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The lived experience of persons who attempt suicide: a bottom-up review co-designed, co-produced and co-written by experts by experience and academics

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This is the first bottom-up review of the lived experience of persons who attempt suicide. The study has been co-designed, co-conducted and co-written by experts by experience and academics, focusing on first-person narratives within and outside the medical field. The lived world of individuals who attempt suicide is characterized by experiences related to the attempt itself ("contemplating suicide as a deliberate death", "contemplating suicide as an escape route", "looking for online answers about suicide", "planning suicide", "finding rest between the suicidal decision and the final act", "changing one's mind during the suicide attempt", "acting on suicidal impulses"); experiences related to the self and time ("feeling unworthy", "feeling detached from oneself or the world and lacking a sense of agency", "splitting the self between the decision to live or die", "perceiving an abortive and doomed future"); and experience of emotions and the body ("feeling overwhelmed by hopelessness and despair", "feeling empty and drained of energy", "feeling alone"). The lived experience of individuals who attempt suicide is also described in terms of the social and cultural context, including the experience of others ("feeling that no one cares", "feeling like a burden to others", "facing others' difficulty in understanding"); cultural, gender and age differences ("experiencing geographical, cultural and religious taboos about suicide", "feeling inadequate in relation to gender stereotypes", "feeling abandoned in old age"); and the perception of stigma ("facing social stigma", "experiencing a stigmatized self", "silencing suicidal behaviors"). The lived experience of persons after an attempted suicide is characterized as a complex process of self-acceptance and rediscovery ("living with suicidal thoughts", "navigating the challenges of recovery", "gaining new perspectives during recovery", "restoring interpersonal relationships to recover"). Finally, the lived experience of individuals who attempt suicide is described with respect to their access to general health care ("seeking help before the suicide attempt", "feeling abandoned after a suicide attempt") and mental health care ("experiencing shame as a barrier to care", "fearing mental disorder label", "feeling accepted and listened to", "facing economic difficulties in accessing support", "coping with distress during hospitalization"). The experiences described in this paper hold educational and social value, informing medical and psychological practices and research, public health approaches, and promotion of social change. This research overcomes embarrassment, fear and stigma, and helps us to understand the fragile nature of our emotions and feelings, our immersion in the social world, and our sense of meaning in life.

Key words: Suicide, suicide attempts, lived experience, first-person accounts, stigma, mental health care, recovery, public health approaches

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Suicide, defined as "the act of deliberately killing oneself"[1], is a complex, multidimensional phenomenon that has been studied from philosophical, sociological and medical perspectives. Suicidal behavior can be conceptualized as a continuum ranging from suicidal ideation to suicide attempts and completed suicide. Attempted suicide is defined as a potentially self-injurious act with a non-fatal outcome in which there is evidence that the individual deliberately intended to kill him/herself[2]. Attempted and completed suicide are associated with a complex interplay of clinical, biological, psychological, social, spiritual and cultural factors[3,4], leading to distorted beliefs, painful emotions and unmet needs[5,6].

Suicide is a global public health issue, accounting for more than 700,000 deaths annually (about one every 40 seconds)[7]. It is the fourth leading cause of mortality among individuals aged 15-29 years[8]. Rates of completed suicide are not evenly distributed around the world, being higher in high-income countries than in low- and middle-income ones (although there are issues concerning the reliability of data from some countries)[7,9]. Rates of completed suicide also differ by gender, being three times higher

in men than in women. On the other hand, suicide attempts are more common in women[10]. The number of suicide attempts is estimated to be 10-30 times higher than that of completed suicides[1].

From a historical perspective, suicide is a human behavior that has been interpreted primarily within moral, religious, legal and existential frameworks, while it has been considered in medical terms only from the 19th century[11,12]. Suicide itself is not coded as a formal diagnosis and is not regarded as a symptom[13]. Notably, although the majority (about 90%) of completed suicides are associated with a mental disorder[14-16], and mental disorders are associated with a 16-fold increase in the suicide risk[17], suicide does not equate to having a mental disorder. K. Jaspers first observed that suicide is not always associated with mental disorders[18], and there are instances of completed suicide resulting from personal or existential circumstances without pre-existing mental health difficulties[19].

Completed or attempted suicide poses numerous complex empirical challenges. For the general population, it often emerges as a silent tragedy. For the media, it is either a treacherous taboo or a sensationalized event[20]. For mental health professionals, it is a deeply disturbing occupational hazard and the most common psychiatric emergency[21]. Any attempt to interpret, explain, predict, and ultimately prevent suicide requires a deep understanding of what suicidal thoughts and feelings mean to those who live them, essentially asking the phenomenological question: "What is this kind of experience like?"[2].

In addressing this question, academics have typically proposed top-down (i.e., from theory to lived experience) accounts, driven by the historical context of psychiatry[22-24]. However, this approach encounters the limitations of a theoretical interpretative framework and of a technical language that may obscure the whole subjective nature of the lived experience. On the other hand, first-person experiences are described in contributions from almost every time and place in the world[25-30]. However, these take several different forms, reflect a variety of contexts, and are challenging to integrate into a broader understanding of suicidality.

In the present study, experts with lived experience and academics collaborated to create a shared narrative. To our knowledge, this is the first study to address the lived experience of those who attempt suicide by adopting a collaborative, bottom-up approach based on co-design, co-production, co-writing and eventually co-authorship[31]. The methodological process expanded upon earlier studies conducted by our group to explore the lived experience of psychosis, depression, mental disorders in adolescents, and postpartum depression and psychosis[31-34], and is briefly detailed below.

In the first step, we established a collaborative core writing team of experts with lived, learned or laboured experience (patients, families and caregivers) and academics (psychiatrists, psychologists, philosophers and social researchers). Notably, several experts by experience were academics themselves (or international activists). This team conducted a search of Web of Science, PubMed and SciELO from inception until March 15, 2024, to identify an initial set of qualitative studies providing first-person accounts published in English, Spanish or Italian. The search terms were: ("suicide attempt*" OR "suicidal*" OR "suicid*") AND (qualitative OR "focus group" OR "grounded theory" OR interviews OR "content analysis" OR etnograph* OR phenomenol* OR "in depth interview" OR hermeneut* OR autobiography OR biograph*) AND ("lived experience" OR "first person" OR first-person OR "user experience" OR "patient experience" OR meaning OR beliefs OR narrative OR self-narrative OR "illness experience"). Additional sources, such as autobiographical books written by individuals with lived experience, were included[35-43] (see Table 1).

We excluded the narratives of individuals with non-suicidal self-harm, given its distinct psychopathology and phenomenology[44]. We did not include psychological autopsies of individuals after completing suicide (as these typically do not reflect first-person accounts)[45]. We sought to capture the broader phenomenological characteristics of suicide attempts, not limiting ourselves to mental disorders[46]. We did not address suicide attempts in individuals with terminal illnesses or end-of-life conditions, where distinctive circumstances apply that are potentially associated with different forms of experience[47]. We did not focus on young individuals, as this was discussed in a previous publication[33].

In the second step, first-person narratives were extracted from included papers. A thematic synthesis of the selected reports was undertaken by three independent researchers, using line-by-line coding of the text[48,49]. This process produced a preliminary list of descriptive themes and sub-themes. The material was then shared with the core writing team and initially grouped into four overarching descriptive themes: "The lived world of individuals who attempt suicide", "The experience of individuals who attempt suicide in the social and cultural context", "The lived experience after an attempted suicide", and "The lived experience of accessing health care services in individuals who attempt suicide", each with several sub-themes.

