The Effects of an Uncompleted Suicide Attempt: A Parent’s Perspective

Kendal T. Klein

Northern Illinois University
Suicide, the intentional act to end one’s own life, is an earthquake. It is catastrophic, devastating, and ruptures the lives of those left behind. Suicide is the third leading cause of death in adolescents, following accidents and homicides (Shain, 2016). Although quite uncommon in children, the frequency of suicide drastically increases during adolescence (Dilillo, et al., 2015). This is a serious public health issue. There are numerous risk factors that increase the risk for adolescent suicide. These factors include possessing a psychiatric illness, lack of coping skills, emotional turmoil, a distorted view of life, a previous suicide attempt, substance abuse, family factors, and more (Comer, 2014). Suicide attempts are much more common than completed suicides. Suicide is as a process that begins with the personal thought that life is not worth living (Torraville, 2000). A suicide attempt is difficult to classify. The World Health Organization (WHO) defined parasuicide (suicide attempt) as an act of self-harm with a nonfatal outcome. An example would be self-inflicted wrist lacerations (Buus, Caspersen, Hansen, Stenager, & Fleischer). One of the issues problems surrounding suicide is that it is often considered a forbidden topic of discussion. Suicide is a touchy subject to communicate. Many individuals avoid bringing up the topic of suicide all-together, giving researchers a major obstacle.

After a child’s non-successful suicide attempt, parents have numerous needs. Parents must effectively communicate these needs to a qualified professional. For example, these parents may live in fear that their child may make another attempt in the future. By studying the feelings and circumstances of parents, we could shed a light on suicide. Many studies have been conducted regarding the general topic of adolescent suicide and underlying psychological problems. However, there is little to no research regarding the needs of parents after their child’s suicide attempt. This research is greatly needed because suicide occurs within families and the
focus of the aftermath is an important step in determining how to guide survivors. The goal of this study is to examine the needs of parents after their adolescent child makes a non-lethal suicide attempt. Relatives play an important role in suicide prevention (Buus, et al., 2014). Therefore, this study is beneficial because it will assist in obtaining useful information that will, ultimately, help prevent youth suicide from occurring. It will also provide us with insight and knowledge regarding this unique experience that will allow us to provide guidance, enhance coping, and meet the psychological needs of parents.

A study conducted in Southern Denmark in 2012 examined the underresearched profound emotional and social affects a child’s suicide has on parents. Two groups of parents were recruited for interview from a support and counseling programme. Fourteen parents participated in this study. The median age of children who attempted suicide was 15-years-old. This study defined a suicide attempt as a type of self-harm that is potentially lethal and dangerous regardless of the individual’s suicidal intention. Majority of these parents stated that their child’s suicide attempt occurred following a period where their child experienced profound psychological distress and demonstrated disturbed behavior. Few parents were shocked and noticed no warning signs preceding their child’s first suicide attempt. After the suicide attempt was a stressful time, as parents felt powerless, struggling to find ways to help their children. All parents agreed that it is crucial to keep their child safe and in a stable period. The thought of new attempts or renewed suicidal behavior haunted the minds of these parents, putting them in a continuous state of worrisome. Parents also feared receiving phone calls and text messages with catastrophic news regarding their child. One parent in this study stated that following his daughter’s suicide attempt, he began sleeping outside of her door. Another parent panicked when their daughter did not arrive home on time or answer her phone. During this panic, they
felt all of the strong emotions that occurred following their child’s suicide attempt. This study found that parents described their experience as a “double trauma” as they dealt with the trauma of their child’s suicide attempt and the psychosocial impact on their whole family. Other parents felt that the suicide attempt was somewhat relieving because they feared an oncoming disastrous event for a while. One group of parents initially held intense feelings of anger, hate, and resentment towards their child, blaming them for disrupting their family’s well-being. Later on, feelings of guilt followed, as parents felt responsible for the event. Not only did parents face a life-threatening situation, they also faced attached stigma. Stigma is defined as a set of negative beliefs or mark of shame that a society associates with a particular circumstance, quality, or person (Merriam-Webster, n.d). Some participants in this study felt shameful of their situation. They felt uncomfortable sharing their story with others, believing that nobody would be able to understand their horrible experience. They also feared that others would judge and talk down upon their family. This led to unhealthy feelings of isolation and bottling of strong emotions (Buus, et al., 2014).

A study conducted by Torraville focused specifically on the impact a child’s suicide attempt has on mothers’. The purpose of this study was to attribute sensitivity and compassion towards mothers and alleviate stigma. Although somewhat outdated and solely focused on a maternal perspective, the findings in this qualitative study offer valuable implications for nursing education, practice, and research. This information is also relevant due to the lack of research examining the consequences of a suicide on familial networks. The study participants included six mothers who lived with an adolescent exhibiting suicidal behaviors. Data was collected via unstructured interviews. Common themes included failure as a good mother, rejection, being alone in the struggle, helplessness, powerlessness, cautious parenting, and keeping an emotional
distance from the child. The text refers to mothers’ experience as “a hidden dimension in the family.” Mothers’ explain living with their suicidal adolescent comparable to “walking on eggshells.” The mother experiences a devastating crisis when their child is suicidal. This experience creates emotional turmoil. This situation intimately impacts the mother because they are often viewed as the one who holds the family together and nurtures their young. This is why many mothers view their child’s suicide attempt as the “ultimate rejection.” They may feel like failures, as if their child prefers death to a life with them. Some may believe if they were better mothers, suicide would never have been an option to their child. The stigma surrounding suicide compounds feelings of rejection. Not only do they struggle to keep their adolescent safe, they also drown in the complexity of their own emotions and feel isolated from the rest of the world. This study also stated that these mothers perceived a lack of understanding from health care workers. They felt that nurses blamed them for their situation. This is disappointing because nurses should be educated, knowledgeable, and sensitive towards these problems. The need for compassionate, non-judgmental nursing care is vital for the well-being of these mothers. After an adolescent attempts suicide, they become the family’s focus. This may take attention off other siblings as parents are less emotionally available to them. This leaves them feeling alone and potentially isolated (Torraville, 2000).

