Suicide among Young Men:

Self-esteem regulation in transition to adult life

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“To be, or not to be,- that is the question:-

William Shakespeare “Hamlet” (1623)

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SUMMARY

Worldwide, suicide among young men is a major public health concern in most countries. In Norway, as well as abroad, in spite of great efforts invested, we still have scarce scientific evidence of effective prevention strategies, and suicide rates among young men remain high. The failure of effective prevention may be related to the fact that most studies of suicide are based on clinical populations, and the detection and treatment of mental disorder is the main focus in suicide prevention strategies. Yet, a large portion of suicides are not preceded by symptoms of mental disorder (i.e. non-clinical suicides). However, research on non-clinical suicide is almost totally lacking. To further improve our ability to prevent suicide, a broader research focus is needed to understand the complexities of suicides among young men outside the mental illness paradigm.

The present study was undertaken to provide a deeper understanding of the role of age, gender and the underlying psychological mechanisms, such as self-esteem, that regulate the dynamics in suicide among young non-clinical men, and thereby to provide knowledge that may lead to new issues for prevention.

The three studies included in this dissertation utilised a unique dataset, consisting of 120 in-depth interviews and 12 suicide notes relating to 20 suicides among individuals with no prior psychiatric treatment and no previous suicide attempts (Dieserud, 2006). A sub-sample, consisting of ten cases of young men, aged 18-30, was the focus of this study. The first aim was to provide a deeper understanding of the role of self-esteem in the suicidal process of young non-clinical men who took their lives in the transition period from late adolescence to young adulthood (paper 1). In paper 2, the aim was to explore developmental issues and experiences of the deceased which may have left them vulnerable to suicide when facing adult challenges and defeats. Finally, the aim in paper 3 was to identify any signs in the period immediately before the young men ended their life that might have indicated risk of suicide in near term. All studies are qualitative, phenomenological and hermeneutical, utilising the competence of those close to the deceased; i.e. how they themselves were trying to understand how “he” so suddenly and unexpectedly could end his own life. In-depth interviews with mothers, fathers, male friends, siblings and (ex-)-girl friends brought forward how each one of them experienced the deceased and his conduct in all its complexity. In total 61 interviews, as well as six suicide notes, were analysed guided by Interpretative Phenomenological Analysis (IPA).

The findings show that for these young men, the transition to young adulthood, a period of major life challenges, seemed to be associated with deficiencies in the affective capacity to regulate personal defeats. A main finding was that the understanding of these suicides was linked to how a discrepancy between ideal and actual self-performances appeared unsolvable. The analyses pointed to a psychological logic of suicide as a way out of unbearable mental pain; pain that was related to a collapse in the regulation of self-esteem. Developmentally, these young men appeared to have compensated for their lack of self-worth by exaggerating the importance of success and being successful and thus developed a fragile adult achievement based self-esteem, which left them vulnerable in the face of rejections and perceptions of failures. The vulnerability in these young men seemed to be related to how their indispensable efforts to achieve in relation to neglectful or judgemental fathers/father figures left them trapped in anger, and how their dependency in the relationship with their mothers rendered them weak and shameful. Consequently, it may be assumed that the intolerable discrepancy between ideal and actual self, when reaching adulthood (paper 1), is associated in particular with experiences of shame; from being unable to meet significant others' ideal standards (paper 2). Contrary to previous research, suggesting that mental illness, and in particular depression, in the period prior to death is an important risk factor for suicide, few of the informants mentioned depression or other mental illnesses in their narratives. Thus, the analysis of the role of self-esteem regulation in the suicidal process of young men who in spite of accomplishment and success, unexpectedly took their lives in young adulthood (papers 1 and 2) provides knowledge that may increase our understanding of non-clinical suicides, which is of importance for tailoring better prevention strategies.

A major challenge in this respect is related to the fact that most young men who take their own lives are not in contact with, nor seek help from, any health professionals prior to their death. Despite a vast amount of research on clinical risk factors for suicide, research on warning signs is scarce. Thus, the last part of this study was conducted to identify possible warning signs of non-clinical suicides among young men. According to the informants, the young men did not disclose any plans of suicide or make any direct request for help prior to death. Four indirect signs, related to the psychological condition of the young men in the period prior to ending their life, were identified: 1) repeatedly pointing to the irreversibility of a mistaken decision; 2) the desperation they felt in this respect; 3) using their own death as a threat; and 4) and referring to death as a place to go (paper 3).

In summary, because non-clinical suicides are not preceded by identifiable symptoms of mental disorder, and most young men who take their life do not seek help prior to death,

the present findings underscore that talk or actions indicating suicidality, as well as worrisome indirect appeals for emotional support, should not be left unquestioned, but rather explored directly with the person. Such interpersonal inquiries may mediate some understanding that despair and threats, as well as withdrawal, may be appropriate responses at a personal level, without being effective for problem solving at a social level. Guidelines to increase responsibility for young men under conditions of despair and isolation may carry the potential to save lives.

LIST OF PAPERS

PAPER I:

Rasmussen, M. L., Dyregrov, K., Haavind, H., Leenaars, A, & Dieserud, G. (in press). The role of self-esteem in non-clinical suicides among young men. *Omega –Journal of Death and Dying*

PAPER II:

Rasmussen, M. L., Haavind, H., Dieserud, G., & Dyregrov, K. (in press). Exploring vulnerability of suicide in the developmental history of young men: A psychological autopsy study. *Death Studies*

PAPER III:

Rasmussen, M. L., Dieserud, G., Dyregrov, K., & Haavind, H. (in review). Warning signs of suicide among young men.

1. INTRODUCTION

1.1 Background

The absence of effective prevention of suicide among young men is one of the most serious issues in the field of suicide prevention (De Leo, 2002; Hawton, Saunders, & O'Connor, 2012; Luoma, Martin, Pearson, 2002; Pompili, Innamorati, Girardi, Tatarelli, & Lester, 2011). In order to design better strategies for prevention, a deeper understanding of suicide among young men in general, and suicide among non-clinical young men in particular, is of great importance. Most studies of suicide are based on clinical populations, and the detection and treatment of mental disorder is the main focus of suicide prevention strategies in many countries (Mann et al., 2005; Statens helsetilsyn, 1995). Yet, a large proportion of suicides are not preceded by symptoms of mental disorder (Judd, Jackson, Komiti, Bell, & Fraser, 2012). A scarcely utilised source of knowledge in this respect would be the competence of those who have had close relationships to young men with no earlier psychiatric treatment and no previous suicide attempt(s), who unexpectedly take their lives in the transition period from late adolescence to young adulthood.

As a member of the research project, "Why suicide? A psychological autopsy study" at the Norwegian Institute of Public Health, I had the opportunity to utilise a dataset consisting of in-depth interviews with individuals who had had a close relationship to someone who had taken their own life, and where that person had no prior psychiatric treatment or previous suicide attempt (Dieserud, 2006). This dataset also included suicide notes. From this sample I selected a sub-sample of 10 cases of young men.

1.1.1 Suicide rates

Worldwide, almost one million people take their own lives each year (World Health Organization, 2013a). In every country but China (of countries that report suicide rates), suicide is more common in men than in women (World Health Organization, 2013b). In Norway, suicide causes around 550 deaths annually, whereof, around three quarters are men (Statistics Norway, 2013a). Suicide is extremely rare in children, but the incidence increases after puberty. Whilst traditionally suicide rates have been highest among elderly men, there has been a change in the age distribution, and today young men are the highest risk group in most countries (WHO, 2013a). Worldwide, suicide rates among young people have been

increasing to such a degree that death due to suicide today, ranks among the three leading causes of death for those aged 15-34 (WHO, 2013a).

1.1.2 Suicide among young men

Suicide rates in Norway rose steadily during the 1970s and 1980s, but after a peak in 1988, this pattern reversed somewhat for suicide in general. This was not the case, however, for the young, where the rates seem to have levelled out (Statistics Norway, 2013a). In the fifteen year period 1997-2011, the rate for young men aged 20-29 in Norway was on average almost 25 per 100,000, compared with 17 per 100,000 for men in general (Statistics Norway, 2013a; 2013b). Corresponding rates for young men, and in some cases even higher figures, prevail in other countries (Hawton et al., 2012). These alarming rates, coupled with the tragedy of the premature ending of a young life, means that suicide in young men has become a serious public health problem in most parts of the world (De Leo, 2002; Hawton et al., 2012). Besides lost years of living, suicide among young people has a huge impact on families and communities. For each person who takes his/her own life, it is estimated that between six and 10 people are significantly affected (Jordan & McIntosh, 2011).

In 1994, Norway became the second country in the world to establish a national strategy for suicide prevention (Statens helsetilsyn, 1995). Yet, we have not seen any significant reduction in the suicide rates for young men (Statistics Norway, 2013a). Every month, on average, six Norwegian young men between 20 and 30 years take their own life (SSB, 2013a). Despite this, research on suicide among young men is scarce (Leenaars, 2004). Previous research on suicide has often classified young adults together with either adolescents or with both adolescents and older adults and focused on identifying clinical risk factors for suicide: presence of psychiatric illness, male sex, previous suicide attempts, family history of suicide, inadequate treatment of mental disorder, drug and alcohol abuse and recent life stressors (e.g. Cavanagh, Carson, Sharpe, & Lawrie, 2003; Fleischmann, Beautrais, Bertolote, & Belfer, 2005; Kim, Lesage, Seguin, Chawky, Vanier, Lipp, & Turecki, 2003; Mann et al., 2005; Nock, Borges, Bromet, Cha, Kessler, & Lee, 2008; Overholser, Braden, & Dieter, 2012). For example in a psychological autopsy(PA) study of suicides among young people, Houston, Hawton and Shepperd (2001) classified 15 year-old adolescents together with 24 year-old young adults (of both gender), and claimed that 70% of the subjects had a psychiatric disorder, most frequently a depressive disorder (56%), followed by a personality disorder. Very few had received treatment for their disorder at the time of their suicide. In addition, many of the subjects were found to have had alcohol problems and/or misused drugs, and

relationship and legal difficulties were identified as common contributing factors to the suicides. Although these clinical risk factors, as well as socio-demographic factors, are of basic importance in defining common characteristics needed for intervention and prevention in general, they are aggregated data with low specificity, and thus do not greatly add to the understanding of why some young men in particular are at risk.

Understanding why young men in particular are at risk, requires an exploration, not only of distal risk factors, but also towards a deeper understanding of the role of age and gender in identity formation. This includes the underlying psychological mechanisms, such as self-esteem, that regulate the dynamics of growing into adulthood as well as in the suicide (Erikson, 1968; Evans, Hawton, & Rodham, 2005; King, Apter, & Zohar, 2007; Leenaars, 2004; Swami, Stanistreet, & Payne, 2008). The present study focuses on self-esteem issues in relation to suicide among young men who take their lives in the transition period between late adolescence and young adulthood (age 18-30). After this first introduction, the following sections present relevant theoretical contributions and research in this area.

1.1.3 Suicide Prevention strategies

Our knowledge base for suicide prevention is largely based on studies of clinical populations, and often these studies indicate a causal relationship between suicide and mental disorders (e.g. Cavanagh et al., 2003; Fleischmann et al., 2005). For example, in their 2005 comprehensive review, Mann and co-workers stated that, "more than 90% of suicides have a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) psychiatric illness…Thus, a key prevention strategy is improved screening of depressed patients by primary care physicians and better treatment of major depression" (Mann et al., 2005, p. 2065). Subsequently, suicide has been seen by researchers, clinicians and policy makers as a direct manifestation of mental illness; and thus the main strategies for suicide prevention in many countries are improved detection and treatment of mental disorders in general, and the establishment of follow-up systems in mental health services for those who have attempted suicide, in particular (WHO, 2013a; Statens helsetilsyn, 1995). In spite of great efforts invested to identify risk factors, develop treatment approaches and implement prevention strategies at both national and international levels, "to date there is no compelling evidence that the disease model of suicidal behavior has led to effective interventions for suicidal behaviors or has prevented suicide" (Linehan, 2008, p. 483).