In the third step, the preliminary themes and sub-themes were discussed in a collaborative workshop involving a wider global network of experts by experience across different age groups, genders, and ethnic and cultural backgrounds. Individuals were recruited from the Global Mental Health Peer Network (www.gmhpn.org), which includes people with lived experience from

Table 1 Selection of complementary sources considered for the review

Artaud A. *Van Gogh, the man suicided by society*[35]
Améry J. *On suicide: a discourse on voluntary death*[36]
Kane S. *4.48 Psychosis*[37]
Plath S. *The bell jar*[38]
Pavese C. *This business of living*[39]
Morselli G. *Dissipatio H.G.*[40]
Webb D. *Thinking about suicide: contemplating and comprehending the urge to die*[41]
Woolf W. "*Dearest, I feel certain I am going mad again*"*: the suicide note of Virginia Woolf*[42]
Linehan M. *Building a life worth living: a memoir*[43]

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over 40 countries, and the South London and Maudsley NHS Recovery College (www.slamrecoverycollege.co.uk), which includes experts by experience of recovering after a suicide attempt. Experts by experience were invited to share their lived experiences in their narrative style, without a prescribed framework[31-34,50,51].

In the fourth step, the final selection of themes and sub-themes was enriched using phenomenologically informed perspectives[52,53], as suggested by the broader group of experts by experience and academics, who collaborated in the drafting of the manuscript through a shared Google Drive platform. All experts by experience who actively participated in the manuscript were invited to become co-authors. They were offered reimbursement for their time in accordance with guidelines for participatory research[54].

In this paper, written or spoken quotes from experts by experience are reproduced verbatim in italics. We have followed clinical and ethical guidelines for writing about suicidality (e.g., www.samaritans.org). There is no expectation that the described experiences are exhaustive or applicable to all individuals.

THE LIVED WORLD OF INDIVIDUALS WHO ATTEMPT SUICIDE

In this section, we will describe the lived world of individuals who attempt suicide across the following domains: a) the experience of attempting suicide; b) the experience of the self, agency and time in individuals who attempt suicide; and c) the experience of emotions and the body in these individuals.

The experience of attempting suicide

Contemplating suicide as a deliberate death

Individuals who attempt suicide often describe an all-enveloping, primary intention for death, which distinguishes their experience from that of non-suicidal self-harm. A drive towards suicide may be reported: "*I felt the appetite for non-being*"[35]. Reference may be made to the futility of seeking a purpose in life ("*I wanted to die and end all these useless attempts to find purpose*", *personal communication*) or to the worthlessness of one's own life or human life in general ("*No one ever lacks a good reason to kill himself*"[39]). In some cases, suicidal intention is described as a destiny, as an inexorable call from which one cannot escape: "*Suicide, that's programmed in my brain*"[55]. However, in other cases, contemplating suicide is not described in terms of an intention to die, but as an automatic response to an altered world: "*It was like I was a robot and suicide was the automatic response*"[56].

Some individuals imagine their own death: "*I've gotten used to imagining my death: I visualize the final decision, the physical pain, the moment when you understand that it's over… sometimes it gives me relief, as I had really done it*" (*personal communication*). Others imagine the consequences of their suicide attempt, such as their own funeral, with great vividness: "*I could feel it, that cold, damp feeling and being in a coffin*"[57]. Self-imagining suicide attempt may be perceived as a way of creating a meaningful narrative: "*You're creating a narrative that's special and meaningful to you… And like making it… a spectacle and theatrical*"[58].

Contemplating suicide as an escape route

Individuals who attempt suicide may often experience their will to die as an escape route from the struggle of living: "*There was no other option even though I didn't even want to die, but the pain was just too overwhelming, and it seemed like the only way to escape*" (*personal communication*). Life is experienced as hard work and suffering ("*Every day costs me so much effort… why should I live? Why should I continue to suffer like this?*", *personal communication*), while they describe a comparative easiness in the state of being dead ("*My pain would go away because either I would be dead or I would be in so much physical pain that I didn't have to think about the emotional pain I was experiencing*"[59,60]).

Suicide is often contemplated in the context of hopelessness, despair and a sense of purposelessness: "*Why keep going on in life with all these thoughts*"[61]. Individuals want to escape from the insurmountable challenges that they face in life and the psychological pain they experience: "*It's not about succeeding to die. That's not the primary thing. That's to… somehow… get on… from what you can't get out of*"[57]; "*It's not so much you want to die. It's more that you want to get away from the pain that you're dealing with*"[62].

Death is seen as the only possible way to escape problems and personal suffering ("*I didn't want to feel that way anymore*"[62]), the only solution left when all the other sources of hope have been exhausted. An individual with a history of multiple suicide attempts said: "*When I feel I can't cope any more, then I have to take that way out*"[55]. Suicide may thus appear as the only solution within an inner dialogue in which the subject analyzes various options for escaping suffering: "*There was no other alternative except killing myself*"[63].

Suicide can be constructed as an escape route akin to drugs or alcohol, which are frequently used by individuals who attempted suicide: "*The feeling of wanting to escape my world was there all the time. I was escaping via substance abuse*"; "*In many ways, drugs or alcohol saved my life as I would lean into that to get away from the suicidal thoughts*" (*personal communications*).

Looking for online answers about suicide

Individuals who attempt suicide may search the Internet while contemplating the idea of ending their life. According to their accounts, the online digital world, which may include websites, mobile apps and social media, is ubiquitous and intricately interwoven with the lived experience of people contemplating suicide[64].

On one side, online resources can provide supportive advice to people who contemplate suicide. Support may include digital educational material that helps individuals to recognize that they are unwell and need help: "*You, people who read this post, you're my only confidants*"[64]. Online networks and social communities of other experts by experience may also help individuals to feel less

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alone and understand that other people share their feelings: "*Anyone else feels the same?*"[64]. Overall, these supportive experiences may help persons who are contemplating suicide to consider alternative solutions: "*I was very determined to leave asap and had absolutely no will of going forward… Finding this [digital] community, I believe, is the main reason I was able to stay this long*"[64].

On the other side, visiting online resources can be experienced as an addictive habit, which increases isolation within the family and social withdrawal, and reinforces feelings of loneliness, key triggers of depressive thoughts: "*It forms the habit of staying alone even when you have your whole family with you and not being able to talk to them*"[65]. Other individuals who contemplate suicide may describe that exaggerated images of happiness and success in social media foster social comparison, impair their self-confidence, and amplify suicidal tension: "*Someone may not be happy in real life but tries to show they are happy and rich in social media. These increase tension*"[65]. Online resources can also provide potentially harmful practical information about methods to commit suicide: "*I went on the internet and started to research suicide methods*"[58]. The Internet is one of the most frequently accessed sources of information that may lead to suicide attempts: "*I'm not sure I would have actually tried [suicide] if I hadn't found all that news about suicide online*" (*personal communication*).

Planning suicide

Most individuals who have attempted suicide describe a long history of living with thoughts of death, but then comes a time when they start feeling that they should act on them: "*I simply felt like it was time*"[66]. The planning of suicide is sometimes described as a manoeuvre to get closer to death ("*It became more and more intense… [Suicide] began to colour everything. It sort of was the background, or the wallpaper, to every situation I had in my mind at that time*"[56]), or as an attempt to test themselves to understand if they will be able to make the final gesture ("*The more I thought about suicide, the closer death seemed to me: like a welcoming embrace into which to throw me*", *personal communication*).

Many individuals describe their experience of attempting suicide as a well-planned and organized decision: "*People think that to kill yourself you have to be crazy, while I had the feeling that I had never been so lucid as in that moment*", *personal communication*). In these cases, the priority is not the urgency but the precision of the chosen method, time and place. The details of the suicide attempt are studied carefully, and individuals choose one that suits them best: "*A quick, violent death is quite attractive*"[58].

