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The Healing Process Following a Suicide Attempt: Context and Intervening Conditions

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A B S T R A C T

The purpose of this study was to explore the context and the intervening conditions that impacted on individuals' healing from a suicide attempt. Patients who had survived a suicide attempt ($n = 14$) and their caregivers ($n = 6$) were interviewed in this study. Findings revealed that the suicidal individuals who lived in a sheltered, friendly environment, and had support systems helped their suicidal healing process. Conversely, suicidal individuals who experienced negative aspects of self, family predicaments, environmental difficulties, and the re-emergence of stressors impeded their suicidal healing process. Consequently, health professionals need to promote healthy internal and external environments for suicidal individuals.

The World Health Organization (2013) reported that approximately one million people die from suicide every year and that the known global mortality rate for suicide is 16 per 100,000 individuals. The suicide rate in many countries exceeds 16 per 100,000 individuals, for example: the Republic of Korea (31.0/100,000 in 2009); Japan (24.4/100,000 in 2009); France (16.3/100,000 in 2007) and in Taiwan (16.2/100,000 in 2012) (World Health Organization, 2013). In Taiwan, the suicide rate reached a peak of 19.3 per 100,000 in 2006 (Department of Health, Executive Yuan, Taiwan, ROC, 2013). Hence, suicide prevention centres were created, and a suicide report format was established in 2006 for helping to reduce the high suicide rate in Taiwan (Suicide Prevention Centre, 2007). Official records in 2011 showed that the suicide rate in Taiwan has decreased to 15.1 per 100,000 (Department of Health, Executive Yuan, Taiwan, ROC, 2013). However, the report also shows that the number of suicide attempts has gradually increased since 2006 (Lee, 2013). It is well documented that both culture and environment have an impact on peoples' healing following a suicide attempt (Sun, Long, Huang, & Huang, 2008; Tzeng, Su, Chiang, Kuan, & Lee, 2010). It is paramount that health professionals recognize and take steps to improve both the internal and external environment that impacts on peoples' healing process after their suicide attempt.

BACKGROUND

Suicide: The Chinese Culture

Many countries in both eastern and western cultures consider suicide being morally wrong and as a weak or foolish behaviour (Sun et al., 2008; Tzeng et al., 2010). In Chinese culture, the term 'bu-hsiao' refers to suicide, which means non-filial piety, because the basic 'hsiao', or filial piety, means to protect the life and the body that your parents donated to you. Thus, parents are extremely saddened when their children attempt to destroy, by way of suicide, the life and body they have bestowed on them. This belief, based on the philosophy of Confucius, posits that 'hsiao' is influenced strongly in Taiwanese culture and thinking (Sun et al., 2008; Tzeng et al., 2010). Many studies have reported that suicide still carries a tremendous stigma (Dyregrov, 2011; Keyvanara & Haghshenas, 2010; Sun et al., 2008; Tzeng & Lipson, 2004). Moreover, individuals who attempt suicide as well as their families feel tremendous shame and fear that their friends and society will reject them. Social stigma can be diminished if people become willing to enter into dialogue about suicide, and perhaps a more open debate about the topic might help people feel more comfortable seeking help (Dyregrov, 2011).

Suicide: Protective, Resilient and At-Risk Environments

There are some protective or resilience factors that can help prevent suicide and people who are recovering following an attempt. These protective resilience factors include (1) developing positive coping strategies could prevent re-attempts, (2) participating in sporting activities, (3) developing healthy family relationships, (4) providing supportive school environments, (5) accessing social

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support networks in the general population, (6) promoting healthy cultural and religious beliefs, (7) engaging in employment, (8) educating and training healthcare professionals to provide holistic health interventions and care services to meet the needs of individuals and families (Fang, Lu, Liu, & Sun, 2011; Ke, 2008; McLean, Maxwell, Platt, Harris, & Jepson, 2008; Sun, Long, Boore, & Tsao, 2006; Sun et al., 2008).

Conversely, there are factors that slow down or negate the healing process. These factors include (1) the reappearance of stressors especially those they feel they cannot cope with, which reawaken their suicidal ideations, (2) psychiatric symptom interference usually due to a failure to take their medication, (3) lack of support systems from family, friends, professionals, and/or society, (4) negative thinking about everything and everybody leading to suicidal ideations, (5) loss of problem solving skills leading to thoughts that suicide is the only way to deal with their problems (Chi, 2011; Ke, 2008; McLean et al., 2008).

Recovering From a Suicide Attempt: Chinese Research

With respect to the Taiwanese culture, a literature search demonstrates that only two studies have focused on patients recovering from suicide attempts. In the first, Ke (2008) used interviews to explore the resilience of suicide survivors ($n = 6$) and found that three major domains were required for recovery: (1) external support and resources, (2) inner power and personal strength, and (3) social and interpersonal skills. The external support and resources domain includes six concepts: (1) a good role model, (2) religious support, (3) positive family support, (4) healthy and appropriate teaching strategies for children, (5) effective courses and programmes that facilitate positive change, and (6) supportive social networks.