A major challenge for the tailoring of suicide prevention strategies is that a large portion of suicides are not preceded by symptoms of serious mental disorder (Hamdi, Price,

Qassem, Amin, & Jones, 2008; O'Connor, Sheehy, & O'Connor, 1999; Owens, Booth, Briscoe, Lawrence, & Lloyd, 2003). For example, Judd and co-workers (2012) found that 43% of more than 8,000 investigated suicides in Australia lacked a formal diagnosis of mental disorder (non-clinical suicides). While a considerable amount of research has been concentrated on identifying individuals who are at risk of suicide and suicide attempts among clinical populations, this group of non-clinical suicides is understudied (Berman, 2011a). Consequently, why young men choose take their own life is still poorly understood (Leenaars, 2004). The failure of suicide prevention among young men could be due to our existing knowledge base for suicide prevention being insufficient for non-clinical suicides, since these suicides are not necessarily preceded by symptoms of mental disorder. In order to design better strategies for prevention, research should focus on understanding the complexities of suicides among young men beyond mental illness (De Leo, 2002; Hjelmeland, Dieserud, Dyregrov, Knizek, & Leenaars, 2012; Linehan, 2008; O`Connor & Sheehy, 2001; Pompili et al., 2011; Rogers & Lester, 2010).

Finally, although great efforts have been invested to increase young people's help-seeking behavior for mental problems in suicidal crises, "limited evidence exists that suicide prevention programs facilitate help-seeking" (Klimes-Dougan, Klingbeil, & Meller, 2013). Most young men in mental and /or suicidal crises do not consult health care professionals, and are not found to have been in contact with mental health services at the time of their death (Biddle, Gunnell, Shap, & Donovan, 2004; Hamdi et al., 2008; Judd et al., 2012). For example, in a review by Luoma et al. (2002), it was found that only 15% of those under the age of 35 years of age have had contact with mental health services within their last month of life, and only 23% had consulted their general practitioner (GP). Whether this indicates that the majority of young men who take their own life are not mentally ill, or do not recognise it, or, alternatively, do not see any purpose of consulting health care services, we do not know. Nevertheless, these figures suggest that mental health services only play a relatively minor role in prevention of suicide among young men, and that increased focus should be given to the role of family, school, work places and social networks as important arenas for further efforts in suicide prevention.

1.1.4 Towards a deeper understanding of suicide by learning from case studies

The Psychological Autopsy method (PA) (Shneidman, 1993), has become a primary approach for studying suicide. Most previous PA-studies have focused on psychiatric diagnostic evaluation, and the defining of different level risk factors, by means of semi-structured

psychiatric oriented interviews with one or a few informants (e.g. ratings of presence or absence of symptoms according to DSM or ICD symptoms during the last period prior to the deaths), utilising quantitative methods of analysis (e.g. Cavanagh et al., 2003; Mann et al., 2005). Although the ultimate goal for this approach has been to provide a basis for predicting and preventing suicide, there is little evidence to suggest that the mental illness approach has resulted in any reduction in the overall suicide rate, or improved the ability to predict suicide at the individual level (De Leo, 2004; Johannessen, Dieserud, Claussen, & Zahl, 2011; Linehan, 2008; Rogers & Lester, 2010).

In order to move the field of suicide prevention forward, there is a need for an understanding of suicide beyond the current stage of sociodemographic and clinical risk factor identification (De Leo, 2002; Hjelmeland et al., 2012; Leenaars, 2004; O´Connor & Sheehy 2001; Pompili, 2010; Rogers & Lester, 2010). In particular, a deeper understanding of the mechanisms involved in suicide may provide ideas that can lead to more effective interventions and preventions (Linehan, 2006). One way to do this is to utilise the competence of individuals who have had close relationships with the deceased (i.e. their long and existential struggle in trying to understand why (Gavin & Rogers, 2006; Jordan & McIntosh, 2011). In line with the original intention with the PA-method (Shneidman, 1993), there is a need to explore how many of those close to young men who take their lives experienced the deceased over time, and understood the suicide, by means of qualitative method of analysis, if a deeper understanding of suicide among young men is to be obtained. That is, rather than focusing on assigning diagnoses to dead people by second hand information, we need to explore first-hand information from key relationships, of how the young men appeared to them in their relationship with them, as well as how the young men appeared to them in other relationships. Further, by triangulation of (in each case) the suicide notes from the deceased and in-depth interviews with many of those close to the deceased, a more rounded and authentic portrayal of the deceased can be obtained.

In order to provide as valid and deep understanding of non-clinical suicide among young men as possible, the present analysis will be based on first-hand information (e.g. in-depth interviews) with five to eight close relationships as well as the deceased’s suicide notes.

1.2 Definitions of suicide

The roots of the scientific study of suicide – at least in the Western World - extend back to the pioneering work "Le Suicide" of Emilie Durkeim, published in 1897 (in English 50 years later); focusing on examinations of associations between suicide rates and various social factors (such as integration and regulation) (Leenaars, 2004). Up until then although statistics were kept on deaths from suicide, the field had been largely dominated by the conventional psychoanalytic understanding of suicide, rooted in Freud's formulation in "Mourning and Melancholia" from 1917; focusing on self-directed aggression (Leenaars, 2004). After the sociological perspective of Durkheim, a medical approach that connotes suicide as a symptom of mental disease (Berman, 2011b) has largely dominated the suicidological scene for most of the last century (De Leo, 2002).

However, one of the major problems in suicide research is that there is no universal definition of suicide (Silverman, Berman, Sanddal, O'Carroll, & Joiner, 2007). In Norway, Stengel's definition from 1967 is one of the most used: "a conscious and wanted act which is performed by an individual in order to harm himself, and where the harm leads to death" (Retterstøl, Ekeberg, & Mehlum, 2002, translation by MLR). This definition highlights both the intentional aspect and the medical lethality of a suicidal act. Similarly, according to the definition of WHO, "Suicide is the act of deliberately killing oneself" (World Health Organization, 2013c). However, both these definitions focus only on the personal perspective, and thus say nothing about either the motivational or cultural aspects of suicide. According to Boldt (1988, p. 97), as "no one who commits suicide does so without reference to the prevailing normative standards and attitudes of the cultural community", an understanding of suicide should start with the meaning of suicide, rather than just focusing on a definition that only include the personal perspective, if we are to fully understand the individual´s decisional process. According to Shneidman (1985), a suicide is a behavioural expression of a complexity of variables, not a disease, and may include (to varying degree) biological, psychological, intra-psychic, conscious and unconscious, logical, interpersonal, sociological, cultural, and philosophical/ existential elements. Implying that to understand suicide, contrary to the sociological perspective of Durkheim or the psychoanalytical perspective that simply are elaborations from one point of view, we need to incorporate several perspectives. As this study is concerned with increasing our understanding of non-clinical suicides among young men, to best grasp the complexity, a psychological definition that includes several perspectives will be used: "Currently in the Western world, suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual

who defines an issue for which the suicide is perceived as the best solution" (Shneidman, 1993, p.4). According to this definition, suicide is a contextual endeavour that needs to be embedded in the historical time and cultural area in which it occurs. A suicide, whether it is a "sati" in India (where a widow takes her life as a sacrifice after her husband's death) (Lester, 2013), a young man in South Korea (Park, 2013), or a young man in Norway, cannot stand alone but should be understood in relation to its contextual and historical relationships. That is, different cultural meanings may exist for different cultures and/or subgroups of the culture, such as for women and men, the young and the elderly. Further, by defining suicide as a result of an intentional human act, with conscious and motivational elements, it is possible to get closer to contextualising and understanding why young men choose to take their own lives. Additionally, this definition highlights that suicide is carried out by a confused (perturbed) person who, with a somewhat narrowed perception of the available options, decides that cessation is the best solution. However, Shneidman (1993) emphasises that this does not mean that most people who take their own life are psychotic, but rather that some elevated state of perturbation has to be present, because a person in his normal state of being-in-the-world does not ever choose to take his own life.

1.3 The transitional period from late adolescence to young adulthood

The transitional period from late adolescence to young adulthood (approximately age 18-35) includes facing new demands and expectations from society and developing a more differentiated identity for handling complex issues of adult life (Baumeister, 2010; Erikson, 1968). This however has been overlooked in suicide research (Leenaars, 2004).

Some of the many psychosocial developmental tasks of being in transition to adulthood include finding a vocational path, developing intimate relationships and giving up dependence on parents (Erikson, 1968). It is also in this period that the majority of young people begin to search for comfortable expressions of their sexuality and gender roles (Connell, 2005). From a developmental perspective, Erikson (1968) argued that whilst the period of adolescence was a stage marked by the construction of a new personality structure - an ego identity: a sense of who one is, based on who one has been, and who one imagines oneself to being in the future, young adulthood is the time when this new identity is put to the test (Marcia, 2002). How well the young adult is able to adapt and cope with the complexity of adult life rests, according Erikson (1968), on the strength of the ego, which again is dependent on the social milieu within which earlier developmental issues have been resolved.

Having so far based his identity on identification with significant others, the young man needs to separate from his family of origin, free himself from the internalised parents' standards, which have been taken into the self through childhood and upon which he so far has built a sense of self-esteem. He must now find his own values and standards (Harter, 1999; Marcia, 2010).

While Erikson's (1968) theory does not specifically deal with the challenges of gender in the transitional period from being a boy/adolescence to becoming a young adult man, Baumeister (2010) emphasised that in the modern (American) culture, boys may feel that they need to prove something in order to become men. That is, they are directly judged by society (i.e. cultural standards) – and by themselves – according to their achievements.

From a masculinity perspective, Møller-Leimkuhler (2003) suggests that social factors related to gender-roles and changes in gender roles, as a result of the transition of the post-modern society towards a greater extent of social isolation (i.e. single status, labour marked problems, non-working roles), may explain men's vulnerability to suicide. This is related to how social status and working roles are assumed to be crucial to Western men's identity, and making men more vulnerable to occupational stressors and feelings of being a failure. However, as an explanation of a phenomenon as rare as suicide (even for a high risk group), her model does not add greatly to our understanding of why some young men (only) react with suicide to the challenges of adult life. Rather, how well a young adult man is able to live by his own standards, including defying standards if they are unreachable depends, according to Connell (2005), on the dominated hegemonic masculinity in the life of the young man. Connell (2005) highlighted that being a man (or woman) means enacting a set of internalised expectations that is attached to one's sex, independent of cultural context. What kind of masculinity a young man constructs, which again determines the young man´s assumptions of standards of masculinity, will to a large degree, depend on the relationship between men during childhood (i.e. gender relations), and in particular the standards and ideals of significant men in the lives of the young man (Connell, 2005). Understanding gender requires going beyond simplistic generalisations of gender and instead looking at the gender relations among men (Connell, 2005).

In keeping with the definition of suicide being a multidimensional malaise (Shneidman, 1993), the present study will provide information from close informants that are related to the deceased in ways that are marked by several different combinations of gender and by age. Both fathers and mothers will share the position of age according to the generational transmission, and do so from an older to a younger man and from an older

woman to a younger man. For same sex friends, siblings and (ex)girl-friends, the relationship is marked by reciprocity in age, while the personal significance is shaped by same-sex or opposite sex expectations. The meanings that are attached to gender and to age will be a matter of negotiations in each case, and therefore open for inquiry in each case in relation to the conduct of suicide and the regulation of self-esteem in the life of the deceased (Haavind, 1998).