However, a degree of impulsivity is typical of many individuals who attempt suicide. J. Améry, an intellectual who wrote a monograph on suicide and died by suicide, described the moment when suicidal intention turns into suicidal behavior as "*the moment of jumping*"[36], similar to when leaning over the ledge turns into jumping into the void. The "moment of jumping" represents the final common pathway shared across multiple motives triggering suicide, establishing an "insane equality"[36] among many individuals who attempt suicide[13].

Finding rest between the suicidal decision and the final act

The decision to live or die is often experienced as a painful doubt that is difficult to live with: "*Doubt is exhausting, better to die*" (*personal communication*). Some individuals who eventually decide to attempt suicide describe a sense of rediscovered peace, compared to the period of agonizing doubt that they had previously experienced[60]: "*I was trying to figure out what was going on, couldn't sleep and I suddenly thought about suicide. And my mind calmed down*"[58]. The sense of calm that results from the decision to die can itself be strange and unsettling to the person: "*I was calm as I was sitting in this chair, calm, that was what scared me the most looking back at it, how calm I was*"[67].

These narratives suggest that, during the time between the decision and the suicide attempt, individuals often live in a "suicidal world" markedly different from the one that precedes the suicidal decision. They may experience a paradoxical rediscovery and enrichment of their existence: "*I dreamed of something magnificent: the war had broken out, I had to go to the front. I took leave of everyone in the joyful certainty that I would soon die*"[68].

The idea of being able to end one's suffering by taking one's own life may attenuate the manifestations of the suffering itself[69], and give a purpose to one's life, even if the purpose is just to end that life: "*I felt like at least there was an out, that instead of staying in the pain or situation or with myself there was at least movement into some sort of solution, and the solution became suicide*" (*personal communication*).

Some authors[70] have therefore suggested that the act of suicide may sometimes paradoxically represent an "optimistic" decision toward a solution (e.g., since there is no meaning in life, the only hope for meaning would have to be found in death), as opposed to an act of despair or resigned sadness. Calmness may, therefore, originate from a re-organization of one's purposes in the face of death, which re-establishes a foothold[71]: "*Death has become my only goal*" (*personal communication*).

Changing one's mind during the suicide attempt

Many individuals report the experience of changing their mind during the suicide attempt and retracting their initial decision[72]. Often, these people realize that they do not want to cause pain to family members or carers: "*I was doing fine till he said, 'You know how hard it is for a child to see his mother in hospital after she's just attempted suicide?' And my kids came to mind, and that was a bit of a struggle*"[73].

Concern about causing pain or harm to the loved ones is a critical driver in changing suicide plans: "*I didn't want to hurt my family… that's the only reason I can't bring myself to do it*" (*personal communication*). Individuals may be struck by the idea of what would happen to their loved ones after they are gone: "*I was thinking about my wife, my parents… if I go, who will take care of them? It was a mistake*"[74]. The thought of loved ones can provide strength to resist suicidal temptations and lead to a rediscovery of

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hope: "*I gave up trying to attempt suicide because, most of the time, I thought that life has many aspects to enjoy and continue, such as my children and my family*"[75]. These feelings are typically ambivalent and intensify the struggle: "*I know my family will suffer more than me… But I am not able to go on like this*"[74].

In other cases, the suicidal act may be interrupted by a sudden external event ("*I heard a baby screaming, that's what stopped me*")[58], or by the thought of causing suffering to those who may inadvertently witness the suicide attempt or unwillingly participate in it: "*I couldn't do that, because that's making somebody else complicit, so that's almost making them feel as if they'd killed me*"[58]. Other factors that may lead individuals to change their mind during the suicide attempt relate to the culture of reference, religion, and the social meaning attributed to suicide (see below).

Acting on suicidal impulses

Some degree of impulsiveness is almost always involved in triggering the movement from suicidal plans to action. Individuals who gradually develop a suicidal plan may eventually act on it following some degree of impulsiveness: "*I spend my entire life, or have spent my entire life, planning, and looking and… so you ask me a method, and I could probably tell you about it. But the actual impulse to do it… well… is it an impulse? Not quite sure what it is, but the compulsion to do so is uncontrollable*"[59]. In this context, some individuals describe the suicide attempt as the culmination of tension, in which they try to resist an impulse as long as possible and then the impulsiveness takes over: "*I wondered if I didn't just do it because I couldn't think about it anymore*" (*personal communication*).

Other individuals do not develop a suicidal plan, but describe an impulsive suicidal moment or urge as an overwhelming and irrepressible desire[41], an unexpected impulsive moment of loss of control, so strong and inescapable that it cannot be contained: "*I felt like I did not have any control*" (*personal communication*). Impulsivity can override the natural instinct to preserve one's own life and render an individual capable of self-harm. Some authors maintain that painful experiences throughout lifetime (e.g., trauma and abuse) can override the fear of pain and death associated with suicide and consolidate a "capability" for death[76].

The experience of the self, agency and time in individuals who attempt suicide

Feeling unworthy

Individuals who have attempted suicide often describe how this experience is usually accompanied by a range of negative feelings, both about the world around them and about themselves: "*The trouble was, I had been inadequate all along; I simply hadn't thought about it*"[38]. Feelings of unworthiness ("*It's as if my life isn't worth anything… I didn't feel I was worth anything*"[63]), poor self-esteem and failure ("*I felt like I am just a loser. I wasn't good enough*"'[77]; "*This is who I am, a bad person. It would be easier if I were not here*"[78]) are frequently reported.

Some individuals may describe experiences of feeling unworthy because they are unable to live up to others' expectations: "*Shame crept in that I couldn't do life as everyone else, that I was weak and pathetic and then would sit in the shame for a couple of weeks and then the pain would get too much and then the [suicidal] thoughts would start again*" (*personal communication*).

A failed suicide attempt can itself be described in terms of feelings of incompetence, ineffectiveness and unworthiness. After a suicide attempt, individuals frequently describe a feeling of shame and embarrassment, as if their failure had exacerbated their feelings of inadequacy: "*I was told to be grateful to be alive as if I had been naughty… This just contributed to feeling more ashamed and thinking of ways to do 'better' when I attempt again*" (*personal communication*). These individuals may mention that they are not only unable to live satisfactorily, but even unable to attempt suicide effectively: "*Embarrassment is common after a suicide attempt that was unsuccessful. Certainly, my experience*" (*personal communication*).

Feeling detached from oneself or the world and lacking a sense of agency

Suicidal experiences may be accompanied by a feeling of being detached from oneself ("*I cannot touch my essential self*"[37]) or one's body ("*I spent a large part of my life living in dissociation, feeling like I was floating outside of my body and actually being connected to myself was too painful*"; "*Being in my body was unbearable, then suicide would creep in*", *personal communications*).

This can be a stable feature, which accompanies the period of life in which suicidal ideation and planning occur. Alternatively, it can be an episodic feeling that turns on suddenly or in response to specific triggers and then goes off ("*I had these, like, moments… I don't know, it's just where I don't feel like I'm myself, like I'm looking over myself*"[60,79]). In some cases, it can be associated with a sense of impulsiveness and loss of control, as described above.

The individual may report "*feeling dissociated from oneself*" (*personal communication*) during the attempt itself, as if he/she wasn't the one doing it. When it is especially pronounced, this sense of detachment may lead to an inability to experience any emotions, including psychological distress: "*I just didn't feel anything anymore*" (*personal communication*). These feelings may involve a sense of lacking agency (i.e., self-authorship of one's own thoughts and actions): "*I did not feel connected to myself, as if I was an automaton, and suicide was the natural response*"[56].

The sense of detachment may also relate to the external world, which is experienced as inaccessible, hostile or manipulative, and the individual may feel disconnected from others: "*I am immune to any stimuli, be they people, colours, tastes… I am separate from everything and everyone, detached and unable to interact*"[56].

