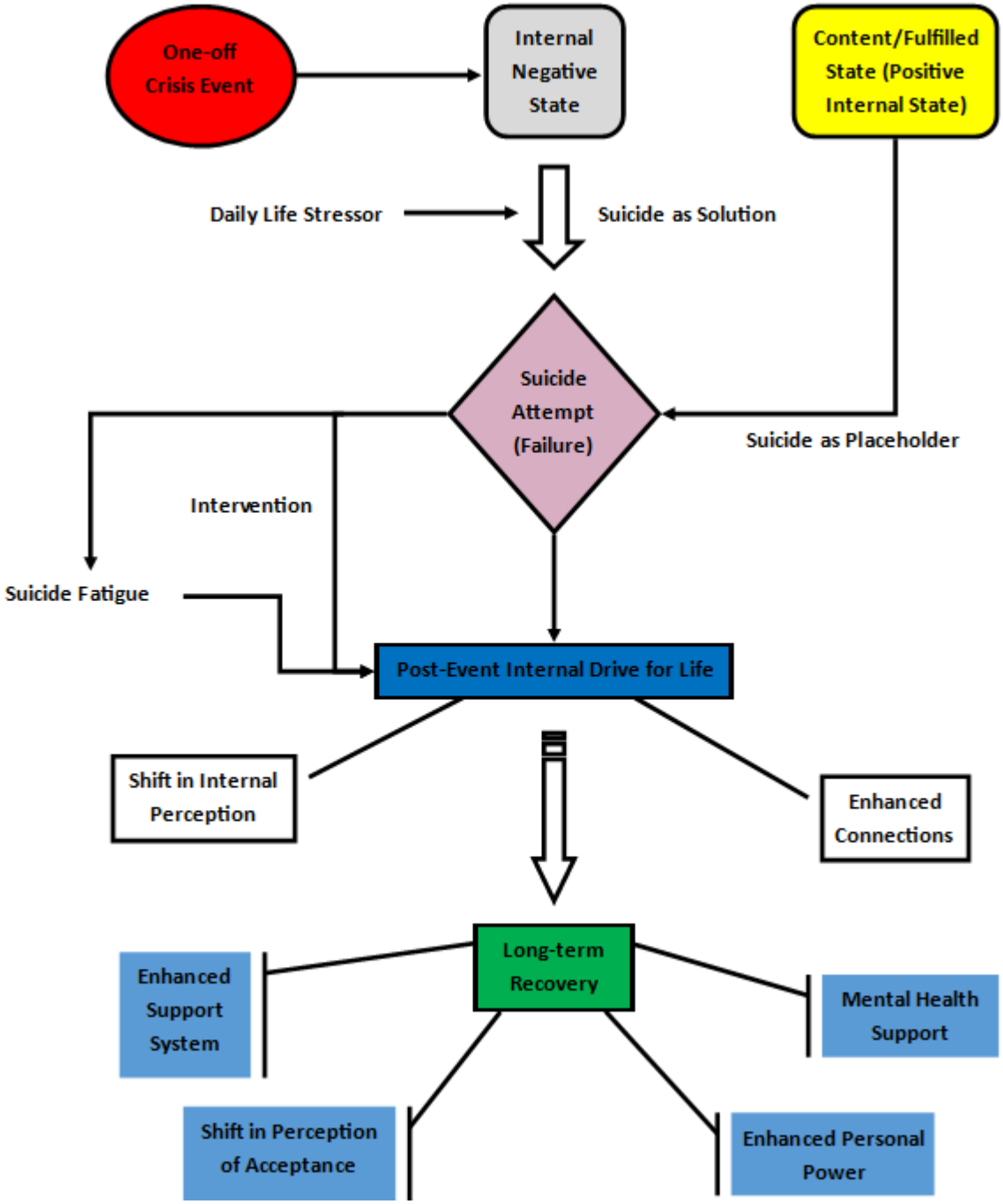

Figure 1. Surviving suicide process flow from influencers to recovery

The research identified five influencers of suicide, which are composed of three internal states of being that are galvanized by daily life stressors (worthlessness, hopelessness and loneliness), a one-off overwhelming life event(s) that generate SI due to the intensity of the event, and finally an internal state that triggers SI and suicide attempts despite positive life events. For those who have a pre-existing negative internal state, it was clear that suicide was deemed to be the solution to their emotional state. Of particular note is that of what has been termed 'anticipatory hopelessness', which deviates from the traditional notion of negative (psychological and/or environmental) states of being cause for triggering SI and suicide attempts – this will be further explored in the discussion section.