1.4 Psychological theories of suicide

A range of theoretical perspectives has been developed to explain the central psychological mechanisms and dynamics in suicide. Most of these theoretical perspectives include both developmental and motivational factors. In the following sections, a selection of theoretical perspectives will be presented.

1.4.1 Unbearable mental pain / psychache

1.4.1.1 Edwin Shneidman

Shneidman (1985) proposed a theoretical model conceptualised by ten common characteristics of suicide (ten commonalities), which taken together create the nature of suicide. Influenced by Henry Murray's conceptualisations of personality, he developed his theory based on empirical findings from studies of suicide notes, qualitative psychological autopsy studies and conversations with suicidal persons. According to Shneidman (1993), depression in itself, even if it exists, never causes suicide, and is irrelevant for understanding why a person chooses to take his own life. Rather, "Suicide is caused by psychache" (i.e. mental pain in the mind) and the idea of death as a release (Shneidman, 1993, p. 53). That is, suicide occurs when the mental pain is deemed by the person, who is cognitively constricted by his overpowering emotions, to be unbearable, and the person is focusing almost entirely on this unbearable mental pain and the experience of suicide to be the only option left (Shneidman, 1996). This means that suicide has to do with thresholds of psychological pain endurance. Further, it is the conscious problem-solving choice of suicide as being the best solution to a perceived problem creating unbearable psychache that is the main driving force behind the act. Shneidman viewed suicide as the last defensive action to intolerable mental

pain. Of all influencing elements in a suicidal crisis, Shneidman defined the psychological characteristics as "the trunk of the tree" of suicidality.

According to Shneidman (1993), the mental pain in suicide is a mixture of excessively felt shame, guilt, humiliation, loneliness, loss, sadness, dread, hurt, anguish and the like. He also proposed a model that describes how the different negative emotions and experiences turn into a generalised experience of unbearable mental pain, which again leads to a kind of emotional perturbation (Shneidman, 2005). Shneidman (1996) suggests that the mental pain in suicide is energised by a frustration of the individual's most important needs in life, usually related to either 1) thwarted love, acceptance and belonging, 2) fractured control, excessive helplessness and frustration, 3) assaulted self-image and the avoidance of shame, defeat, humiliation and disgrace, or 4) ruptured key relations and the attendant grief. He also highlighted that, in contrast to modal needs which also are important as they define the individual's day-to-day intra-psychic and interpersonal functions and make-up, it is the blocking of vital needs (i.e. those deemed essential for life), by experiences of critical failures, losses, rejections or humiliations, which will lead to considering suicide as an option. The core motivation in suicide, according to Shneidman (2004), is related to a deficit in the self-concept's capacity to tolerate mental pain. This deficit is created rather early in childhood through early psychological experiences of not being good enough, of feeling inadequate and being a failure. Shneidman (2005) suggests that the most important therapeutic task is to help relieve the mental pain.

1.4.1.2 Israel Orbach

Following Shneidman (1993), and building on psychoanalytical theorists (i.e. Freud, Maltsberger, Bolger and Styron), Orbach (2008) proposed a theoretical model of suicide in which psychological and psychoanalytical elements are combined. He suggested that the answer to why people chose to take their own life is to be found both in the suicidal mind (intolerance for mental pain, pain-producing inner constructs) and in the suicidal body (characterised by dissociation, numbness etc.). Orbach (2003) defined mental pain as a sense of irreversibility, narcissistic hurt and perceptions of negative changes in the self and it's functions. In this model, the suicidal wish is an end- result of unbearable mental pain, and consists of two primary sources (life stressors and internally produced pain). Based on narratives of suicidal patients, Orbach and Mikulincer identified three features of the intolerability of mental pain related to suicide: 1) the sense of the overflow or surfeit of the pain; 2) the inability to contain the pain, and 3) the inability to cope with the pain (Orbach,

2008). Orbach (2008) suggested that one source of mental pain in suicide is related to life stressors, which are individual and related to the person's sensitivity for the pain, such as a loss or being rejected. The other, and primary source of mental pain, is, according to Orbach, internally produced and generated pain that is manufactured by pre-modelled templates established by early traumatic experiences and conflicts. The crucial aspect of these inner constructs is that they stem from a lifelong internalisation of negative experiences (such as loss, narcissistic hurt, guilt and failure). Further, once internalised, they influence the individuals' perceptions of reality in a way that lead the suicidal person to react to these perceptions of life circumstances and of the self with habitual and ineffective coping mechanisms which in themselves create mental pain. Consequently, the suicidal person becomes entrapped in his own pain-producing constructs, and thus seeks self-destruction to escape the intolerable pain.

Orbach (2008) argues that, while intolerable mental pain can explain how the wish to take one's own life emerges, it is not sufficient to explain and thus understand how the potential for suicide becomes an actual act of self-destruction. To explain this, he turns to the significance of the suicidal body and claims that for a person to actually act on suicidal wishes, some special bodily states and processes (such as bodily dissociation, physical numbness, etc.) need to come into play. For Orbach, the suicidal body is a necessary condition for suicide to take place.

1.4.2 Escape model of suicide

In Baumeister's theory "suicide as escape from self" (1990), suicide attempts are motivated by a desire to escape from an aversive state of high self-awareness. In this model, it is suggested that suicidal behaviour, independent of the occurrence of depression or other mental illnesses, is a result of a causal chain that is triggered by experiences of falling far below important personal standards. The individual attributes the disappointing outcome to his own shortcomings, which again leads to severe self-blame and feelings of inadequacy and incompetency. This unfavourable comparison of self with some important standard leads to aversive negative affect, which the individual, in order to escape from it turns into a numb state of cognitive deconstruction. As this escape is not fully successful, the individual desires increasingly strong means of terminating the aversive thoughts and feelings and thus willingness to attempt suicide increases. According to Baumeister, the crucial aspect of the painful self-awareness of falling short of standards in suicide is not just related to a recent

episode of shortfall, but to negative affect from previous experiences where the self was perceived as falling short of expectations.

More recently, Vohs & Baumeister (2010) have developed a self-regulation model of suicide in which they have combined escape theory with a resource model of self-regulation to clarify the causal processes that lead to suicide. The key premise in this model is that the suicide is the result of a self-regulation failure. The suicidal spiral begins with the perception of not meeting important standards, attribution of the self as a failure and a disappointment for self and others. This leads to increased experience of shame, guilt, and doubts about the capacity to meet future standards. The individual's self-regulatory resources will deplete, as a result of either a gradual or sudden overwhelming sense of negative affect and self-deprecating attributions. Thus suicide occurs as a result of the individual's strong need to escape from the self.

1.4.3 Entrapment theory

Entrapment is defined as the inability (or perceived inability) to get away from an aversive environment after having suffered from defeat or humiliation (Williams, Crane, Barnhofer, & Duggan, 2005). In his first entrapment model of suicidal behaviour, the cry of pain model, Williams (2001) argued that suicidal behaviour arises from feelings of entrapment, that there is no escape, and that this represents a particular pattern of information processing about the self and the world. This process is related to impairment in problem-solving in which the individual finds no alternative way to solve their problems, which again results in hopelessness about the future. According to this model, the suicidal self consists of three components: 1) sensitivity to cues in the environment that signal humiliations or defeat and give rise to an overwhelming feeling of need to escape; 2) a sense of being unable to escape, and 3) a sense that this state of affairs will never be better. More recently, Williams and co-workers (2005) elaborated on the entrapment model of suicidal behaviour. This model went beyond the escape theory and mapped out the potential psychological processes which could act as mechanisms in the process leading to suicide. They highlighted the fundamental entrapping role of the over-general memory of the suicidal self in the process leading to suicide. This relates to how perceptions of defeat or humiliations are easily triggered as a result of earlier negative experiences, and thus activate early learned associations between negative mood (including hopelessness) and dysfunctional and self-critical patterns of thinking (including suicidal ideation) that again create a vicious circle. According to Williams and co-workers the mood-thinking-rumination cycle that activate both negative themes and a

negative process that hinder effective problem solving, is critical in understanding what occurs in a suicidal crisis.

1.4.4 Fluid vulnerability theory

More recently, Rudd (2006; Rudd, Trotter, & Williams, 2009) developed the Fluid Vulnerability Theory (FVT) as an expansion and elaboration of Bech's (1996) cognitive theory of depression, to meet the need for a suicide-specific cognitive theory that could explain suicidality independent of the existence of depression or not. Rudd claims that a suicidal crisis is a result of an activation of the suicidal mode (i.e., suicidal belief system, psychological-affective symptoms, and associated behaviours and motivations), and that the elements that determine not only the severity, but also the duration of a suicidal crisis, are fluid. In this model, the activation of the suicidal mode is suggested to be dependent on maladaptive meaning constructs regarding the self, the context and the future. The fundamental assumptions underlying this model are that a) the central pathway for suicidality is cognition and b) the relationship between suicidal belief systems (i.e. cognition) and other psychological and biological systems is both interactive and interdependent (Rudd et al., 2009). In other words, the suicidal mode consists of interdependent components of cognitive, affective, physiological and behavioural elements, that had become sensitised to subsequent triggers (internal; thoughts, feelings, images, or external precipitants; as for example loss of a relationship), primarily because of the cognitive component of the suicidal mode. In line with Shneidman (1993), Rudd (2006) emphasises the crucial role of the core cognitive themes of a) unlovability (I'm worthless), b) helplessness (I can't fix this problem), c) poor distress tolerance (I'd rather die than feel this way) and, d) perceived burdensomeness (everyone would be better off if I were dead) in the activation of the suicidal mode. According to Rudd and co-authors (2009), this low threshold for activation of the suicidal mode, in combination with impaired problem-solving skills, might explain how the slightest provocation can be experienced as rejection and thus activate the system and lead to suicidal behaviour.

1.4.5 Self-regulation in Suicide

As these psychological theories of suicide show, there is an interesting common focus on the role of self-esteem regulation in the suicidal process. First, suicide is viewed as being triggered by a need to escape and thus get relief from overwhelming mental pain, as a result of being unable to regulate the self after a self-esteem threat (such as critical experiences of

failure, humiliation, loss, rejection etc.) (Baumeister, 1990; Orbach, 2008; Rudd et al., 2009; Shneidman,1993; Vohs & Baumeister, 2010; Williams et al., 2005). Second, these theories propose that the motivational nature in suicide is energised by thwarted psychological needs, resulting from early negative experiences. Third, in all the models, the activation of a cognitive component (cognitive core theme), that, in one way or another relates to the activation of a feeling of worthlessness (i.e. being a failure, unloved etc.), is included as essential in the suicidal crisis, although to varying degrees. Thus, in all views so far presented, suicide is related to a developmental deficit in the capacity for self-regulation.

1.5 Self-esteem and suicide

1.5.1 The concept of self-esteem

Self-esteem is viewed as a complex construct that plays a key role in self-regulation of behaviour (Mruk, 2006). As one of the oldest themes in social science (first introduced by Williams James in 1890) and after more than 23000 articles, chapters and books that directly focus on the importance of self-esteem in human behaviour, self-esteem is characterised by a diversity of opinions, conceptualisations, measurements, theories and definitions (e.g. Guindon, 2010; Heppner & Kernis, 2011; Kernis, 2006; Mruk, 2006; Owens, Stryker, & Goodman, 2001). Historically, most research on self-esteem has focused on global measures of self-worth (e.g. negative self-evaluations). In general, low self-esteem has been associated with pathological states and negative life events and high self-esteem with positive mental health adjustment and success, though recently, some researchers have questioned this link (Baumeister, Campbell, Krueger, & Vohs, 2003). Independent of conceptualisations, most research on self-esteem is based on self-reports. However, as self-esteem says something about who one is and how one lives one's life (Mruk, 2006), it can also be observed by others (Demo, 1985). As a phenomenon in the lived world, self-esteem is defined as "the conviction that one is competent to live and worthy of living" (Branden, 1969, p. 110). It is a complex and multidimensional construct with cognitive, affective and evaluative elements (Harter, 1999; Mruk, 2006; Smelser, 1989), implying that a healthy developed self-esteem consists of both a balance of competence and worthiness – and the relation between them (Mruk, 2006).