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Splitting the self between the decision to live or die

The lack of self-agency is sometimes experienced as a disconnectedness between different parts of the self: "*When I am feeling well, I have no awareness of any division of my self into parts. I just operate as a normal, functioning being. However, if I am experiencing suicidal thoughts… I seem to feel the dislocation…: my normal 'self' is quite sure that suicide is not a solution but… another entity within me is emitting [suicidal] thoughts*"[56]; "*My mind wants to kill myself – but my body won't let me*"[56].

Individuals may experience a visceral sense of a battle being fought between distinct parts of the self, associated with a sense of despair and a fear of carrying out the act, of feeling pain, of regret: "*There were two parts in me… to die or not to die… it was unbearable to be so divided*" (*personal communication*). The perceived internal battle may also affect the body: "*I physically tremble as the battle takes place inside… I spend hours fighting with myself*"[56].

Some people may state that the suicidal act is directed towards a hated part of the self[21]: "*I just wanted to kill that part of me that I can't stop hating*"; "*I wanted to kill the part of myself that was wrapped up in shame, a huge part of myself that I hated*" (*personal communications*). Indeed, S. Freud[80] suggested that individuals who attempt suicide may split their selves in two: trying to kill one part (what they have become) to preserve what they were (what goodness they had). Along these lines, the philosopher S. Critchley argues that we cannot kill our self but only the hated part of our self[70].

However, in many cases, the split of the self is not so well demarcated[81], to the point that individuals may want to live and die at the same moment: "*Choosing to live or to die makes no difference at this point*" (*personal communication*). The case was reported of a man who attempted suicide by throwing himself off a bridge and, when discovered by a passing policeman, refused to hang on to the rope that the policeman had thrown him until he was threatened to be shot: he did not experience the will to live or to die, he experienced both[82].

Perceiving an abortive and doomed future

In people who attempt suicide, past experiences of joy and pain may seem distant as if they belonged to someone else: "*Was I really that person capable of controlling his life?*" (*personal communication*). The present self may appear as impoverished and object-like when compared to whom the person once was: "*A total horror at what your life has become and a despair at ever getting back your old self*"[56].

The future is often perceived as abortive, impossible to visualize[83], and doomed: "*Not finding a path in my life for the future*"[61]; "*Had no purposes in life and do not imagine myself having a future*"[61]; "*If you are going to live, you must have something to live for or at least something to look forward to, and that I have never had and will never get. So, I see no reason why I should stay here then*"[27].

In the time that elapses between the decision and the suicide attempt, there may be a paradoxical re-organization of planning, as if the thought of death was to reconstitute a movement beyond the painful stagnation of the individual's existence[68]. While the anguish of suicidal planning is described as a moment of suspension that makes death present and eliminates the possibilities of change, the actual choice to die lets time flow again[30]: "*Everything was stagnant, but when I decided to kill myself, it was as if everything happened faster*"; "*The moment I decided to die, time started to flow again*" (*personal communications*).

The experience of emotions and the body in individuals who attempt suicide

Feeling overwhelmed by hopelessness and despair

Individuals who have attempted suicide often describe the experience of being overwhelmed by strong negative emotions, leaving them exhausted: "*What has taken me to the attempt was the negative emotions*" (*personal communication*). This is linked to the experience of losing control over one's mental state and being unable to cope with the emotional burden: "*Somehow, I lost all ability to regulate not only my emotions but my behavior as well… It was an alarmingly rapid and complete descent into hell*"[43].

The emotions most frequently described by individuals who attempted suicide are anger, sadness and despair: "*I felt distressed, sick of it all*"[62]; "*I felt so sad and so angry at myself that I wished for death*" (*personal communication*). However, the most dramatic experiences include a profound sense of overwhelming despair ("*unbearable suffering and anguish*"[84]) and the lack of any hope[85]. S. Kierkegaard[86] delivered an insightful description of this desperate state of mind, and D. Webb provided a personal account of how, due to absence of purpose, positive change may appear impossible: "*For me, hopelessness arises from an absence of meaningfulness. If I feel that my life is entirely without any meaning and purpose, and no hope of it ever being otherwise, then suicide becomes a progressively more and more logical and attractive option*"[41]. In this context, suicide is characterized as an attempt to escape unbearable emotions ("psychache")[87,88] when the individual has no hope about the future, rather than a primary movement towards death[89].

Feeling empty and drained of energy

Individuals who have attempted suicide often describe a feeling of exhaustion, both physical and psychological, linked to the difficulty of continuing to live with so much suffering: "*My attempt had nothing to do with how 'good' or 'bad' my life is. It came from being tired. Tired of being me, tired of pretending, tired of being depressed. The emotional pain we feel becomes physical and it feels like there is no light at the end of our tunnel*"[64].

Fatigue is a factor that further reduces future prospects and life plans and narrows individuals' horizons: "'*I don't have the energy to live for the sake of others; I want to live the way I want to. And that is to not live at all*"[64]. In some cases, this lack of energy may

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be experienced as a foretaste of death, the feeling "*of being like a corpse among living people*"[68].

Feeling alone

Individuals who have attempted suicide often describe how feeling alone plays a central role in the onset and development of suicidal ideation: "*When I was alone, those were the times when my suicidal thoughts returned*" (*personal communication*). Feelings of loneliness can trigger thoughts of death: "*Because of my feelings of loneliness, I felt that life was just very difficult… and so I thought of various ways of committing suicide*"[90].

People who have attempted suicide may also report that they felt abandoned and rejected by others: "*You're trying to reach out, and everybody is just walking away*"[77]. They often state that the suicide attempt could have been prevented if a loved one had been close by: "*So in all three times it happened because some people in my life decided not to be there any more… so that's what led to the suicidal thing*"[91].

The expression "thwarted belongingness"[92,93] has been used to indicate a psychologically painful mental state that results when the fundamental need for connectedness is unmet. It describes a profound sense of loneliness and social disconnection and, according to some authors, it represents one of the three core components of suicidal behavior, along with "capability" for death (addressed above) and "perceived burdensomeness" (addressed below)[92].

THE EXPERIENCE OF INDIVIDUALS WHO ATTEMPT SUICIDE IN THE SOCIAL AND CULTURAL CONTEXT

In this section, we will describe how individuals who attempt suicide experience their social and cultural surroundings through the following overarching domains: a) the experience of others in individuals who attempt suicide; b) cultural, gender and age differences in the experience of individuals who attempt suicide; and c) experiences of stigma in these individuals.

The experience of others in individuals who attempt suicide

Feeling that no one cares

As noted above, individuals who attempt suicide often experience feelings of hopelessness and unworthiness. They may think that they are not worthy of care, and no one will care when they are dead: "*It was something that would linger in my mind, … like who's going to notice… what difference is it going to make?*"[78]. These thoughts can involve the partner, family, friends, school or work colleagues. For example, individuals who have attempted suicide may describe a sense that their loved ones did not care and had abandoned them: "*My family slowly abandoned me*"[63].

Young individuals may feel that friends are awkward around the topic of suicide and may find it difficult to talk about it without feeling rejected: "*The few friends I retained from then get nervous if I ever try and talk about it with them*"[94]. They may also feel that schoolmates strongly disapprove their experiences: "*At one point I would have people at school… telling me, you're disgusting. And if someone tells you something enough, you start to believe it*"[78].

Regarding work colleagues, individuals attempting suicide may feel cut off from everyone or may express the feeling of not being cared for in relation to issues of efficacy and performance: "*My boss only cared about the results I brought home, not how bad I was. If I died his only thought would be to replace me*" (*personal communication*).

Feeling like a burden to others

As noted above, individuals who contemplate suicide may feel themselves to be unworthy of any kind of appreciation for their efforts or regard themselves as a burden to others[95]: "*I know that I am spoiling your life, that without me you could work. And you will I know*"[42]. V. Woolf, who took her life, wrote to her husband: "*I can no longer continue ruining your life*"[42]. In these cases, individuals may feel that their family does, in fact, care but should not care because of their unworthiness: "*I am sure my husband will be relieved by my death*" (*personal communication*).