Following these pre-event components, the actual event of suicide attempt is highlighted,

which in turn, is thwarted by either external intervention and/or failed attempts, leading to the post-event components of this process flow. At this point forward, another process component is coined by the researcher, called 'suicide fatigue', which is a phenomenon in which individuals who failed at a suicide attempt, may still have suicide ideation, however they do not reattempt as they are tired of failing.

The post-event components of this process flow then highlight internal drive for 'life', as part of their survival with or without SI, further enhanced by connections with loved ones, or shifts in internal perception (which led to their suicide attempts). The recovery stage of the process flow for surviving suicide emphasises the emergence of enhanced support systems, shifts in perception, mental health support and enhanced personal power.

Internal & External Influencers of suicide

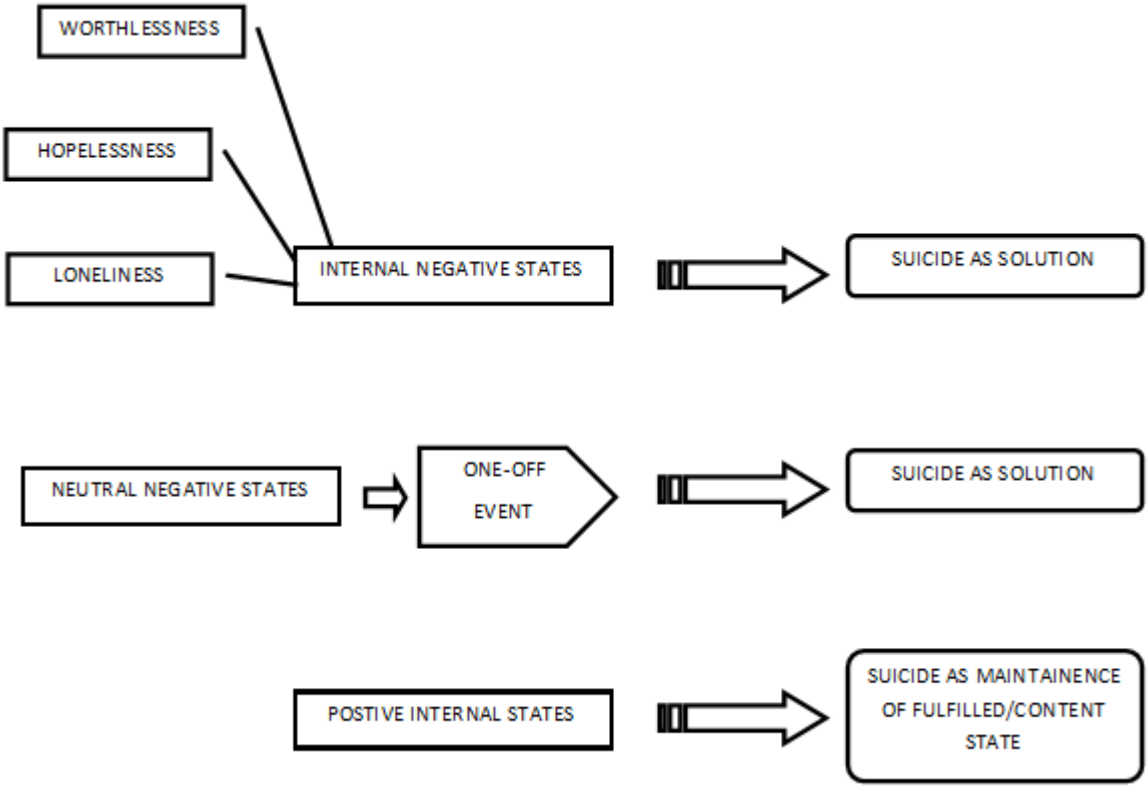

Figure 2. Influencers, from negative, neutral, to positive states, leading to suicide

In the case of internal and external influencers, three distinctively different patterns have emerged from the IPA findings, one of negative internal states, one of neutral states triggered by one-off events, and most surprisingly, one of positive internal states, that led to suicide not as a solution, but rather, as a 'placeholder' or maintenance of a supposedly fulfilled or content state of the respondent in question. From these different pathways, it can then be observed that for negative internal states, and neutral states that are triggered by one-off events, suicide is a considered as a form of solution, however, for those in positive internal states, suicide can be perceived as a 'placeholder' for their fulfilled or content states, a veritably new caveat within the literature of suicide studies.