In 2008, Cerel, Jordan, and Duberstein reviewed research on the impact of suicide on individuals within families and on family and social networks. Although the focus of our research is the effects of a nonlethal suicide attempt on parents, it helps to understand the effects of a lethal attempt. Rather than examining only one type of survivor (parents, friends), this article accounts for the reaction of the family as a whole. This is important because family members influence each other. Following suicide, there are many changes in familial structure.
The aftermath of suicide can be extensive. Family and friends are left behind with many unanswered questions and grief. Some may even struggle to carry on with their own lives. One of the tools used to assess bereavement was the Family Adaptability and Cohesion Evaluation Scales (FACES). Specific factors assessed include decreased family cohesion, or emotional bonding, and decreased adaptation. This article also compared widows whose husbands died in accidents to widows whose husbands died by suicide. The widows whose husbands completed suicide experienced more guilt and blaming in their families. Due to the unrelenting stigma, suicide survivors are judged more negatively than survivors of other types of loss. It is essential that social support is readily available for suicide survivors. Suicide is complex. Causes may be absent, multi-determined and poorly understood. Survivors will recall their last conversation with the deceased, blaming themselves for words exchanged. An additional trend is secrecy regarding the cause of death. The cause of death may be hidden from certain members of the family, especially children, or from people outside of the immediate family due to fear of negative judgment. The long-term effects of maintaining secrecy have not been thoroughly studied. However, I assume them to be negative, leading to family dysfunction. Extended family members may also completely avoid introducing the topic, fearing bringing it up will remind close survivors of their loss and upset them. Although extended family members view this as a protective mechanism, bottling emotions often exacerbates the survivor’s mourning process. Suicide survivors need guidance as they often struggle and are distracted by their perceived failure to anticipate and intervene to prevent the suicide. It is not surprising that the profound sense of responsibility falls specifically upon parents who have lost their children to suicide. Survivors themselves are at risk for complicated grief, mental disorders, and suicide.
Thus, it is important that we provide postvention to survivors and supply them with needed resources. Postvention is prevention. (Cerel, Jordan, & Duberstein, 2008).

Nurses in all settings play a large role in caring for those with mental illness and suicide prevention. Many suicides can be prevented. First and foremost, nurses should examine their own beliefs and biases regarding suicide and mental illness. It is vital that nurses assess factors that predict suicide. Nursing responsibilities include assessing patients for suicidal ideation, communication of suicidal ideation and intent, a suicide plan and its lethality, and past suicide attempts. Nurses must realize that a suicide attempt is an important predictor for future suicide (Buus, et al., 2014).

Stigma is a significant barrier for those with mental illness. For many, it makes obtaining treatment difficult. Nurses play an important role in reducing stigma. Nurses must raise their voices individually and collectively, educate others, and clarify misconceptions surrounding suicide. We should speak up when individuals or the media displays false beliefs and negative stereotypes about suicide. Nurses should be aware that mental illness as indeed an illness that is no less important than a physical illness, such as diabetes. Nurses can empower clients to tell their stories with dignity and courage. If mental illness remains a forbidden subject, people will continue to believe that it is shameful and needs to be concealed. Refer patients to supportive family-oriented postventions including psychosocial interventions such as counseling and psychoeducation programs that provide communicative and coping skills. Nurses occupy an important position in family-centered care. It is essential that nurses are non-judgmental, compassionate, and empathetic. An additional role of the registered nurse is offer support when communicating with patients and families about this highly sensitive topic.
An important role of the registered nurse is education. Mental illness is more prevalent than people think. It can affect anyone, including all races, ages, religions, and income levels. Educating others about mental illness can raise awareness and decrease stigma. Nurses can raise awareness by clarifying myths about mental illness. For example, one of the myths surrounding mental illness is that they will never recover. This is not true. In fact, studies show with treatment, services, and community support, those with mental illness improve and many recover completely. Another myth is that mental illness occurs due to bad parenting. This is also false. While environmental factors do contribute to mental illness, biologic factors also contribute. Mental illness is due to a combination of influences. Some may think that those with mental illness are “faking it” or “doing it for attention.” Just as one does not chose to have a physical illness, one does not chose to have a psychiatric illness either. Just because it may be difficult to envision what one is going through, does not mean that their condition is not real. There are many more myths about mental illness that nurses should educate themselves on (Powell, 2015).
References