While attachment to family and friends represents a protective factor, the perception of being a burden to others can foster suicidal intentions: "*I believed my existence was doing more harm to those around me than good. I believed the pain of dealing with my death would be temporary, but if I stayed, I would cause more harm to those I loved*"[64]; "*My family would be better off without me since my influence on their lives was negative*"[64].

In this perspective, suicide can be seen by the suicidal person as an act of altruism. When contemplating suicide, these individuals may expect that the pain of their family members or friends will be soon replaced by a sense of peace and relief: "*I truly believed I was doing what was best for my family. When people say that suicide is selfish, it bothers me. I can honestly say I wasn't thinking at all about myself*"[64].

According to some authors, the perception of being a burden to others (also termed "perceived burdensomeness") represents one of the three core components of suicidal behavior, along with "capability" for death and thwarted belongingness (defined above)[96].

Facing others' difficulty in understanding

One of the most painful challenges experienced after a failed suicide attempt can be dealing with the reactions of others. Some individuals may feel misunderstood, faced with the tendency to belittle the suffering that led to the suicide attempt: "*When you suffer so much, it's so disheartening when people just say: 'Really, are you depressed? No, I don't think so'*"[97]; or even "*Others… par-*

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ents, doctors, etc., find it very hard to understand"[61]. The feelings, thoughts and actions of individuals who attempted suicide may be labelled as a form of weakness, unworthy of further understanding: "*'Ahh', they say, 'what a weak thing she was, she couldn't cope with it, couldn't deal with it herself!'*"[98].

Patronizing attitudes may exacerbate a sense of shame, fear of judgement, and inability to communicate one's feelings: "*Do you understand how much it hurts to be criticized for having this in our past? Do you know how much it hurts to be called 'selfish', 'stupid' and 'crazy'? If you have never had suicidal ideation, please do not place judgement on those of us who have*"[2]. Individuals who attempted suicide describe a very different need: "*We deserve help, not hate*"[2].

Individuals who attempt suicide may experience others as incapable of understanding their hopelessness behind suicidal thoughts: "*They don't understand the fact that the will of suicide is more than just a simple desire. Even though you try not to think about it, even though you don't want to do it, there is this strong and hopeless feeling of just… doing it*"[64]. In some cases, people who attempted suicide feel that their behavior is perceived as a danger to others, worsening their feelings of shame and unworthiness: "*I wish others understood I am not a danger to them. After my attempt, my friends kept me at arm's length rather than drawing close to me because they were afraid I would hurt them too. It left me feeling more isolated and rejected than ever*"[64].

The experience of not feeling understood can be particularly distressing when it relates to family members. Sometimes adolescents who attempt suicide perceive their parents' concerns but find them unprepared to handle the situation: "*I know for my parents they didn't really understand what I was going through… They didn't see the signs leading up to the attempt*"[99]. Overall, these feelings may substantially corroborate and amplify the experience of perceived burdensomeness described above.

Cultural, gender and age differences in the experience of individuals who attempt suicide

Experiencing geographical, cultural and religious taboos about suicide

Many individuals who have attempted suicide feel that, even in today's world, it is difficult to talk about suicide, because "*Suicide is still a taboo in society*" and "*We won't reach the point that it's a topic that you can really talk about*"[98]. This attitude makes individuals with suicidal thoughts feel even more alone. They describe various reasons for this persistent taboo, including geographical, cultural and religious factors that affect the shared perspective on suicide[100].

In some cultural contexts, suicide is experienced as unacceptable and unjustifiable: "*People think suicide or suicide attempt is not acceptable. Therefore, it should not be disclosed*"[101]; "*In African tradition, there is no room for suicide*" (*personal communication*). The experience of being judged negatively for attempting suicide is also commonly reported across different religions: "*According to my religion, if you commit suicide, then you will go to hell*" (*personal communication*); "*Suicide is forbidden among our people. It is not acceptable in sharia that I killed myself*"[101]. Therefore, religion can be experienced both as a protective factor for not committing suicide and a contributing factor to shame and stigma for those who have attempted suicide and their families.

On the other hand, there are some cultures in which suicide is instead conceived of as a respectful and dignified solution to life problems[102,103]: "*I just want to add that cultural aspect is not only about living taboo and stigmatizing but also living some values that get normalized or maybe even glorified the suicide, to the extent that it has been seen as a response whenever you have problems. So, it's what you have in some Asian countries like Japan, China, India*" (*personal communication*). For example, in certain socially-normed situations (e.g., associated with *Seppuku*, the ancient Samurai ritual of suicide by self-stabbing)[104], suicide may be idealized as a redeeming and dignified solution behavior from shame and guilt[103,105].

Feeling inadequate in relation to gender stereotypes

Enculturated gender roles can also play an essential part in shaping experiences of failure, uselessness and worthlessness that trigger suicide attempts. For example, in cultures where work and duty are traditionally gendered prerogatives of men, they can experience worthlessness relating to working roles: "*I began thinking that nothing is going to work out for me. I am a useless, unemployed 24-year-old man*"[106]. Feeling useless is, in this case, an expression of oppressive stereotypical norms that the suffering individual has internalized, and that have thus become part of his identity.

In other family-centered societies, women's experience of attempting suicide may be shaped by overarching societal conventions and family traditions: "*Our culture is so family-oriented! You can't do anything else than say what the family thinks. Like a puppet. And that's why many girls don't know how to get out of their situation because then they would stand there all alone!*"[98]; "*How can you continue to live if you have the sole purpose of being a mother and you cannot?*" (*personal communication*). In some areas of rural China, women who have no recourse to social control mechanisms against their husbands or husbands' families may resort to suicide as the most effective means of being heard[107].

There are also cultures in which suicide itself might be considered acceptable for women, who are viewed as more fragile creatures, but not for men, who are expected to be strong and overcome even the most adverse conditions[108]: "*People were saying, 'Is it right to do such a thing?' Can a man do such things? They insulted me in many different ways, using demeaning language… I felt like a circus animal. Friends and family members used to visit me and passed many comments. They said as a man, I should not have done it. This is a cowardly act*"[108].

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Feeling abandoned in old age

The experience of attempting suicide can also take on differing characteristics across the lifespan. Older individuals who attempt suicide may feel particularly isolated, abandoned or a burden on their families: "*My family has everything that's needed, but doesn't help me and doesn't even visit me; I have no one to share anything with, who am I going to talk to?*"[109]. This type of suffering is exacerbated in situations of practical or financial family problems and conflicts, where the greater frailty of the elderly may not be understood: "*Sometimes a person doesn't treat you well, doesn't have any more patience*"[109].

The loss of a beloved relative, especially a spouse, is often described as the starting point of an experience of hopelessness and impossibility of seeing any future, leading to the suicide attempt: "*It was just one thing piling up on another. First, I lost my husband, then there was the loss of a brother-in-law, and in one year, I lost my three sons. That disturbed me a lot. I feel that I don't like life; I feel that from now on, everything will go wrong, and the energy to keep living is running out*"[109].

As noted above, worries about being a burden on others (perceived burdensomeness) can lead older individuals, particularly in some cultures[110,111], to view death as a dignified solution: "*The truth is that there's a lot of depression amongst the elderly and also the value that is better to preserve your dignity than asking for help to others in your old life, and culture approves that*" (*personal communication*).

Facing stigma in individuals who attempt suicide

Facing social stigma

Stigma is often described as one of the core aspects of the interpersonal experience of those who have attempted suicide, stemming from social or cultural factors: "*I will never, never, forget the judgement in their eyes… It got inside me*" (*personal communication*). One individual who attempted suicide, and whose father died by suicide, reported: "*What was making me angry, frustrated and a bit ratty, was all of the social context – cultural beliefs, attitudes, stigma, etc. and untrained (as well as trained) people's views and expectations that I was genetically tainted/pre-determined to have a mental illness/underprivileged existence*"[112].