1.5.2 Self-esteem deficits in suicide

A great deal of research on psychological processes leading to suicidal behaviour has, in various ways, focused on deficits in self-esteem. Specifically, the self-evaluative component of the self-concept has been analysed, identifying negative self-evaluation as a key factor in the suicidal process (Fergusson, Beautrais, & Horwood, 2003; Overholser, Adams, Lehnert, & Brinkman, 1995; Thompson, 2010). Results from these studies suggest that suicide attempters have significantly lower self-esteem compared to both normal controls (Dieserud, Røysamb, Ekeberg, & Kraft, 2001; Grøholt, Ekeberg, Wichstrøm, & Haldorsen, 2005; Overholser et al., 1995; Tomori & Zalar, 2000) and psychiatric outpatients with no history of suicidal behaviour (Dieserud et al., 2001). Although these studies have effectively linked negative self-evaluation to suicide attempts, the role of the self-esteem in suicide among young people is still poorly understood (Evans et al., 2005; Harter, 2006a; King et al., 2007). In the present dissertation, the main focus is on the nature of self-esteem in suicide among young men, who in spite of informants' evaluation of them as individuals who had everything going for them, took their own life in the transitional period between late adolescence and young adulthood.

The traditional assumption underlying existing research on self-esteem and suicidal behaviour is that researchers assess the patients' or students' perceptions of their self-esteem in relation to suicidal behaviour. However, a major problem with this research has been the conceptualisation of self-esteem as a global measure of self-worth. Consequently, research has been directed towards the examination of the level of self-esteem as the critical aspect in suicidal individuals. That is, self-esteem is considered as a stable trait that can be studied outside the context in which it occurs. There is, however, growing evidence that a person's self-esteem may be situation-specific since a person can have a different perception of self-esteem in different relational contexts (Harter, Waters, & Whitesell, 1998; Harter & Whitesell, 2003). In one of several studies, Harter and Whitesell (2003) found that while some adolescents reported stable self-worth across social contexts with parents, teachers and classmates, others reported extreme variations. Other studies have shown that people who's self-esteem depends on approval from others, can be particularly vulnerable towards acceptance and rejection and driven by a need to live up to own/other's expectations (Crocker & Park, 2004; Guay, Delisle, Fernet, Julien, & Senécal, 2008; Leary & Guadagno, 2011). Similarly, people whose self-esteem is based on their own competence may be very vulnerable towards failure or lack of success in the domain in which they have invested their self-worth (Crocker & Park, 2004; Crocker & Wolfe, 2001; Deci & Ryan, 1995). The perceived discrepancy between the ideal and actual self, such as might be illustrated when one

falls short of expectations or standards in domains of importance is consequently, a major factor in self-esteem regulation (Deci & Ryan, 1995; Harter, 1999; Harter & Whitesell, 2003). Although a discrepancy between the ideal and actual self is suggested to be of central importance for the suicidal self (Baumeister, 1990; Harter, 1999; Shneidman, 2004; Vohs & Baumeister, 2010), with a few notable exceptions, the vast majority of the great number of published articles on self-esteem and suicidal behaviour has focused exclusively on the level of self-esteem.

Recent experimental studies on student populations have found that the awareness of a discrepancy between actual self and important standards for performance was sufficient for some participants to experience an immediate increase in suicide-related thoughts. Further, suicide-related thoughts were especially pronounced when individuals perceived a large discrepancy between self and desired standards (Chatard & Selimbegovic, 2011). It was, however, not a high standard in itself, but the conjunction of the two factors that was crucial for suicide-related thoughts (Chatard & Selimbegovic, 2011). Other studies found that the perception of failure in academic performance, and thereby falling below important standards compared with their own past level of performance, may increase both suicidal thoughts and behaviour among some students (Martin, Richardson, Bergen, Roeger, & Allison, 2005; Richardson, Bergen, Martin, Roeger, & Allison, 2005). Using an ideographic methodology, Cornette, Strauman, Abramson and Busch (2009) found that both discrepancy between actual-ideal self and actual-ought self among student populations (on self-defined traits or attributes) significantly correlated with suicidal ideation. The individuals who believed that they were not meeting an important ideal standard and were unlikely ever to do so, were more likely to experience suicidal ideation. Last, in some studies of clinical populations, Franck, De Raedt, Dereu and Van den Abbeele (2007) found, by measuring the discrepancy between implicit and explicit self-esteem, that the crucial threshold for initiating suicidal thinking was related to the size of the discrepancy when the self is perceived as falling short of a certain standard. Other researchers suggested that it is the emotional effect from the discrepancy that is the crucial factor for suicidal behaviour. For example, in a study of suicidal Israeli adolescents, Orbach, Mikulincer, Cohen & Stein (1998) found that both suicidal adolescents and non-suicidal inpatients showed relatively high discrepancies between actual and ideal self, compared to normal controls. However, the factor that best distinguished suicidal adolescents from the non-suicidal psychiatric and normal groups was a low degree of self-differentiation and a higher discrepancy between ideal and ought self. Orbach and co-workers (1998) suggested that the most detrimental factor for self-destructive behaviour may be the inner

emotional turmoil resulting from the confusion and ambivalence of the discrepancy between actual self on one side, and the conflict between ideal and ought self on the other side.

Yet, the influence of a discrepancy between the ideal and actual self on suicide among young men in the transitional period between late adolescence and young adulthood has been largely unexplored in previous research. It is, however, assumed that individuals who take their lives, although it may seem as if they have everything going for them, are more vulnerable than non-suicidal youths for self-esteem threats in response to failures, rejections and defeats in adult life (Baumeister, 1990; Orbach, 2008; Rudd et al., 2009; Shneidman,1993; 2004; Vohs & Baumeister, 2010; Williams et al., 2005). Some recent PA-studies of young adults, oriented towards typology of suicide, identified groups of normal or apparently well-functioning young adults who “out of the blue” took their life in face of achievement failures, rejections (e.g. break-up with a girlfriend) and/or conflicts (Fortune, Stewart, Yadav, & Hawton, 2007; King et al., 2007; Orbach et al., 2007). The researchers suggested that these suicides were related to vulnerability in the young adults’ self, to having been overly dependent and/or self-critical and to having had extremely high self-expectations, as well as having been sensitive to criticism, achievement failures and rejection. Similarly, in his analysis of suicide notes of young adults, Leenaars (1991; 2004) argued that young adults who killed themselves lacked ego strength, which again might have made them vulnerable to challenges and defeats in adult life. That is, young adults who are dependent of external resources to keep their self-esteem in balance are also more vulnerable to suicide in face of rejections and defeats in adult life. Further research is needed to explore self-esteem in relation to suicide among young men.

Although self-esteem deficits related to suicidal behaviour have been addressed in a large number of studies, there is little known about the role of self-esteem in suicides of young men. The first challenge for scientific studies of self-esteem in suicides of young men is to develop a phenomenological analysis that is valid (Mruk, 2006). In order to do this, research should a) explore information from in-depth interviews with many longstanding key informants and, b) be based on triangulation of (in each case) the deceased’s suicide notes as well as in-depth interviews with the informants (Gavin & Rogers, 2006; Hjelmeland et al., 2012; Séguin, Renaud, Lesage, Robert, & Turecki, 2011; Shneidman, 1993). Another challenge is that self-esteem is not a fixed entity, but a complex and dynamic phenomenon that has developed through childhood in relation to significant others and that may vary in relationship contexts (Harter, 2006b; Harter et al., 1998; Harter & Whitesell, 2003). It is therefore important to explore both the mother’s and the father’s perceptions of how the

relationship with their son has developed, and how their son has handled the transition from being a dependent son to becoming an independent young man. In similar ways, as the standards and ideals of significant male friends may be highly influential on the standards and ideals of the deceased (Connell, 2005), it is important to include longstanding friends. The issue of sexual identity and capacity for intimacy is of central existential value to young men. This may be explored by information from intimate partners of the deceased. Through all significant relationships, self-esteem will be intrinsically connected to standards of masculinity in the transition to adulthood (Connell, 2005). We need a better understanding of how self-esteem regulation influences the suicidal process of young men with no prior psychiatric treatment and no previous suicide attempts, in their transition from late adolescence to young adulthood.

1.5.3 The development of self-esteem deficits in suicide

Several theoretical models suggest that the sensitivity for humiliations, perceptions of failures and rejections in the suicidal self, and the resulting overwhelming mental pain that may trigger suicidal behaviour, is energised by frustrated psychological needs as a product of early negative socialisation (Baumeister, 1990; Orbach, 2008; Rudd et al., 2009; Shneidman, 1993; 2004; Vohs & Baumeister, 2010; Williams et al., 2005). However, a major difficulty in suicide prevention is that we know little about suicide related developmental paths, and how and why different vulnerabilities become prominent in different developmental epochs (King et al., 2007). Development, defined as "changes in organisation of behaviour over time", is a dynamic process, wherein self-regulatory structures and functions evolve from successive transactions between the developing child and the environment (Sroufe, Egeland, Carlson, & Collins, 2005, p. 229). In a recent PA-study of trajectories of young adults who killed themselves, Séguin and colleagues (2011) noted the importance of parental relations for the development of vulnerability to suicide in their offspring. In this study, in addition to the more well-known trajectory to suicide characterised by mental health problems, Séguin and colleagues identified a sub-group of suicide victims (accounting for 55% of the suicides) who functioned within the range of normality, but who had experienced some adversities in the last period of life. The factor that best distinguished both sub-groups compared to young adults from the general population was the occurrence of difficulties in the relationship with parents (i.e. harsh discipline and family tension) from an early age. The mechanisms involved are, however, still poorly understood (Séguin et al., 2011).

Additionally, a recent case study of male adolescents who had made serious suicide attempts (e.g. one shot himself in the head), may provide some insight into the role of family environment and parenting style for the developmental path of vulnerability for suicide (Orbach, 2007). In this study, Orbach (2007) suggested that an important dynamic in the developmental process of vulnerability to suicide is related to how problematic early relational patterns with parents developed into intense symbiotic relationships in the families. This seems to have interfered with the development of individuation and autonomy, and provided the basis for a suicidal self-esteem deficit, whereby the young men seek a form of refuge by investing in successful performances and/or in fantasy of great success. In an old case study of suicide attempters in Sweden, Hendin (1962) noted that suicide attempts in men typically followed failure in performance and a resulting damage to the men's self-esteem. This was thought to relate to a strong emphasis by parents on good performances and success, whereby these men had learned as young children to use good performances to bolster their self-esteem. This resulted in highly ambitious young men for whom work was central to their lives.

Despite growing attention to the significance of self-esteem in suicide in general, the features of the socialisation history that causes young men in transition to adulthood to question their worth as a person and the worth of their life – as well as the mechanisms involved - are less known. The study of Séguin and co-workers (2011) was the only study I found that explores developmental vulnerability in suicides among young adults focusing on earlier periods of development. However, one problem with this and previous PA-studies using a developmental perspective is that they rely on information based on semi-structured interviews from only one, or a few close family members (Fortune et al., 2007; Séguin et al., 2011). Although parents may be good informants for early childhood, their stories about a deceased son or daughter also represent survival tools that not only enable them to make sense of the past, but also the future. Thus, to preserve a vision of their family as benign and wholesome, parents may need to protect themselves (Owens, Lambert, Lloyd & Donovan, 2008; Séguin et al., 2011). Therefore, in order to get as valid a picture as possible of the developmental history of the deceased, it is utterly important to include the perceptions of, in addition to parents, siblings, partners and longstanding childhood friends.