Respondents experiencing internal negative states can result in feelings of worthlessness and of being a burden, or that of hopelessness and helplessness, or, that of loneliness and rejection – all three negative states viewing suicide as a solution for overcoming their 'current' states of mind. Further investigation

revealed that these negative internal state respondents (henceforth, NISR) were able to cope with their negative internal states, until the excessive burden of coping triggers their eventual point of 'no return', leading to an actual suicide attempt. Akin to a container of water, with daily life stressors being droplets of water being added to said container, it is only a matter of time before the water tension breaks, leading to an outburst of contents, in this case, that of the pursuit of the act of suicide.

From the findings, it can also be found that pre-conditions for NISR are as follow:

- Lacking self-value/worth
- Perceived hopelessness (in future)
- Negative parent-child relationship
- Unable to connect (with others)
- Disconnect (from people/activities)

An overwhelming internal response garnered from the SoS was their deficiency of perceived self-worth or value, leading to feelings of hopelessness and perceived burden to others. Concordantly, the lack of self-value is closely associated with perceived meaninglessness of their own futures, with suicide being their 'way out'. Environmental conditions leading to these NISR included deteriorating relationships with parents and loved ones, and/or are exacerbated by abusive, or negligent parents, further eroding their self-value. Subsequently, there is also the third internal negative state of loneliness, which is caused by perceived sense of rejection and isolation, usually stemming from feelings of disconnect from people and activities around the victim, expressed more so by those experiencing gender identity issues. All in all, suicide attempts that are triggered within NISR are perceived as solutions to their current/former life situations, with the caveat that said situations were unchangeable prior to the event.

The following Table 3 highlights some of these themes from respondents in regards to said hopelessness, meaninglessness, and loneliness.

	Respondent	Direct quotes
Hopelessness	GN	There is no meaning to…my own life
	AR	I am not worth it; I did not matter
	MY	What I do has no meaning, I am not seen…makes no difference
Meaningless	AX	I had enough
	SR	Things…they never got better…I get tired so this (suicide) seems to be the best answer
	HZ	I see myself as worthless, because that is what my parents taught me…. parents instilled the self-hate
	MH	My dad caning me until I was bleeding was the last straw
Loneliness	SR	I always felt I'm not good enough
	HA	I was very lonely…I'm a zombie
	BN	I felt like I was a joke…they don't really know me
	MY	In my attempts, the key is, I was alone, most times I attempted when I was alone

Table 3. Hopelessness themes and direct quotes

One-off overwhelming life event(s) that generate SI due to the intensity of the event included break-ups, and betrayal and/or death of loved ones, with no prior SI being reported by the SoS, whereby their event of suicide attempts was exclusively associated with their one-off crises. Once these crises were over, these SoS reported not having SI again.

Table 4 below highlights these one-off crises states, their emotional associations that led to their events (of suicide).

Respondent	Crises leading to event
NN	Break-up + Struggling business
NN	Negative state of mine (cut off, trapped and alone)
MO	Betrayal (by family)

Table 4. Crisis-led suicide events

A major point of note was that during all events triggered by these one-off crises, the SoS did not feel that they had the 'correct' tools to deal with their predicament, whilst being overwhelmed by extremely intense emotions. But once their moment and/or attempts failed and/or were intercepted/intervened, these SoS were able to recover from their vulnerable states of mind, and divert away from SI, without lingering thoughts of re-attempts.

Anticipatory hopelessness

The unique finding of the research is that there are some individuals who were not in crisis, nor were they experiencing negative influencers when they attempted to end their lives. Two of the 16 respondents fall into this category where that they attempted suicide when according to them, there was nothing wrong in their lives.