Institutional discrimination is also frequently experienced, and may amplify feelings of unworthiness and loneliness: "*School shaming for having suicidal ideation and wanting to have [me] expelled from the school as a danger to the children around and the school's reputation*" (*personal communication*).

High levels of social stigma are often perceived as a barrier to open communication: "*Most people don't talk [about suicide] because they don't want to be thought of as someone who is ungrateful*" (*personal communication*). Individuals feel that other people often consider suicide as a weakness, as madness, or as an immoral act: "*Society treats you as if you are ungrateful if you commit suicide*" (*personal communication*). Consequently, individuals who attempt suicide frequently report an experience of loneliness (as described above), where others are not available to listen to their reasons. Following a suicide attempt, one person reported: "*So, I was kind of labelled. Everybody treated me like I was some fragile victim that they couldn't trust to do anything because they didn't know when I was going to fall apart*"[113].

Experiencing a stigmatized self

The stigma is sometimes internalized, leading individuals to perceive themselves as less valuable because of their mental suffering[114], and to conceal their personal suffering[115]: "*It's that whole stigma thing, in part… you don't officially want the system thinking that you are damaged goods ever, right?*"[116].

Individuals often describe difficulties in accepting their own experience of attempting suicide, judging it as a weakness, and end up hiding it from others: "*I did not want them to know. It is not acceptable for them. I did not say about suicide to someone. It is a negative point of me. Nobody accepts suicide. Any reason I give, they will say you should not do it! It's not justifiable*"[101].

Silencing suicidal behaviors

The intricate relationships between social stigma and self-stigma are particularly pronounced in young individuals who are defining their self-image and are forced to conceal their thoughts under a mask of fake happiness in order not to raise any suspicion: "*I constantly had suicidal thoughts, yet people knew me as the smiling girl who was friends with everyone, always happy. No one knew of my suicidal thoughts as I told no one*"[117].

Many individuals who attempted suicide describe an insurmountable difficulty in talking about their experience, along with the unavailability of individuals to listen to it. Silence around suicide is subjectively experienced as a main driver of stigma, hindering the ability to access support: "*It's the silence around suicide I believe hurts people the most*"[112]. Individuals who attempt suicide feel that most people consider suicide a subject that is best left untouched (e.g., because they may be afraid to make the individual more suicidal), with the result of making them even more alone and misunderstood: "*[It is difficult] talking about my problems and getting close to people*"[61].

THE LIVED EXPERIENCE AFTER AN ATTEMPTED SUICIDE

Living with suicidal thoughts

Individuals who have attempted suicide may realize that they were making a mistake and stop thinking about suicide, but, for others, suicidal thoughts remain for a prolonged and indefinite period. The thought of suicide in some cases may remain "*an option I am always thinking about*"[61], the possibility of a com-

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forting escape route. In Binswanger's account of E. West, death and suicide are described as constant thoughts in the patient's life since childhood, associated with several attempts[68]. In some cases, the thought of suicide remains a latent threat, a temptation to resist, ready to emerge in moments of weakness: "*Yeah, it never really goes away. You'll have days where, yeah, it's better, but it's still there. Any one little setback, any one little thing can trigger it off into a spiral*"[62].

The persistence of suicidal thoughts is rarely described as a condition to which one becomes accustomed, but often as evidence of an irrevocable fate hanging over the person: "*Nothing I can do, it will happen in the future*"[118]. Experiencing suicidal thoughts can cause such suffering that it encourages the intention that the person is trying to resist: "*The suicidal thoughts are horrible. They eat me up inside. When I made the attempt… I just wanted to get away from my own suicidal thoughts*"[119]. Many individuals may find themselves "*stuck in a vicious circle and the only way out is to ask for help*" (*personal communication*) to cope with ongoing suicidal thoughts.

Navigating the challenges of recovery

The journey of recovery from an attempted suicide is "*not an easy one; it [is] physically painful and emotionally draining*"[94], a perilous pathway during which the individual restores a desire to live[26]. For a long part of this journey, the "*[suicidal] feeling never goes away; it is there at the back of my head all the time*"[120] and is amplified by loneliness: "*When I was alone, those were the times when my thoughts returned*" (*personal communication*).

The recovery process may be complex and lead individuals to confront their own limits and difficulties. During recovery, there may be moments when these individuals feel like giving up: "*Sometimes I feel lost, trapped… but now I know there is a way out and it does not involve leaving, it involves staying. Staying through the pain, the silence, and the darkness. No one said life would be easy, but it is worth it*"[94]. The dawning supporting thought is "*I want to get on my feet again, and I want to go forward*"[121].

Gaining new perspectives during recovery

Recovering from an attempted suicide is often enriched by gaining a deeper understanding of the helplessness and fear experienced and by a greater ability to "*recognize the need for help and reach out for it*"[117]. At the same time, a meaningful experience is that of adopting "*a different perspective, seeing things in a different, more positive way*"[122], stopping "*blaming everyone in my life for making me feel miserable*"[94], "*reprocessing all the horror that I went through, and some of the problems I even go through now, instead of playing the old tapes*"[123].

Individuals also begin to understand that they are responsible for how their life will be, and nobody can take that away from them[40]. Spirituality can also help in changing perspective, in learning to "*stop, sit, listen – to me and others – and be just now*"[123]: "*I am finding that the strength in that strongly disables the idea of any suicidal ideations*"[123].

Restoring interpersonal relationships to recover

Individuals who have attempted suicide may feel that interpersonal relationships and peer support are particularly supportive in the phases following the failed attempt. Interpersonal relationships encompass both professional and personal connections. Professionals, for example, "*gave [me] options*"[117] and "*help [me] think differently about myself and my circumstances*"[120]. Relationships with other individuals who attempted suicide also provide support, as it is comforting to know that "*there are other people like me*"[120] and that "*others have been through the same stuff that I went through but dealt with it better, had different ways of coping… it's made me realize that life is more precious really*"[90].

Relationships with friends and relatives are a crucial motivational driver: "*I've been thinking and… I have little kids who need me, and I can't waste my time thinking about stupid things like that*"[124]. Some individuals contemplating suicide may experience spiritual and existential crises that are not well captured by the mainstream medical approach. For these individuals, peer-led movements can be experienced as particularly valuable because they create spaces where people can openly explore their existential struggles without fear of judgement or coercion[125].

THE LIVED EXPERIENCE OF ACCESSING HEALTH CARE SERVICES IN INDIVIDUALS WHO ATTEMPT SUICIDE

In this section, we describe the experience of accessing general health care and mental health care services in individuals who attempt suicide.

The lived experience of accessing general health care

Seeking help before the suicide attempt

Individuals contemplating suicide can face significant difficulties in accessing general health care before the attempt. Some of them may feel emotionally dismissed by health care professionals when seeking help: "*I've gone to the doctor multiple times saying I'm suicidal and depressed, and they tried to put me on pills. And they didn't do anything for me, so I stopped taking them and then a few years later just tried to kill myself*"[62]. In some cases, they feel that health providers could have better understood their feelings and thus prevented their suicide attempt: "*If someone had taken the time to sit down with me and say, did you notice this, this and this?… They might have understood a bit better and been more acting about it*"[99].

Receiving poor care that is focused only on medical issues may elicit feelings of being "*ignored and overlooked*"[27], or not be-

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ing considered as a human being ("*I often feel treated more like a patient than like a person*", *personal communication*), which often lead to a sense of resignation amplifying loneliness: "*At first I tried to communicate, tried to share my problems, but I noticed that nobody actually cared, nobody listened, nobody tried to get a deeper understanding. So I simply gave up; I stopped doing it*"[126].