1.5.4 The influence of suicidal self-esteem deficit in relationships

Because non-clinical suicides are not preceded by identified symptoms of serious mental illness and that most young men do not seek help when suicidal (Biddle et al., 2004; Hamdi et

al., 2008; Judd et al., 2012; Luoma et al., 2002; Owens et al., 2003), not only are non-clinical suicides among young men particularly difficult to identify, but mental health services also play a relatively minor role in the prevention of these suicides. Consequently, family, school, work places and social networks are important arenas for further efforts in suicide prevention.

However, to be able to prevent suicide, family, school, work places and social networks need to know what warning signs of non-clinical suicides may look like, and how to react to if such signs are identified. The working group of the American Association of Suicidology in 2006 highlighted that research aimed at differentiating warning signs from risk factors is "of considerable need given that a concise, clear list of indicators of imminent danger will enable the general public to appropriately respond as soon as the potential for suicidal behaviour is recognized" (Rudd et al., 2006, p. 260). Paradoxically, I was not able to find any study that aimed at identify warning signs of suicides outside mental health services, as experienced from the perspective of those close to the deceased. As most young men who take their lives neither consult professional health care when suicidal nor ask for help from their social networks, it is not obvious what the common and specific warning signs of suicide are for this group. Thus, in order to improve suicide prevention outside mental health services, there is an alarming call to go beyond the medical model (focusing on clinical risk factor identification) and explore if there are signs, from the perspective of those close to these young men that, in retrospect, could be interpreted as warning signs of suicide (Berman, 2011a; Klineberg, Biddle, Donovan, & Gunell, 2011; Rudd et al., 2006).

2. RESEARCH OBJECTIVES

The overall purpose of this doctoral dissertation is to provide a deeper understanding of suicide among young men outside of mental health services, in order to design better strategies for prevention. Three specific aims are being addressed:

1) To explore the role of self-esteem in the suicidal process among young men with no prior psychiatric treatment and no earlier suicide attempts, in their transition from late adolescence to young adulthood.
2) To explore key informants' perceptions of developmental issues and experiences of the deceased which, due to early established patterns of reactions and emotional regulation, may have left them vulnerable to suicide.
3) To explore which signs those close to the deceased, in retrospect, identify as possible warning signs of a suicidal crisis.

3. METHOD

3.1 Research design

The present study uses a phenomenological hermeneutic study design (Giorgi, 1975; Haavind, 2007; Kvale, 1996; Shneidman, 1993) with elements of Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009). Phenomenological research aims to explore in detail the lived experiences of the informants and the meanings they make of that experience (Giorgi, 1975). The present study is phenomenological in the sense that the main purpose is to get close to the experiences of those close to the young men; i.e. how they experienced the deceased and understand the suicide - in all its complexity. This approach also recognises that research is a dynamic process (Haavind, 2007; Kvale, 1996).

In order to make sense of the informants' personal world, I acknowledge the influence of the researchers' own conceptions, which, although required, may also complicate interpretations. For this reason, the connectedness to the hermeneutic or interpretative tradition is important and should include both an effort to understand the participants' points of view (empathic hermeneutics) and the asking of critical questions (questioning hermeneutics) to the data. In IPA, researchers are encouraged to remain close to their study worlds, but also to move beyond the text to a more interpretative and psychological level (Smith et al., 2009). These are principles used in the analyses (and discussions) in this dissertation. During all stages of data gathering and data analyses, strategies to retain closeness to the participants' descriptions of their understanding of the suicide are, as far as possible, emphasised.

3.2 Selection of sample

I have used a qualitative dataset from the main PA study I was involved in: “Why suicide? A psychological autopsy study” (Dieserud, 2006). This study consists of 120 in-depth interviews, of which I conducted approximately one-third of, as well as 12 suicide notes. The dataset relates to 20 suicides (age 18-65), among individuals with no prior psychiatric treatment and no previous suicide attempts. A sub-sample, consisting of 10 cases of young men, aged 18-30 was selected from these 20 suicides. Because of the enormous volume of qualitative data in this analysis; i.e. 120 interviews and 12 suicide notes (each interview contains of approximately 30-40 transcribed pages) the data program NVivo9; QSR International was applied.

The selection was based on my first reading, re-reading, rough analysis and the construction of case narratives of all 20 suicides (step one in the process of analysis). This was done by a bottom-up approach, starting with no fixed notions as to what would emerge from the narratives of the informants. The purpose of this was to get an overall first impression of a) the content in the PA material, b) each informant's understanding of the suicide and c) central themes. Both "leaving suicide notes" and "not leaving suicide notes" was seen by the informants as a form of meta-communication from the deceased, in terms of the existence of some conscious reflections before the final suicidal act. The suicide notes therefore seemed a natural place to start the analysis. Further, by letting (in each case) the suicide note be the point of departure for the analysis and thus the axis for rotation for the first informant's narrative, then the second one and so on (see Figure 1), 20 case narrative analyses (consisting of 1-3 pages each) was conducted.

Looking across the 20 cases, there were many men (16) and few women (4). The methods of suicide included hanging (12), shooting (6), drowning (1) and carbon monoxide poisoning (1). In this first rough analysis it became clear that the understanding of the suicide among the older deceased (age 39-65) was more differentiated within the group, than for the younger (18-30) (there were no suicides between the age 30 to 39).

Common to the understanding of the suicides among the older men (age 39-65) was that they in the period prior to the suicidal act in larger degree than the younger men, seemed to have lost control of a demanding life-situation. This was, for some of the men, understood as a result of being in circumstances they themselves had created. Some of these suicides also seemed more calculated, as if their suicide was a form of solution or a way to be saved. The four women (age 27-61) were more mutually different than the men.

Common to the understanding of the suicides among the younger men (age 18-30), was that they were in a situation where they were struggling with something they needed to achieve in the transition between late adolescence and young adulthood, related to issues of belonging, intimacy and finding a vocational path. They also seemed to be more emotionally vulnerable than the older men. It seemed as if they were unable to achieve in life as they wished and had imagined that life should be. These analytic issues prompted me to question why young males, with apparently no major problems in life, suddenly kill themselves. Further, as self-esteem issues became more and more salient in the construction of the case narratives about the young men, due to a problematic doubleness in their self in the transition to adulthood, the choice of sample was governed by a) a wish for a deeper exploration of the role of self-esteem in these suicides and, b) the need for knowledge of what places young men

in particular at risk (De Leo, 2002; Leenaars, 2004; Pompili et al., 2011). This doubleness was related to how the young men apparently had normal and successful developmental processes in the transition to adulthood, yet at the same time struggled with difficulties related to normal developmental tasks. The 10 young deceased were all between 18 and 30 years of age, and represent all men under the age of 30 in the PA-study.

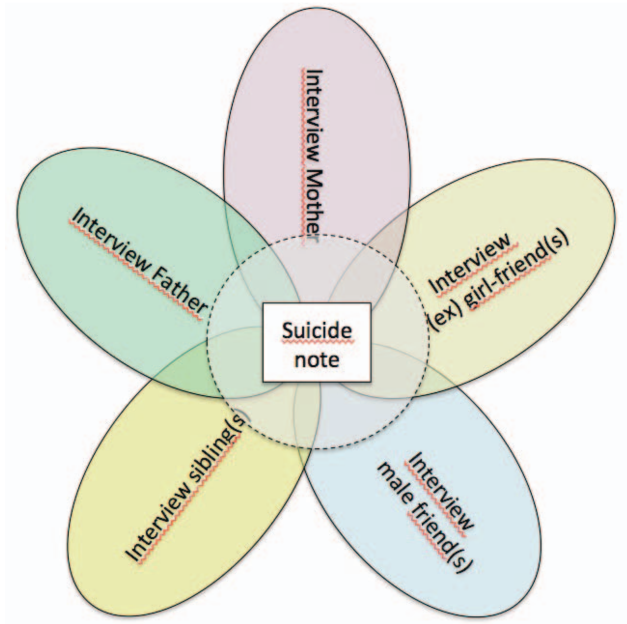

Figure 1. Case description

3.3 Sample

A sample of 10 young men aged 18-30 (M= 23.5 years) at the time of their suicide, was studied by analysing in depth-interviews with five (in one case there were four) to eight key informants, for each person. In addition, six suicide notes were analysed. Five of the men lived in rented apartments or houses, three lived with their parents, and two were homeowners. Six were employed, three were students (high school/university) and one was unemployed. The methods of suicide included hanging (8) and shooting (2).

A total of 61 individuals who were closely connected to the deceased were interviewed (see Table 1). All informants were over 18 years old. Both parents of the deceased were included as informants, with one exception (in this case, two close male relatives were substituted). Additionally, informants in eight cases included the siblings of the deceased. Five of the deceased had had serious relationships with women, and all these young women were included as informants. All the deceased had between one and five close male friends as informants. Almost all interviews took place between 6-18 months after the suicide (M=10.5 months), with the exception of one case where the interviews took place between 24-27 months after the suicide.

Table 1. Number and position of informants around each suicide

Cases	Total informant's	Mother	Father	Sisters/ brother(s)	(ex)Girl- friend(s)	Male** friend(s)
1	4	Yes	Yes	Yes		Yes (1)
2	6	Yes	Yes	Yes		Yes (3)
3	6	Yes	Yes	Yes		Yes (3)
4	8	Yes	Yes		Yes	Yes (5)
5	6	Yes	Yes	Yes		Yes (2)
6	6	Yes	Yes	Yes	Yes	Yes (2)
7	5	Yes	Yes		Yes	Yes (1)
8	5	Yes	Yes	Yes		Yes (2)
9	8	Yes	Yes	Yes	Yes	Yes (3)
10	7	Yes	Yes*	Yes	Yes	Yes (2)

**In one case were the father was unavailable, two male relatives substituted him*
***Number of male friends in parenthesis*

3.4 Setting and recruitment-procedure

In the PA-study (Dieserud, 2006), data were collected from the seven counties in Norway with the highest number of suicides in 2003. All suicides took place during 2005 – 2009. In 14 cases, chief municipal medical officers (CMMO) (a) identified cases of suicide based on death certificates and forensic reports; (b) excluded those with previous suicide attempts and/or previous treatment in mental health services; and (c) contacted the deceased person's General Practitioner (GP), who provided the name and address of the next of kin. The CMMO sent a letter to the next of kin with thorough information about the project, and a consent form. In six suicides, participants were recruited by a grief-and trauma clinic.

Upon receiving the completed consent form, the interviewer phoned the informant to set a time and place for the interview. After the interview, the informant was asked for names and addresses of at least four other informants who had known the deceased well. The procedure of sending a letter and consent form was then repeated, but now the letter was sent from the project leader (Gudrun Dieserud, GD). I conducted one third of the interviews. The other interviews were conducted by two researchers in the PA group (Dieserud, 2006) who also are co-authors on my papers (GD and Kari Dyregrov, KD). Most of the interviews were conducted in the homes of the informants, some in the researchers' offices and some at hotels, depending on the preferences of the informants.

3.5 In-depth interviews

The interviews started with a narrative section, which opened with the researcher posing a question about the informant's perception as to what led to the suicide: "What are your thoughts on the circumstances that led to the suicide of XX?" This part of the interview was governed primarily by allowing the informant to speak without any interruptions or questions from the interviewer. The purpose of this was to obtain as rich information of the informants' understanding of the suicide and of the psychology of the deceased as possible (Shneidman, 1993). To facilitate the informants' own construction of their narrative, in this part of the interview the interviewer responded mainly by nonverbal nodding, by repeating the last words of the informants or by means of open questions ("What happened…").