In the second study, Chi (2011) adopted grounded theory (GT) to understand the healing process of individuals who attempted suicide ($n = 14$). Findings show that the healing process comprises five stages: (1) self-awareness, (2) help-seeking, (3) repetitiveness, (4) adjustment, and (5) acceptance. In the help-seeking stage, individuals accessed help from medical professionals or community social supports during the recovery process. However, the above two studies offered only a broad outline of the process of peoples' healing after their suicide attempt. They did not explore, in depth, the GT context and intervening conditions of the healing process in Chinese culture. Thus, the aim of this paper was to understand the internal and external environments (the context) and the protective/resilient and impeding circumstances (intervening conditions) affecting the action/interactions of individuals when navigating the healing process after their suicide attempt in Chinese culture.

METHODS

This paper is a portion of a larger research area whose aim was to develop a theory to guide suicidal individuals to aid in healing after their suicide attempt (Sun & Long, 2013). In this study, Strauss and Corbin's method of grounded theory was used because Denzin and Lincoln (2011) found that it is the most appropriate method to use when the aim of the research is to develop a theory.

Participants

Theoretical sampling was used because it helped to integrate the concepts and to clarify the relationship between one concept and another. Accordingly, each interview guide was modified before the next interview in harmony with concepts that emerged during the previous interview; for instance, when the patient participants expressed that psychiatric consultants had helped cure them from their depression and prevented suicide attempts, an additional four psychiatric professionals were selected for interview to reach saturation of the data. Moreover, when this study achieved data saturation, the researcher added three more participants to confirm that this study had really achieved saturation. That is, no new concept was elicited in the three participants. The total number of participants in this study was 20 participants including patients who were healing from suicide attempts ($n = 14$) and their caregivers ($n = 6$). The inclusion criteria for the patient sample included having a diagnosis of depression and a suicide attempt that happened more than 1 year ago. The inclusion criterion for the caregiver was people who were suicidal individuals' family or curer who helped them heal from their suicide attempts.

The demographic details of patients were as follows: women ($n = 10$), men ($n = 4$); ages between 22 and 83 years; religion ($n = 9$), non-religion ($n = 5$); university education ($n = 6$), senior high ($n = 4$), junior high ($n = 2$), 5-year junior college ($n = 2$); married ($n = 7$), divorced ($n = 3$), widowed ($n = 3$), single ($n = 1$); employed ($n = 11$), unemployed ($n = 3$); and previous suicide attempts: 1 to 3 times ($n = 12$), 4 to 6 times ($n = 1$), 7 to 9 times ($n = 1$). The demographic details of caregivers were as follows: women ($n = 3$), men ($n = 3$); ages between 22 and 46 years; university education ($n = 5$), 5-year junior college ($n = 1$); married ($n = 5$), single ($n = 1$); patients' psychiatrists ($n = 3$), patients' daughters ($n = 2$), patient's psychiatric nurse ($n = 1$).

Data Collection

Data were collected from the out-patient clinic of one medical centre's hospital in Taiwan during 2011 and 2012. Before collecting data, this study was approved by one medical centre's hospital institutional review board (no. 100-111) and the university ethics committee (no. 99-013). Each participant received oral and written information regarding the purpose of the research; were informed of their rights and signed the consent form. The researcher notified the participants that they had the right to refuse to participate. Even though, they had signed the informed consent, they could withdraw from the study without any excuse and they were free to refuse to answer any of the questions. The researcher guaranteed the participants that all interview data would keep in confidence and that their responses would be anonymously coded. They were also informed that a paper would be submitted for publication.

Subsequently, participants were interviewed once, in a conversation room in the hospital, for approximately 60 minutes, using a semi-structured interview guide. The initial interview guide comprised four themes namely: (1) the internal and external resources that enabled individuals to heal from their suicide attempt, (2) the environment or circumstances that helped individuals stop their suicide attempt, (3) positive thoughts or happenings that prohibited individuals from re-attempting suicide in the past year, and (4) negative thoughts or happening that postponed the restorative process after their suicide attempt.

Data Analysis

The researcher used bracketing skill to make sure that the researcher had minimal impact on the data analysis and the results (Morse, 1994). Grounded theory emphasises that data collection, coding and analysis are conducted simultaneously (Corbin & Strauss, 2007). Therefore, a research assistant typed each interview transcript within 2 days following the interview. Concurrently, the lead researcher listened carefully to the tape-recorded version to confirm the accuracy of the typed transcript. Subsequently, data were analysed line-by-line to uncover important, repeated and highlighted information. These important data were then coded into significant statements (meaning units), and emergent concepts were created. Next, constant comparative analysis was used to group similar