The difficulty in accessing care and the feeling of not being listened to may discourage individuals from seeking help, triggering suicidal ideation: "*I sought professional help myself – but that was only very recently. I wish there had been some sort of counselling or service that offered me assistance... But it was not easy to access*"[2].

Feeling abandoned after a suicide attempt

When accessing and receiving general health care after suicidal crises, individuals often find themselves grappling with the stark reality of not getting the psychological help they need. Their experiences amplify the sense of self-degradation and disillusionment about the future: "*When you are down, it doesn't take much to get you further down; I never felt so degraded before*"[97].

A sentiment of mistrust and inadequacy towards health care professionals' understanding of mental health may prevail, especially when the clinician's and the patient's culture mismatch. For example, a clinician with a different cultural background may be perceived as uncaring: "*He didn't understand me... He can't put himself into my position, or he can't understand my culture!*"[99].

More generally, some individuals seeking help after suicidal crises feel that general health care professionals "*don't... know enough about the psyche*"[97]. Moreover, these individuals often experience professionals as having patronizing attitudes, a situation that may exacerbate feelings of frustration and disempowerment: "*I felt that they pampered me, talked to me like I was a child, and... a little sort of, 'poor little you'. That... attitude, annoyed me*"[97].

The lived experience of accessing mental health care

Experiencing shame as a barrier to care

Individuals who attempted suicide often describe stigma and fear of being labelled as weak or ungrateful as core barriers to access mental health care[125]: "*When you have suicidal thoughts, you think if you tell someone you're weak*"[61]. They are particularly concerned about societal labelling: "*Society treats you as if you are ungrateful if you commit suicide*" (*personal communication*). A participant from the military observed: "*If I would have known that this whole situation would have happened, there's no way I would have gone to mental health and there's no way I would have recommended it to anybody else either*"[113].

The feeling of shame which is described can be so pervasive as to prevent individuals from seeking mental health treatment: "*I am embarrassed to be here [in the hospital]. I didn't want anyone to know it. I didn't want to seek treatment. It's like a weakness*"[127]. In some cases, this can be so extreme that the individual may feel unworthy of receiving care and support: "*Feeling others deserved my place in hospital*" (*personal communication*).

Fearing mental disorder label

Sometimes, individuals who attempted suicide experience fear of mental health labelling ("*You are 100% labelled and referred to as high risk for suicide by professionals... when you have any medical history taken, it is highlighted that you tried to commit suicide and you are automatically flagged*", *personal communication*), and a lack of support from mental health care professionals ("*You almost feel like you are contagious and they [doctors and nurses] are more worried about it not happening on their watch so you get passed from person to person and medication to medication*", *personal communication*).

This experience is again modulated by cultural differences and prejudices, which influence how phenomena are narrated and evaluated: "*Turks, especially women, don't come to psychiatric services. Because I went to see a psychiatrist, now I'm labelled, I'll be considered a crazy person!*"[98]. An Iranian woman stated: "*I did not allow someone to know [my suicide attempt]. If someone knows what happened, he not only doesn't help me but also destroys my dignity. I do not want them to assume that I'm not normal, mad, or crazy*"[101]. Sometimes, the fear of being labelled as mentally unwell can even involve the family of the person who attempted suicide: "*God knows what people say about my family and me*"[101].

Feeling accepted and listened to

However, many individuals who access mental health care after a suicide attempt feel welcomed and emotionally understood by professionals[97,128]: "*Connection, being heard and having a positive human rapport with a health care professional changed my life. Having one person that hears the deepest darkest hole you are in, sits there with you, accepts it without trying to leave you feeling judged*" (*personal communication*).

These experiences mainly relate to surviving the suicidal attempt ("*When I was admitted to hospital after taking an overdose of medication, I woke up feeling relieved I was alive and also hopeful that now the pain would stop*", *personal communication*), receiving follow-up care ("*I know mostly what I have to do and hopefully it helps. Follow-up care is an important thing. [Otherwise] you could end up being readmitted, or you could end up in a box*"[117]), and getting support to reduce the risk of relapse ("*It's something that I need to prevent me from being suicidal*"[117]).

This positive emotional response often stems from perceiving providers as attentive listeners who are "*much more curious about me, not just rubber-stamping me and signing me off*"[118]. For these individuals, "*It is very important to feel that someone understands what I am feeling*"[120]. What truly seems to make a difference is encountering a genuinely interested mental health professional[122,124], "*someone [who] cared whether I lived or not*"[118], who engages deeply in conversation[95]. Experiencing this kind of thera-

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peutic relationship allows these individuals to "*talk to someone freely and openly and just get it all out and be able to have someone tell you that you know it's OK, it's OK for you to feel like that*"[129].

Facing economic difficulties in accessing support

Several individuals who attempt suicide face significant economic barriers in accessing mental health care, particularly in low- or middle-income countries: "*Psychologists cost a lot of money and a lot of people cannot afford it*"[77]. Such financial strains may be compounded by isolation, marginalization and systemic inequalities, preventing individuals from receiving essential psychological support, and leaving them vulnerable to further mental health crises. Economic stability can intertwine with a sense of hope: "*If I have a stable ground to stand on [economically] and I can get more help, or help in a different way, at the same time as I motivate myself to work harder with my situation, there is a possibility that things might get better*"[64].

Beyond economic difficulties, there can be broader structural determinants impeding access to mental health care: "*Economic and political determinants, e.g., capitalism in high-income contexts and reducing welfare state resulting in more unequal societies*" (*personal communication*). As a consequence, both the public and private mental health sectors can be perceived as presenting barriers to access and ongoing complex and inefficient pathways to care: "*In my experience, they are not fit for purpose, in terms of mental health… in the public system they can't wait to get rid of you, and in the private sector they can't wait to hospitalize you, because of how expensive it is*" (*personal communication*).

Coping with distress during hospitalization

For some individuals who attempted suicide, the experience of being hospitalized in a psychiatric ward is traumatic and exacerbates their mental distress. Some of these individuals do not want to go to a "crazy hospital"; they fear what might happen, such as receiving coercive medication[97]. Common feelings include isolation and a lack of connection with ward staff: "*I felt that I couldn't get close to him [the therapist], or he couldn't get close to me, I suppose*"[97].

This lack of rapport often leads to a sense of hopelessness and disengagement from the therapeutic process: "*I had no strength, and it was like I had lost so much energy, my ray of hope, and belief in the system*"[97]. Furthermore, it may fuel a feeling of having no autonomy or control over their treatment and being "*locked in, you don't decide by yourself whether you go out, and you don't decide by yourself whether to be discharged, and they can define what they want within a frame where it is not visible to many others*"[122]. These negative hospitalization experiences may actually deter some individuals from future suicide attempts: "*I wouldn't try to do that again because being in here is nothing good. Being in here is like if you will be in prison*"[130].

DISCUSSION

The principal aim of this paper was to give voice to individuals who have faced the experience of attempting suicide. We have followed and transcribed these individuals' lived, learned and laboured experiences of exhaustion, suffering, and their desperate attempts to be heard and to seek help. This paper, as our previous ones published in this journal, ultimately belongs to all individuals who directly or indirectly contributed to it, to their families and carers.

Through this lived experience series, our objective is to bring out and consolidate a co-design, co-production and co-writing approach, which integrates the perspectives of experts by experience and academics in order to get a better understanding of human behavior. Psychiatry cannot ignore the unfolding lived experiences of the individuals assessed and treated[18]. Instead, it should allow personal insights to emerge, minimizing the exclusion and misrepresentation of individuals' subjective perspectives[60,131].