After this section was completed, a problem-focused part of the interview was performed. Here, the interviewer asked focused questions about central topics not previously covered in the narrative section. The informants were also asked to clarify details from the narratives that needed to be followed-up or verified to ensure that the information provided was correctly perceived by the interviewer. A theme guide consisting of 16 categories based on Shneidman (1993) was used (Appendix I). The themes in this guide covered details of the death, personal and family history of the deceased, relationship issues, personality, lifestyle, alcohol/drug use, patterns of reaction to stress, and his strengths and successes, among others. Each interview lasted between 90 and 180 minutes and was fully transcribed (by two professional transcribers).

3.6 Data analysis

Qualitative analysis was conducted following the flexible guidelines of IPA (e.g., reading and re-reading, initial noting, developing emergent themes, searching for connections across emergent themes, and looking for patterns across cases (Smith et al., 2009). In the following I will describe how the focus of analysis and thus research questions developed, as well as the common steps in the analysis.

After the first rough analysis and the construction of case narratives (step one of the process of analysis), I re-read all the transcripts around each case a number of times. From an early stage in the analysis, it became apparent that the informants, because the deceased were so close to them, were in a deep and existential process trying to understand why their son/brother/boyfriend/friend, suddenly killed himself. Thus, the informants complemented each other regarding their long and existential struggle to understand who the deceased was in life; understanding the deceased's "self". Such analytic issues prompted me to question how parts of the self (self-esteem) had influenced the way these young men had been meeting the challenges of life and regulated their choices of action. The analysis was not based on any pre-coded theoretical categories. Within the interpretative phenomenological tradition, it is the categories that emerge from the narratives and suicide notes that are explored and subsequently coded (Smith et al., 2009). Thus, during this process of working with the material at an early stage, the analytical categories; "existential space" (i.e. places to be - or not to be - in a psychological sense) and the understanding of the suicidal act as a "movement between a real and a virtual existential landscape" emerged. This was based on a) how the deceased placed their "self" in their suicide notes and b) the movements of the informants in their constructions of the narrative of the suicide, in which they tried out different frameworks of understanding.

According to the suicide notes, the deceased described a movement from "a place" (in a psychological sense) in actual life, where "the self" is located, and where they felt they no longer could be (because of self-blame, shame, worthlessness, longing), to an alternative or imaginary place, where they could and needed to be (in a psychological sense). For most of the young men this was (according to the suicide notes) "as one who takes care of others", "one who is close to God", "one who gives love" or as "one who gets peace" (i.e. in a self-idealisation that can be realised; as one who gives love and gets peace). In this way the suicide notes told me something about the self-esteem of the deceased. They also provided information about the roles other people had in his life during the suicidal crisis.

The suicide notes were further understood in relation to how the informants supported

and/or interpreted what the deceased themselves presented in their suicide notes as the motive (driving force) for the suicidal act. This was in addition to how the informants themselves presented their understanding of the suicide and the deceased in their narratives (see Figure 2). This way of going through the data material further shows that the deceased's movement in the last period of life was, according to most of the informants, not the only course of action that could have been possible, but rather that it was the course of action the deceased choose to follow.

Since the present study is concerned with the exploration of psychological processes and mechanisms involved in suicide among young men, the procedure adopted involved treating the interviews and suicide notes around each suicide as one set of data. The analysis was carried out case by case (in all 10 cases), with an awareness of how each informant around each case filled the existential space between the deceased and her/himself as a son, a brother, a friend, and as a partner, both within and across relationships, and also of the informants' need to both understand the suicide and to protect themselves (Baumeister & Newman, 1994; Owens et al., 2008; Séguin et al., 2011). This means that each informant's narrative was interpreted in relation to a) how the informants "constructed their relationship with the deceased", b) what discourses were "available" for the informants in their narrative constructions, and c) what opportunities were "not available" for the informants to build their understanding from. Thus, to get as valid a picture as possible, in each suicide, the analysis was composed of all informants' perceptions of the suicide in relation to the specific research questions (Malterud, 2001).

3.6.1 The subject for the analysis in paper 1 and 2

Since it was another person who was telling about – or trying to imagine - what was on the deceased's mind, it was important that the informants were able to locate their notions of what could matter to the deceased during his life, and in the period prior to the suicide, in actual experiences. Experiences could be from their (longstanding) relationship and/or anchored in actual events. Thus, each of these young men was the subject of the analysis in relation to existential issues (i.e. issues that mattered for building and sustaining a sense of freedom and self-determination) at stake in their life prior to the suicide (paper 1). In this sense each informant was invited to contribute to an "insider" perspective as they saw it. During the interviews "how do we know him" was an ongoing issue, open to interpretation and critical questions from the interviewer. In the analyses, when all interviews around the same case

were pieced together, we were concerned about construing the deceased as a subject and the suicide as influenced by the existential places that the deceased had inhabited.

Most informants already in the first, open part of the interview described how they ever since the suicide had been asking themselves “How could he kill himself?” Most suggested that they understood the suicidal act as a triggered event related to a previous significant event close in time, which again was understood in light of the developmental history of the deceased. As such, developmental issues became salient at an early stage of the analysis (paper 2). The informants described how they were searching for issues in the deceased’s early developmental history, something in the way his existential perspective was established and constrained by people around him, making him vulnerable in handling the transition to adulthood. Further, due to this early pattern, the informants were wondering if there were some opportunities he missed, something that scared him, or in other ways limited his emotional repertoire and reduced his capacity. In this way, by letting *the deceased* be the subject of the analysis (paper 1 and 2), I interpreted the informants’ interpretations of the deceased, through a triple hermeneutics (Smith et al., 2009).

3.6.2 The subject for the analysis in paper 3

Most informants stated in the open part of the interview how they, ever since the suicide, had been asking themselves, “Were there any signs of this?”; looking for clues in their relationship with the deceased. As such, signs became salient already in the early stage of the analyses. However, unlike paper 1 and 2, which were concerned with exploration of psychological processes and mechanisms involved in suicide, the analysis in paper 3 was concerned with the identification of signs that, in retrospect, could be interpreted as indicators of danger of suicide in near term. This implied that the analysis was carried out with an awareness of the relationship between the informant and the deceased. Thus, the informants described how they were searching for signs and issues in the life of the deceased prior to the suicide; something in the way his existential perspective – his way of being in life – was threatened, making it impossible for him to proceed in life, while I was searching for signs in the informant/deceased’s relationship, concerning the informants’ perceptions of signs. In this way, by letting *the relationship between the informant and the deceased* be the subject of the analysis, I interpreted the informants’ interpretations of the deceased, through the informant/deceased relationship, by way of a triple hermeneutics (Smith et al., 2009).

3.6.3 Developing themes

The next stage of the analysis (paper 1 - 3) was to compare all the ten cases with each other, looking for either emerging themes and dynamics in the regulation of self-esteem in the transition to adulthood (paper 1) and in the developmental histories of the deceased (paper 2), or looking for common signs and constellations of signs in the informants' relationships with the deceased in their last period of life (paper 3). I returned to all the transcripts connected to each suicide, and transformed (or lifted) the initial thoughts and questions about the data, based on notes from the first close readings, into codes for the emerging themes. The search was for themes emerging across the cases. This included both themes that emerged from comparing existential or developmental issues (or signs) from informants who shared the same position (like being with mother, being with father etc.), and themes that emerged as similar for some cases across all of the interviews connected to the same suicide. The concluding stage was to look for and connect all the superordinate themes across the suicides.

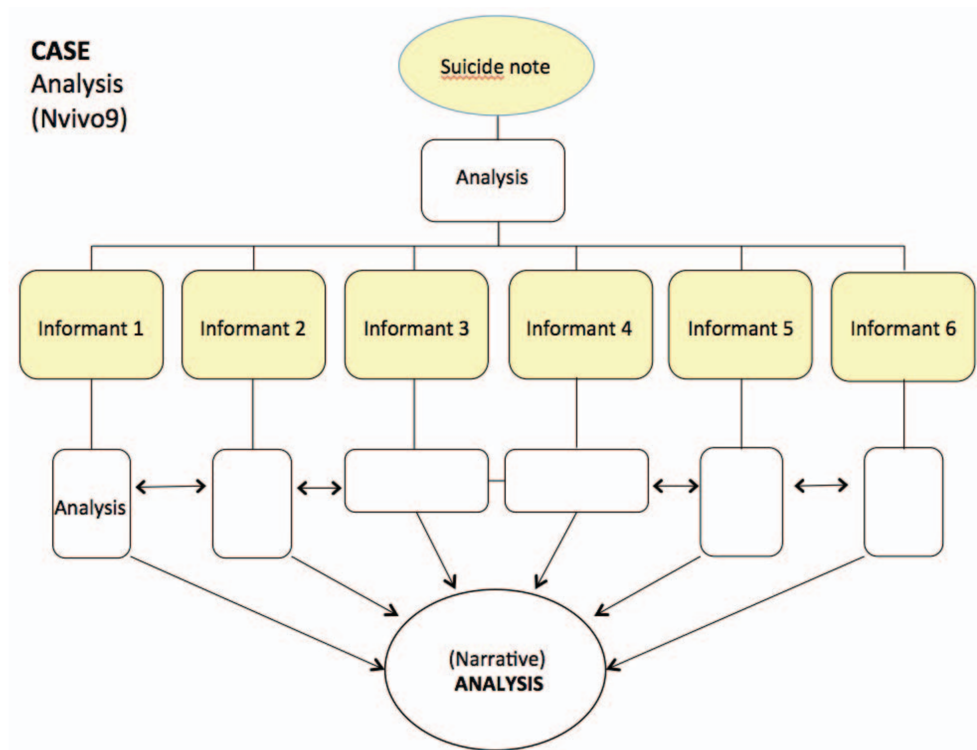

Figure 2. Data analysis description

3.7 Ethical considerations

The audiotaped transcriptions were de-identified immediately after the interviews, by two trained transcribers. There is no accessible register with personal information that may tie the informants to the interviews. All procedures were conducted in accordance with the Helsinki declaration and the research project was approved by the Norwegian Regional Committee for Medical Research Ethics and the Data Inspectorate of Norway.

The informants were contacted by letter in order to reduce participation pressure. In this recruitment letter, the purpose, method and procedure of the study were described, and the informants were given the opportunity to make telephone contact with the project leader for more information. The place and time of the interviews were chosen by the informants in order to make them feel as safe and comfortable as possible. The informants were assured of anonymity, confidentiality, and freedom to withdraw from the study at any time. Thus, care of the informants during the entire research process was performed according to recommendations for research on suicide bereaved populations (Dyregrov, 2004). Informants were assured that data would be processed and published in a non-identifiable way. At the end of the formal interview, a debriefing conversation was held to allow the informants to ask questions, as well as for the researchers to ensure that the informants were not left in distress. In addition, arrangements with mental health services were made for the participants who were in need for such. The vast majority of informants in this study experienced the interview situation to be positive (Dyregrov et al., 2011).

4. RESULTS

4.1 Summary of Paper 1

The role of self-esteem in non-clinical suicides among young men.

The aim of paper 1 was to provide knowledge of the role of self-esteem in suicides among young men with no previous psychiatric treatment or history of suicide attempt(s), who sudden and unexpected took their lives in the transition to adulthood. For these young men, the transition to young adulthood, a period of major life challenges, seemed to be associated with personal defeats. A main finding was that the understanding of these suicides was linked to how a discrepancy between ideal and actual self-performances appeared unsolvable in the transitional period from adolescence to adulthood. The analyses pointed to a psychological logic of suicide as a way out of unbearable mental pain related to a collapse in self-esteem. This was the logic of striving to find a viable path to life as an adult man, a recurring sense of failure (in spite of social accomplishments and successes), emotional self-restriction to shame and anger, and a desperate need to restore one's self. Together this dynamic may have led to the suicides; suicides that appeared, to others, as sudden and unexpected. The results suggest that these young men appeared to have compensated for their lack of self-worth by exaggerating the importance of success and being successful and thus developed a fragile adult achievement-based self-esteem. This left them vulnerable in the face of defeat.