JM, a 38-year-old female, is married with 3 children, with a loving husband and has supportive family members. She has attempted suicide 'seriously' three times. Her last attempt was about nine months prior to the interview, and she said "For me as a mother I think I have done my Job… I don't feel the need to be at home". Nothing of noted occurred prior to the event, to trigger the suicide attempt; instead, she felt she should end her life while life was going well. She felt just prior to the event that her family was 'okay', they could take care of themselves and as she has no overt responsibilities now, she should end it as "I cannot look at how it is going to be tomorrow´. Since her state at that time was good, she felt it would be a good time to go. She shared that her first attempt was during her honeymoon, after the stress of the wedding planning, everything was finally peaceful and "she was tired of life somehow", so since everyone was happy at the wedding, the honeymoon was a good time to die. JM has on all accounts has a good life, with no major crises of note, and she is responsible and capable in most circumstances. Her sense of worth is externalized to her doing things for others, such as planning her wedding or raising her kids, while daily responsibilities keep her grounded. When things quiet down and are going well, that is when she thinks of the future that she feels will definitely be worse "one word and I get into this dark tunnel, so it is better to go when things are going well and there are no problems."

Respondent YM who has had multiple suicide attempts, after about a year of no attempts, reported reaching out to an ex-mentor, and messaged "I don't want your help. Everything is good, my relationship is good, work is good, family is good, and I don't know why but I really feel this is the best time to die." The respondent continued that her mentor simply messaged back "If that is the case, then why do you think you are contacting me?". The respondent felt desperate and annoyed by the response as she wanted the mentor to talk about "other stuff" not suicide, but as she had not told that to the mentor, she tried to understand her mentor's point of view, and that distracted her. YM stated that the "urge to kill yourself is really, really strong" and not always linked to negative feelings. "I have a good life; I want it to stay that way, when you're satisfied with whatever you have. I just feel that its full, it enough… you just want to cease to exist, at the time I am so happy and satisfied."

In the cases of JM and YM rather than suicide being a solution to stopping pain, suicide in

these cases is the best option to exit their lives at if not a high point, a point where there were no active expectations on them and they had little or no external duties that had to be carried out. Subsequently, their projected state of mind with reference to their suicide attempts leaned more towards the preservation of their fulfilled or content states, acting as a 'placeholder', instead of usual, albeit, extreme stance on using suicide as a solution.

Both respondents were neither hopeless, helpless nor lonely, they were not in a crisis, nor did they see themselves as a burden to others; instead, they seem to hold a belief that to end their life while at a high point was the best option. They both have good lives, so much so that when other people hear of their attempts, they are almost dismissed as "attention seeking". They seem to anticipate loss, tragedy or heavy burdens in the future and perhaps fear that what they have will disappear making the choice to end their own lives logical in their own minds.

These two women had high levels of concern and care or others but seemed to not be able to extend that care on themselves. They both believe that they would most likely reattempt suicide in the future. The absence of empathy for others is one of the key characteristics of a psychopaths, and it seems that these two are the reverse. While feeling for others, they are unable to feel for themselves. These two respondents are important to study, as current therapeutic modalities that focus on the future, goal setting, healing from trauma, etc. will not work with these individuals as their experience is not reflected in current literature. This was captured in their perception of their therapy sessions, where they reported that their therapist evaluated their behaviours as cries for attention and were just not helpful – these misplaced or misdiagnosed therapeutic sessions could cause more harm than good.

Suicide Event Mitigators

The most common form of suicide failure was due to intervention by friends and family, usually in the form of physical interference, such as being hospitalised, willingly or otherwise. Three of the respondents were able to stop themselves such as NN, who pictured his parents finding his remains and climbed back from the ledge, or HZ, who suffered heightened pain from her overdose, and admitted herself to the hospital quietly. For those that received interventions, nine were hospitalised in their unconscious states, or were forcefully admitted. Some of the SoS reached out to loved ones such as ex-partners, friends etc. There was also a case of a stranger intervening, such as that of RI, who tried to drown herself by walking into the sea after ingesting a large amount of alcohol.