Unfortunately, the trend in recent decades has been for the phenomenology of suicidality to almost disappear from the research agenda of the discipline[64]. In this context, it is essential to clarify that this paper does not aim to test researchers' hypotheses or present exhaustive lists of lived experiences. On the contrary, the paper shows that there is no such thing as a universal and unequivocal experience of attempting suicide[56]. Experiences of being suicidal are complicated and interrelated and cannot be understood from only one perspective, whether this is the dominant narrative or not. We are required to remain open-minded about the different ways by which individuals might view and express their unique experiences of attempting suicide[36].

As the experiences of attempting suicide are very different from one to another, it is very difficult to find common elements across them. The uniqueness of suicide corresponds to events, stories and meanings that are so heterogeneous in time and space that one doubts the possibility of placing all these phenomena in the same container[13]. Suicide remains a behavior, and, as such, a complex and multi-determined event: an identical behavior may constitute the point of arrival of very different paths[13]. We have thus allowed the emergence of different perspectives, favoring a person-centered approach over a disorder-centered one[132] and qualitatively analyzed the testimonies of individuals who attempted suicide in a transdiagnostic (i.e., across multiple mental disorders) and transversal (i.e., outside psychiatry, including accounts of philosophers) way. In this context, the importance of talking about suicide remains firm over time, as the philosopher A. Camus wrote: "There is but one truly serious philosophical problem and that is suicide"[133].

This approach allowed us to observe that, despite the underlying heterogeneity, many experiences of attempting suicide share core themes, which together comprise a radical change in the lived world. The experience of attempting suicide is often characterized by different phases, starting from contemplating suicide as a deliberate death or as an escape route, during which indi-

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viduals may search responses in the online digital world, followed by a phase of suicide planning. Individuals who attempt suicide frequently describe finding rest between the suicidal decision and the final act, with ongoing experiences. There are also experiences of changing one's mind during the suicide attempt. Some degree of impulsiveness is almost always involved in triggering the movement from suicidal plans to action. In some cases, the planning phases may be entirely replaced by impulsive behaviors, and the final act is carried out via a rash decision, with little consideration of the severe negative consequences.

Individuals also report an altered experience of self and time, which is characterized by feeling unworthy and detached from oneself and/or the world, together with a lack of agency and a split of the self between the decision to live or die, and a perception of an abortive and doomed future. Finally, changes in the experience of emotions and the body include feeling overwhelmed by hopelessness and despair, feeling empty and drained of energy, and feeling alone.

As noted above, these lived experiences should not be interpreted as separate phenomenological components but as inextricable aspects of a unitary experience of an altered suicidal world, which emerges as an existential change and impacts the sense of the self and the surrounding environment[134,135]. Ultimately, these experiences alter the vital feeling of being immersed in the lived world[135] and integrate self, body, time, emotions and values[136].

The feeling of being suicidal is, therefore, what M. Ratcliffe[137] calls an "existential feeling", a way of finding oneself in the world that provides a variable but always present structure to the experiences of self and world. In this sense, Benson and colleagues suggest that individuals often do not choose or want to attempt suicide, in any familiar sense of "intention", "choice" or "desire"[56]. Instead, the whole experience of being an agent and acting within a world is radically altered in a way that involves changes in one's experience of the entire world[30]. One of the characteristic changes is a loss of the capacity for hope, an existential re-orientation that eradicates the very basic possibility of hoping for anything (i.e., the "ground of hope"[138]).

We also found that the existential shift experienced by many individuals who attempt suicide can be described not only in terms of the lived world, body and experience of time, but also of interpersonal experiences[135,139]. Interpersonal experiences among those who attempt suicide include feeling that no one cares, feeling like a burden to others, and facing others' difficulties in understanding. Interpersonal relationships are often reported as a source of frustration and misunderstanding related to feelings of being abandoned and criticized.

We also found a high variability of lived experiences across cultural and religious contexts, genders and ages. Different cultures at different moments in history have constructed suicide differently to a point where it is not so clear that there is one thing that can be called suicide[140]. Our study of lived experiences confirms that suicide is a socially and culturally embedded, temporally extended process involving suicidal ideations, communication of such intents, suicide attempts, and implicit and explicit negotiations with others about their meanings[141].

Our first-person accounts also indicate that social responses to suicidal experiences and behaviors take shape within a repertoire of local beliefs and practices[142]. For example, while suicide has been regarded as an act of honour throughout Japanese history, it has been mostly considered a sin and a crime, being completely rejected from a moral point of view, in Western history up until the Enlightenment[105,143,144]. An experience reported by many individuals who have attempted suicide is pervasive cultural and social discrimination, including negative attitudes that silence suicidal behaviors. These findings suggest that some "cultural humility" is always necessary when speaking about suicide – an ongoing process of self-reflection and exploration in which we examine our own beliefs and cultural identities and learn about those of others.

Finally, we described how some individuals who attempt suicide experience general and mental health care. Suicide often involves the intervention not only of mental health specialists but also of general practitioners and emergency room doctors. The experience of accessing general health care is characterized by difficulties in seeking help before a suicide attempt and frequent feelings of not receiving help after a suicide attempt. The experience of accessing mental health care may include negative aspects (such as experiencing shame as a barrier to care, fearing the label "mental disorder", coping with distress during hospitalization, and facing economic difficulties accessing support) as well as positive facets, such as feeling accepted and listened to. These mixed feelings modulate the lived experience after an attempt. Recovery itself is generally reported as a challenging process of self-acceptance and empowerment, in which individuals become able to live with suicidal thoughts, gaining new perspectives upon their suffering and life purposes, and restoring interpersonal relationships.

This study has some limitations. First, we did not aim to systematically address causes, risks and models of suicide, historical developments, or relevant philosophical or ethical frameworks, given that these dimensions of suicide are already investigated by empirical suicidology studies. Second, the study did not rely on a systematic review of all possible experiences presented by individuals who have attempted suicide. Third, any qualitative meta-synthesis not based on quantitative data allows for and demands some degree of co-interpretation by the writing team. First-person accounts themselves are not just bare, context-free reports of experience, but presuppose and draw upon concepts, narratives and practices into which individuals are enculturated. Our study is attentive to the existence of such differences, seeks to identify at least some of them, and provides a methodological and conceptual foundation from which to pursue more detailed and wide-ranging studies of cross-cultural and other differences.

This study has some direct practical implications. Understanding the lived experiences of those affected by suicidality has the potential to inform the innovation of clinical practice and public health and promote meaningful social change[145].

In clinical practice, our first-person perspective and phenomenological approach can be of help in the clinical relationship to clarify several complex emotional states underlying the experience of attempting suicide[28]. When faced with a person who is

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contemplating suicide, good care and phenomenologically informed practices should be first and foremost based on understanding what is like to have that experience and how meeting supportive professionals can make a difference. Improving the understanding of the lived world of individuals who attempt suicide, this study is proposed as a powerful educational tool to train health care professionals.

The lived narratives reviewed here also provide invaluable information that can help develop public health policies targeting the general population. For example, this paper can facilitate a non-judgemental comprehension of survivor experiences and assist policy makers and educators in providing effective psychoeducation and informed support. Similarly, family members can use the findings of this study to better understand and support their suicide survivors.

At a societal level, a wide dissemination of our study, mediated by experts by experience and family organizations, has the potential to reduce stigma and facilitate the communication and acceptance of these hard-to-communicate experiences, reducing cultural and social discrimination and loneliness in many fragile individuals[146,147].

We believe that understanding the lived experience of individuals who attempt suicide is an indispensable prerequisite not only for good clinical practice, but also for good and fairer societies. Hence, this paper has sought to move away from the academic complexities of traditional phenomenological and philosophical studies and to be accessible to many people.

This journey in the lived experience of individuals attempting suicide overcomes embarrassment, fear and stigma, helping to understand the fragile nature of our own emotions and feelings, our immersion in the social world and our sense of meaning in life.

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