4.2 Summary of Paper 2

Exploring vulnerability to suicide in the developmental history of young men: A psychological autopsy study.

The aim of this study was to investigate the developmental issues and experiences of young men who unexpectedly took their lives in transition to adulthood which, due to their early established patterns of reactions and emotional regulation, may have left them vulnerable to suicide. The results suggest that the developmental history of these young men seemed to be associated with early patterns of achievement deficiencies in their relationships with their fathers, and with dependency in their relationships with their mothers. According to most of their significant others, the dependency patterns and achievement deficiencies were associated with feelings of shame and of being trapped in anger respectively. Three developmental issues

from early age onwards were identified. These were: “unsuccessful in becoming independent”, “weakened competence to deal with shame” and “trapped in anger”. The findings suggest that weakened capacity to regulate emotions like shame and anger can make certain men vulnerable to suicide when facing adult challenges and defeats.

4.3 Summary of Paper 3

Warning signs of suicide among young men.

The aim of the third paper was to provide knowledge of what signs, in the period immediately before the suicides of young men with no earlier history of suicide attempt(s) or treatment in mental health services, those close to these young men, in retrospect, interpreted as indicators of danger of suicide in near-term. The signs were explored based on the relationships the key informants had with the deceased. According to those close to these young men, there was no disclosure of any direct suicidal plans prior to their death or request for help in the suicidal crisis. Rather, many informants highlighted something about the deceased’s way of being in the world during the last hours, day(s) and/or week(s) of life that was in contrast to or which stood out from the good picture they had of the deceased. Four indirect signs, related to the psychological condition of the young men in the period prior to ending their life, were identified. The constellation of the “irreversibility of a mistaken decision” and “desperation” was linked to the perception of these young men in the last period of life being entrapped in what they may have experienced as an unsolvable problem situation. This was related to normal issues for young men, as a break-up with a partner, separation from childhood home and/or the experiences of being demoted or having failed at studies/work. In retrospect, suggestions of “death as a place to be” was associated with suicide planning, as suicide for some time may have been seen as a solution to all problems. Talk of “death as a threat” was found to be expressed as an explicit response to a need for escape in a situation of intolerable pressure. The findings suggest that talk or actions indicating suicidality, as well as worrisome indirect appeals for emotional support, should always be taken seriously and investigated directly with the person, as appropriate responses to these signs may have the potential to save lives.

5. DISCUSSION

In this PA-study, I have moved beyond the understanding of suicide according to increased risk associated with socio-demographic factors like being male and being young, and presented a psychological model for unsolvable deficits in the affective regulation of self-esteem during the transition from adolescent to adult man. Instead of addressing suicide as following from diagnostic categories (like depression, personality disorders, schizophrenia etc.) (e.g. Cavanagh et al., 2003; Nock et al., 2008), I have looked for non-clinical ways of categorising suicide according to threats to existential spaces in vulnerable persons, in this case, young men. In this discussion of the quality and significance of these results, all three papers will be taken together.

The significance of this research depends on the quality of the empirical material, the design of the study and the content that the research team elicited from all the informants during the interviews. The regulation of self-esteem was introduced early during the analysis and shaped the approach – and the outcome – for the two first papers about contemporary existential challenges and personal developmental history. What made the model of affective regulation of self-esteem most attractive was the capacity for such a model to cover two seemingly incompatible aspects of suicide in young adult men: 1) that this category of suicide is often described as “out of the blue” or as an impulsive response to an acute life event in otherwise successful young people (Fortune et al., 2007; Orbach et al., 2007), and 2) that the informants were able to understand the “triggered event” as psychologically related to a pattern of conduct in other significant problems the deceased were facing in their contemporary life. This pattern was again understood in the light of the life history and family situation of the deceased.

5.1 Psychological considerations

5.1.1 The self-esteem deficit in non-clinical suicides among young men

Taken together, paper 1 and 2 suggest that not only does self-esteem play a key factor in the suicidal process of young men who unexpectedly take their lives in the transition to young adulthood, but also that the self-esteem deficit in non-clinical suicide is a developmental failure in the capacity to regulate emotions. These findings serve as an empirically based supplement to our knowledge base of who is at risk for suicide, and also point out the possible

link between rather common challenges and defeats in the transition of adult life and very low frequent responses like suicide.

The findings of this study might be explained through an empirically grounded dynamic model of self-esteem regulation in the suicidal process of young men, in which a discrepancy between ideal and actual self-performances appeared unsolvable in the transitional period from adolescence to adulthood. Paper 1 discusses how the suicidal act can be viewed in light of Baumeister's "escape model" of suicidal behaviour (Baumeister, 1990; Vohs & Baumeister, 2010). In line with Crocker and Wolfe (2001) model of "contingencies of self-worth", I am of the view that the crucial aspect of self-esteem in relation to suicide, is related to how these young men, developmentally, appeared to have compensated for their lack of self-worth by exaggerating the importance of success and being successful. They thereby developed a fragile adult achievement based self-esteem that left them vulnerable in the face of defeat, rejection and perception of failures. Rather than focusing on simple measures of global self-esteem (i.e. whether suicide attempters perceive their self-esteem as high or low), these findings suggest that it is potentially more clinically, and theoretically, useful to try to understand the dynamics and psychological processes involved in self-esteem regulation in suicidal behaviour.

Considering the origins and the developmental influence of the self-esteem deficit in suicide, the three themes identified in paper 2 address how vulnerability seemed to have influenced the unresolved role of masculinity (unsuccessful in becoming independent) (Connell, 2005). The deceased seemed to have been caught between shameful but denied dependency in the maternal relationship (weakened competence to deal with shame), and unsuccessful achievements in the paternal relationship (trapped in anger). On the basis of these themes, a model (which could be seen together with the model presented in paper 1) is proposed to show how unresolved developmental issues may be related to a vulnerability to suicide in the social transition from young man to adult (see Figure 3):

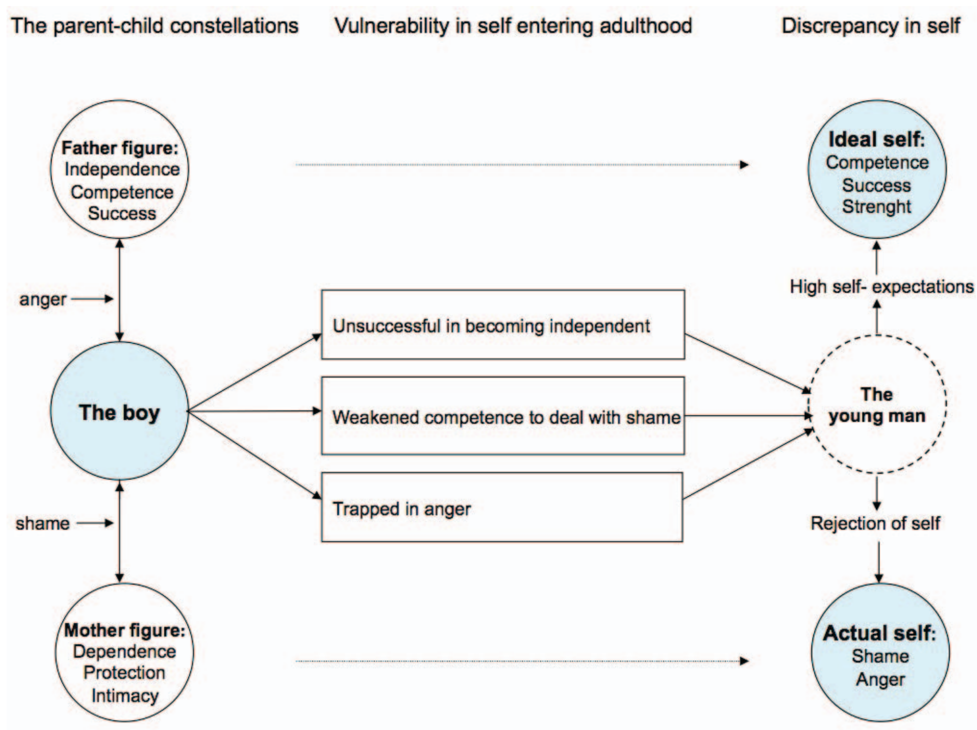

Figure 3. A dynamic model of vulnerability of suicide from a developmental perspective.

The vulnerability in these young men seemed to be related to how unsuccessful and indispensible efforts to achieve in relation to their father/father figure left them trapped in anger and how dependence in their relationship with their mother became shameful. This could be understood as an unresolved dilemma of masculinity (Connell, 2005), whereby there are incompatible issues in the handling of what kind of reaction pattern should be included and what should be rejected in compositions of a personal and viable masculinity. This may again be related to the inconsistency of the parents' expectations or/and needs, and the conflicting ideas about what characteristics they had appreciated, focused on and thus confirmed in the young boy.

Further, an important dynamic in the developmental process of most of the young men in this study was how the problematic early relational patterns with their parents developed into intense symbiotic relationships in the families. The findings confirm earlier suggestions from Ledgerwood, (1999) and Orbach (2007) on the crucial role of symbiotic family

dynamics for developmental vulnerability in relation to suicide. This seems to have interfered with the development of individuation and autonomy, and provided the basis for a suicidal self-esteem deficit, whereby the young men seek a form of refuge by investing in successful performances and/or in a fantasy of great success. For most of the young men in this study, their investment in successful performances, appearance and/or intellectual ability, as well as life-dreams/fantasies of great success, may have compensated for feelings of being a failure or being worthless, and thus been a way to help regulate the self. Consequently, it may be assumed that in the intolerable discrepancy between ideal and actual self, reaching adulthood is associated in particular with experiences of shame; shame from being unable to meet significant others' ideal standards. This could indicate that the crucial aspect of shame in suicide is related to how shame, as opposed to feelings of guilt which is behaviour specific (Hastings, Northman, & Tangney, 2010), involves the self´s negative evaluation of the whole self as worthless and defective. The findings confirm earlier suggestions from Lansky (1991), Lester (1997), De Leo (2004) and Shneidman (1995) of the crucial role of shame in suicide. Again this may have created both a desire to withdraw from others, as a result of not being able to live up to what they needed to be, in the eyes of their significant others and a need to release inner tension and restore self-esteem, and thus coherence in the self. Several studies suggest that suicide can be seen as a way of attaining coherence in self and/or restoring one's self-esteem (Kjølseth, Ekeberg, & Steihaug, 2010a; Maltsberger, 1997; Maltsberger, Ronningstam, Weinberg, Schechter, & Goldblatt, 2010). Accordingly, taking one's own life is closely connected to a person's essential worth as a human being.

5.1.2 Weakened capacity to deal with defeat

The findings in papers 1 and 3 further showed that the deceased, in the period prior to death were experienced as being stuck in, and thus unable to overcome, the irreversibility of a mistaken decision/failure that they themselves were responsible for at an earlier point in time. While the ability to sustain a failure is a key factor in development (Erikson, 1968), the young men in the present studies seemed to have reached adulthood too constrained to be able to learn (and thus use) from the critical self-inflicted mistakes/failures they experienced prior to their suicide. Drawing on Mruks (2006) description of critical "self-esteem moments", the findings indicate that the triggered event seemed to be related to how the deceased blamed themselves for not being able to live up to what they had to be in the eyes of their significant others. This thereby puts self-esteem at stake. In addition, because they were unable to

process the overwhelming difficult emotions (of shame, worthlessness, being a failure helplessness etc.) their self-blame turned to regrets, which, because the failure/mistaken decision was related to something that could never been undone, got locked. Hence, the findings in the present study suggest that it is the lack of emotional capacity in regulating overwhelming feelings of shame, failure, worthlessness, anger etc. stemming from the perception of falling below a standard, related to undoable self-inflicted mistakes, that is crucial for suicide to occur. This is in line with several theoretical models of suicidal behaviour (Baumeister, 1990; Orbach, 2008; Rudd et al., 2009; Shneidman, 1993; 2004; Vohs & Baumeister, 2010; Williams et al., 2005). In paper 2, we discussed how vulnerability to suicide can be understood in light of Shneidman's theoretical model of suicide (1985; 1993).