Others like SH, SV and AX woke up naturally post-event, in varying stages of discomfort, and due to their living conditions (all three lived by themselves), did not have any particular intervention of note. Consequently, due to their failed attempts, there were many SoS that felt disappointed (AX), had fears of failure to kill themselves (SV), or even those who judged themselves due to their fear of re-attempts (SR). From these failed attempts, and their reactions post-event, it became apparent that a theme can be formulated, that the researchers have coined "suicide fatigue", a phenomenon where individuals who failed at a suicide attempt, may still have suicide ideation, or SI, however they do not re-attempt as they are tired of failing.

While physical interventions may have successfully mitigated their suicide attempts, no significant changes were made towards SI for the SoS. 17 of the 19 SoS reported having SI persisting after the fact, however, it was due to their suicide fatigue, that they did not re-attempt suicide, whilst their enhanced connections with loved ones and/or eventual shifts in perception allowed them to further reinforce their motivations and internal drive for life, thus, further reducing chances of re-attempts.

Enhanced connections were reported by six of the respondents to have dramatically improved their internal drives for life, from reconnecting with loved ones, to finding new love interests. Concordantly, enhanced connections were noted to be multifaceted, with both increased and decreased contact, such was the case with HZ, whose relationship with her mother improved only after the death of her father, or SH, whose family provided her with more 'space' and 'silence', alongside MO, who moved away from her home.

There were also cases of shifts in internal perception due to visions, visitations or spiritual encounters during, and post-event of their suicide attempts. With seven reporting these spiritual encounters, these experiences vary from invisible forces (AX), to religious associations (BD), to ancestral encounters (HM). In all cases, these spiritual encounters were able to guide these SoS towards a shift in their internal perception, leading towards the preservation of their lives post-event, and/or stopping their attempts mid-event.

All in all, 11 respondents reported that at the time of the interview they no longer experienced suicide ideation while the other eight respondents, experienced ideation within safe boundaries.

Long Term Recovery

With respect to long-term recovery, all respondents associated enhanced support systems as being responsible for their post-event recovery processes, outside of the two respondents, whose events were triggered by 'anticipatory hopelessness'. A similar theme was also found with reference to enhanced personal power, whereby 16 respondents noted that some semblance of 'control' over their lives allowed them to be able to increase their self-worth, value and acceptance, especially amongst the trans respondents.

Meaningful connections/reconnections with loved ones, improved network of friends and newfound love interests contributed to enhanced support systems, alongside association with religious organisations and NGOs. Seven respondents went as far as involving themselves in industries such as welfare, life skills development, mental health and services, which in turn, allowed them to pursue self-development and improve their self-worth. These shifts in internal perceptions created a pathway for further developments, leading to enhanced personal power, whereby new boundaries and perceptions of themselves ushered their drive for life even further. Environmental changes such as distancing themselves from certain families (usually conservative, controlling, traditional types), alongside removing certain dogmatic, cultural and religious practices also helped these transitions for SoS (e.g., unsubscribing from traditional male-female roles, changing careers, disrobing head scarfs).

However, when it came to mental health support, there were mixed responses from the SoS, with those like HM being actively being barred from seeking a psychiatrist due to her mother worrying about how others might think, while others like BN having had negative initial experiences with regards to counselling and therapy. Although eight respondents found good therapists (re: psychiatrists, clinical psychologists, counsellors), there were many other respondents who reported some of the most egregious behaviours and experiences from their therapeutic sessions. The following Table highlights some of these experiences faced by the SoS with regards to their mental health support.

Respondent	Negative experience(s) in therapy
SH	Breach of confidentiality
JM	Provided medication that led to violent outbursts and heightened SI
AX	Breach of confidentiality
PE	Lack of professionalism and rapport with psychologist

MO	Pushed medication without valid reasons and/or counselling
SV	Portrayed a 'better-than-thou' attitude to client, referred out to other counsellors

Table 5. Negative therapeutic experiences faced by SoS

The most effective therapy experienced by respondents was when therapists listened to the client and accepted them as human beings without judgement. KR reported her therapist helped her to "step out of myself, change my perspective. She helped me see that what happened does not have to define me." SR initially had a counselling session where she reported "The therapist and me had no connection so I shut down, the therapy was 'neh' nothing", later with a counsellor she found effective "I felt connected and important, someone is hearing me out. The connection is there... It was different, interesting, someone was listening, I felt really important." A positive therapeutic relationship, respect for the client and their space were factors those respondents found to be the most helpful.

Discussion

The research found that for those who have survived suicide attempts, most saw suicide as the solution to a persistent internal negative state. These findings support the statistical findings of Del-Monte and Graziani (2020), that suicidal patients had more of beliefs in favour of suicidal behaviour. Research, especially statistical research, has long identified that a sense of worthlessness (Chu et al., 2017), helplessness (O'Connor & Portzky, 2017) and hopelessness (Sun et al., 2017), and loneliness rooted rejection (Chang, et. al. 2017) are key contributors to suicide. For these respondents it is evident that a combination of all these three factors led to an internal negative state that viewed suicide as their solution. Respondents with internal negative states experienced all of these at varying levels and intensities for an extended period. Daily life stressors were usually sufficient to tip the scale into a suicidal act when individuals are trapped in this negative space.

Crisis that overwhelms normal coping mechanisms can lead individuals who do not consider themselves 'normally' suicidal to attempt to end their lives. Research in Malaysian found that interpersonal crisis is a predictor of suicide in Malaysia (Kuan, Alam & Aun, 2020). This is because the internal negative states are condensed into extreme emotions in a short period of time, where again suicide is the solution to escape for these extreme emotions.

Unlike those who see suicide as a solution, those who experience "anticipatory hopelessness" see suicide as a way to preserve their current successes or satisfaction. Suicide is a means for them to control the future and avoid future meaninglessness. These individuals seem to be very caring and responsible towards others, showing empathy and concern. However, they are unable to be empathic towards themselves and only value their lives in terms of what they are contributing to others. The cause of suicide here is a view of their own lives as a sum of material or social success and not of themselves as individuals, thus to them ending their lives when they are in a good place seems to be a natural conclusion to their lives.

This newfound caveat to the phenomenon on suicide based on anticipatory hopelessness makes the case for future examination of cases of SI and suicide attempts that goes beyond the 'normally accepted' scope of suicide studies. Current academic theories and modelling of suicide and SI does not cover such an area of examination for those who attempts suicide, not as a solution to a 'problem', but rather, as a 'placeholder' of their currently fulfilled or content states. Thus far, there appears to be little to no sociocultural context nor religious and/or faith systems (outside of extremist cults) that would encourage nor explain the phenomenon

of anticipatory hopelessness leading to suicide attempts.

At the time of the attempts, it is important to note that none of the respondents saw suicide as a negative act, it was instead act of empowerment. The term "cry for help" is a misnomer for the respondents as in their attempt, they did not expect that cry would be heard and the attempt was indeed an attempt to end their life or stop the pain. Families, friends, and therapists saying that the suicide attempt was a method of seeking attention caused increase pain in the respondents as it dismissed their experience. Therapists especially need to avoid verbalizing to clients that they believe the attempt was attention seeking. Perhaps a more productive terminology to use is that suicide attempts are invitations to connect, by those in negative internal spaces. A suicide attempt is perhaps the ultimate invitation to others to connect as it was universally reported that enhanced connections was what kept individuals alive post attempt.

For most of the respondents what stopped the attempt was the intervention of third parties or the attempt failed. When the attempt failed it is interesting note that respondents while disappointed with the failure and simply continued with their activities, this reinforces the notion that suicide is not a call for attention. Suicide is an internal negative state (prolonged or crisis driven) that is expressed by the client in a moment in time, surviving those moments, opens the door to long term healing. If the methods chosen in these self-destructive moments are of high lethality, such as using firearms or impulsive jumping, the rates of suicide completion could increase exponentially (Arafat et al., 2021). Examples of impulse driven completed suicide are the two youth in whom after arguing with their parents immediately jumped from the railing of a shopping centre in Malaysia (Chu, 2014) and from a school in China (Global Times, 2020) respectively. All surviving respondents employed means that either allowed other to intervene, were not as lethal as they anticipated or gave them space to change their minds about their course of action. Failure at the suicide attempts may hinder future suicide attempts as respondents developed Suicide Fatigue. This state must then be followed up by enhancement of the internal drive for life in respondents for long term recovery.

The researchers interpreted the internal drive for life to be fuelled by respondents enhanced connections with those around them and a shift in their internal perceptions. As respondents felt connected to their loved ones, they naturally felt more valued and more positive about themselves. Connectedness has been identified in research as a key factor to reduce suicide ideation (Vélez-Grau & Lindsey, 2022; Gunn, Goldstein & Gager, 2018; Arango et al., 2018). There were those whose internal shifts were not due to external connections, but rather connection that they made during or post-event to what respondents perceived to be God, their ancestors, or a higher power. Gearing and Alonzo (2018) failed to identify a link between suicidal behaviour and religious commitment, this is true for the respondent as the spiritual experiences of respondents were personalized to them. It was the personal communication or intervention, not dogmatic teachings that enhanced the respondents feeling of acceptance.

While the spiritual experiences were reported by respondents as supernatural, the researchers acknowledge that humans have a primitive and powerful survival instinct. It is wholly possible that these experiences are generated from the unconscious mind of respondents, from their individual will to survive and overcome death, despite their current situation. Regardless of whether the source of the internal shift is spiritual or from the individual survival instinct, the outcome of the experience was increased acceptance and self-worth in the respondents.

Enhancing an individual's support system is a critical factor in long term recovery, when this is coupled with higher levels or acceptance and personal power, individuals may heal from

suicide ideation or in the least be able to effectively manage ideation. For those on recovery, daily hassles are no longer a trigger for suicide attempts. However, we need to be aware that a major crisis may overwhelm coping mechanisms and lead to a suicide attempt. Crisis reactions needs to be segregated from prolonged internal negative states to effectively address issues of potentially suicidal clients.

From the respondent experiences it is unfortunate that therapeutic experiences were far from optimal. Inappropriate mental health interventions did more harm to clients, and this may be the reason that lower post traumatic growth was reported from those who disclosed more to healthcare providers (Frey et al., 2019). Proper training in managing relations with suicidal client is quintessential for effective therapy.

From the findings, the methods by which mental health therapy can be improved for clients is to firstly respect the clients by informing them of the therapeutic process and its contents, side-effects and impact of medication given. Taking a superior "the-therapist-knows-best" attitude, confronting clients as attention seeking and focusing on a therapeutic modality rather than the client, reduces client-therapist connection and has an adverse impact on clients. The fundamentals of therapy, which is focusing on the therapeutic relationship is a critical factor in supporting suicidal clients (Charlotte, 2017). Stigma hinders individuals from getting help and support and reduces connections as individuals feel judgement. It is imperative that clients feel that they are heard, their presence in the room is valued and they are accepted for who they are, without judgement. Therapy can be effective when the clients feel supported and valued by their therapists.

Conclusion

In conclusion, individuals who have attempted suicide and survived have provided interesting and new means of understanding suicide. Seeing suicide as a solution to their Internal negative state, anticipatory hopelessness and suicide fatigue are new findings that require further scrutiny. It is thus crucial to look deeper at the impacts of the failure of complete suicides, and the impacts of suicide failures, leading to fatigue, in order to examine potential future, practical foundations from whence suicide prevention and intervention methods can be thus developed. Additionally, it is just as critical to increase research directions into nuanced subject matters such as the fear of contentment loss and the means of intervening in such situations, such as necessary, as shown by the cases of anticipatory hopelessness. Supporting suicidal individuals in developing deeper or meaningful connections is critical in managing suicide, when it is bolstered by acceptance and personal power, suicidal ideation in the long term is reduced. However, it is important to fully understand the scope and depth of the process that individuals take, when pursuing an event as 'final' as suicide. A limitation of this research is that only Female to Male trans people were interviewed, inclusion of more minority representation is required for future research. The act of attempting suicide needs to be approached with respect, empathy, and kindness, with the aim of allowing healing to occur.

Abbreviations

IPA: Interpretative Phenomenological Analysis

NHMN: National Mental Health Commission

NISR: Negative internal state respondent

SI: Suicide Ideation

SoS: Survivor of suicide

WHO: World Health Organization

Funding

This project was self-funded by the main research.

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