5.2 Methodological considerations

5.2.1 Choice of research design

The ability to provide a deeper understanding of suicide among young men outside mental health services rested on using the competence of those close to the deceased in combination with several theoretical perspectives that have addressed different proximal aspects of suicidal behaviour (Baumeister, 1990; Orbach, 2008; Rudd et al., 2009; Shneidman, 1993; Vohs & Baumeister, 2010; Williams et al., 2005). It should also be noted that empirical research has supplemented my understanding with important knowledge of clinical risk factors for suicide and within the field of self-esteem in suicidal behaviour.

Rather than focusing on assigning diagnoses to dead people by second-hand information (e.g. Cavanagh et al., 2003; Fleischmann et al., 2005; Houston et al., 2001), the present findings suggest that it is more useful to explore first-hand information from key informants from the deceased's whole life cycle, and base the analysis of informant triangulation (in each case the perspectives of the mother, father, sibling(s), ex-girl-friend(s), close male friend(s) and the young man's own suicide notes) if a more rounded and authentic portrayal of the deceased is to be obtained. Such information is an important supplement towards a deeper understanding of suicide among young men outside mental health services and how to best prevent it. In particular, because most young men who take their lives are not in contact with mental health services nor consult their GP prior to their death (Luoma et al., 2002), what family and friends talk about and view as significant, probably constitutes an important part of what suicide prevention among young men should be focusing on.

5.2.2 Limitations and strengths

This study was conducted using a qualitative approach (Shneidman, 1993; Smith et al., 2009). In accordance with phenomenological research, the objective of the present study was to deepen understanding of suicide that could be of practical value in future prevention work (Haavind, 2007; Malterud, 2001; Mruk, 2006). However, the significance of this research depends on the quality of the empirical material, the design of the study and the content that I and my co-authors (GD and KD) as interviewers elicited from the informants during the interviews. That is, the credibility and validity of the findings, are to a large extent, determined by the skills of the researchers (Haavind, 2007; Miles & Huberman, 1994). A number of guidelines to address validity in qualitative research in general (Malterud, 2001; Miles & Huberman, 1994; Kvale, 1989; 1996; Smith et al., 2009; Yardley, 2008), and of self-esteem research in particular (Mruk, 2006), have been proposed. According to Mruk (2006) validity, when studying something as complex as self-esteem, is more of a process than of an event (Mruk, 2006). Similarly, Kvale (1989) emphasises that validity in qualitative research, rather than being a rule-based strategy, is more of a process of continuing checking, questioning and theorising, and thus choosing among competing and falsifiable explanations. Independently of approach, the final question is: how valid can we assume the results from these findings are?

5.2.1 The interview data

A particular strength in this study was that the interviews were conducted by two clinical psychologists and one sociologist, all researchers with extensive experience and knowledge in the field of suicidology and in-depth interviewing of bereaved individuals (MLR, GD and KD). Since the interviews lasted an average of 2.5 hours (range 1.5 to 3 hours) and were subsequently audio recorded, transcribed verbatim and de-identified by two trained transcribers, I as the main researcher got access to high quality data which could be explored systematically and in great detail. A set of procedures contributed further to this quality: For the researchers to pay attention to the different ways the informants communicated their expressions, a coding system for paralinguistic expressions including verbal pauses, laughter and crying was used by the transcribers. Each transcribed interview was controlled by the interviewer who had conducted the interview. The interviews were subsequently discussed within the PA-research team throughout the whole process of data-gathering (Dieserud, 2006).

At the start of the data-gathering process, to ensure the richness of the data regarding the narrative part of the interview, close attention was paid to the style and skills of the interviewers. In addition, the broad and valid skills in suicidology and methodology of the researchers were important in order to elicit relevant thoughts and information from the informants. However, we acknowledge that other interviewers could have focused on different themes or had different interactions with the informants (Kvale, 1996).

5.2.2 The analysis

Most existing PA-studies of young suicides within a developmental perspective have based their analyses on information constructed from semi-structured interviews with only one or a few informants obtained by “trained interviewers”, interviewers of unknown training status (Fortune et al., 2007; Séguin et al., 2011), or as in one study, from standardised post-mortem interviews with informants obtained by military army personnel (Orbach et al., 2007). Contrary to this, a major strength in the present study is the use of in-depth interviews with many key informants in each case, obtained by experienced clinicians/researchers, who provided information on the whole life span of the deceased.

By using the original PA-method (Shneidman, 1993), and thus basing the analysis on in depth interviews with the perspectives of the mother, father, sibling(s), (ex)girl-friend(s) and close friend(s), as well as the deceased’s own suicide notes, it is assumed that we can construct a more valid picture of the suicidal process and the deceased (i.e. by triangulation of different perspective of data (Malterud, 2001)), than is possible when using quantitative methods of analysis. Acknowledging that the analyses are influenced by the informants’ personal relationships with the deceased (Parkar, Nagarsekar, & Weiss, 2012) and thus by the informants’ need to both understand the suicide and to protect themselves (Baumeister & Newman, 1994; Owens et al., 2008; Séguin et al., 2011), the informants’ narratives were interpreted in light of the informants’ relationship with the deceased. In this way, the present findings highlighted both the consistency and discrepancy of the different relationships’ understanding of these suicides. I also assume that information from, in particular, teachers and other longstanding family relationships (other than parents) could have enriched the analysis further.

Suicide notes, suggested by Shneidman to be the “golden windows” into the world of suicide, when understood in the context of the life history of the deceased, were included as a source of data in the analysis (Leenaars, 2002). Most of the suicide notes in the present study were rich on information on both the self-esteem and relational and contextual issues of the

deceased in the suicidal crisis. Thus, using the suicide note (in the six cases where they exist) as the point of departure for the analysis and thus the axis for rotation for the informants' narratives, it is assumed that the "voice" or perspective of the deceased gave the analysis a more authentic portrayal of the suicide, and of the deceased than when simply relying on only the informants' perspective.

The analysis was not based on any pre-coded theoretical categories from the outset. However, as our background and position as researchers always will affect what is investigated, a few of our own perspectives in some ways will have imposed on the angle of investigation and the method judged most adequate (Haavind, 2007; Malterud, 2001; Kvale, 1996; Smith et al., 2009). At the same time, this meant we could draw on our competence in the data analyses. Our theoretical background within psychology/sociology as well as our competence as clinicians/researchers directed our awareness to central psychological issues in each case, and we all found the cases with young males particularly interesting due to potentially finding common features across cases. To contribute towards the transparency of the studies, regarding reflexivity, I am a clinical psychologist with long experience in working within a follow-up system for those who have attempted suicide and for those bereaved by suicide (I have worked for seven years as a leader of the suicide prevention team in the municipality of Bærum, Norway). The research team consisted of two female psychologists and one female sociologist (MLR, GD, KD). Together, we have long experience in working with suicide prevention, those who have attempted suicide, those bereaved by suicide, and with qualitative methodology. In addition, a female psychologist with long experience in developmental psychology and qualitative methodology complemented this with her knowledge in the analysis process (Hanne Haavind, HH).

I conducted the analyses. To ensure that the analyses were grounded in informants' subjective understanding, not the researchers', and to avoid confining it to one perspective (i.e. perspectival subjectivity (Kvale, 1996)) (neither the perspective of only one informant's in a suicide case nor the researcher's), the developing analysis was continuously discussed with HH and again with the other co-authors (GD, KD) (i.e. researcher/perspectival triangulation (Yardley, 2008)). This allowed for an external check of the research process whereby themes and interpretations were challenged, discussed and reassessed. A particular strength in this process was that the researchers had quite divergent theoretical backgrounds and, thus the developing analyses were approached from many different angles. At the same time, another group of researchers could have arrived at other interpretations (Parkar et al., 2012; Shneidman, 2004). The results have however, been presented to different groups of

experienced professionals with competence on qualitative methodology, to ensure that the findings were valid from their perspective (i.e. communicative validity (Kvale, 1996)).

To facilitate the reader's own possibility to judge the validity (i.e. trustworthiness) of the results, the process of data gathering has been described in detail and the analytical process has been generated as transparent (i.e. transparency) and explicit as possible (Haavind, 2007; Smith et al., 2009; Yardley, 2008). For instance, (anonymous) quotations from the informants' narratives, including the position of the informant, have been presented in the papers, allowing the reader to assess the credibility of the themes. In addition, the quotes in the papers 1-3 have been translated from Norwegian to English by a native English speaking researcher with thorough knowledge of Norwegian and, in order to strengthen the validity of the English transcriptions, all translations were discussed and agreed on by me, my co-author Gudrun Dieserud and the English speaking researcher.

5.2.3 The sample

The sample in the present three papers included young Norwegian men, age 18-30, with no prior psychiatric treatment or earlier suicide attempt(s). Statistical generalisation is neither possible with – nor the aim of – case studies. However, as the 10 young men included in this study represented all the young men (no exclusion) between the age of 18 and 30 in the PA-study (Dieserud, 2006), and that all 10 contributed in the presented model, I assume that the sample is representative for at least some non-clinical suicides among young men. Thus the findings can contribute to theoretical and analytical generalisations in the field (Haavind, 2007; Kvale, 1996; Malterud, 2001; Smith et al., 2009).

5.3 Suggestions for future research

The findings suggest that these suicides were understood as being related to a lack of problem solving strategies to handle the mental pain related to a collapse in self-esteem. To further improve suicide prevention outside mental health services, a deeper understanding of weakened coping strategies that may be hidden behind a competent facade is needed. In particular, related to prevention earlier on the developmental pathway, PA-studies that include information from competent others such as teachers and longstanding family relationships (in addition to parents) are needed. By such an approach one could further explore and identify specific signs of unhealthy development early on, such as exaggerated cleverness and/or

overachieving in combination with weakened capacity to deal with failures and unresolved developmental issues that may be linked to suicidal vulnerability.

In paper 2, our analysis pointed to how vulnerability to suicide seems related to unresolved dilemmas of masculinity. Research on suicide or serious suicide attempts of young men has in various ways identified problematic parental constellations as significant for developmental vulnerability of suicide (Ledgerwood, 1999; Orbach, 2007; Séguin et al., 2011). However, understanding the meaning of gender for vulnerability of suicide among young men requires exploration, not only of the developmental history and family dynamics, but also of issues related to gender from a developmental, interpersonal perspective (Connell, 2005). Yet, the meaning of gender in relation to suicide has been largely unexplored in previous studies (Swami et al., 2008). Future research should explore longstanding key informants' perceptions of gender in relation to experiences and issues that might challenge or scare the boys from developing a viable sense of masculinity with the capacity to handle both progress and defeats.

Another central finding with serious implications for suicide prevention is that none of these young men sought or accepted professional help in the suicidal crisis (paper 3). Young men are among those least likely to consult healthcare professionals when emotionally distressed or suicidal (Biddle et al., 2004; Luoma et al., 2002). A recent study from Sweden (Ineland, Jacobsen, Renberg, & Sjölander, 2008) found that people still do not want to seek treatment for mental problems as it may harm their reputations. To ensure optimal help services delivery for young men in suicidal crises, we need a more detailed understanding of this reluctance to help-seeking among young men who take their lives, including attitudes towards help-seeking for mental problems in the deceased's social environment (Biddle et al., 2004; Klineberg et al., 2011). Further, we do not know how many suicides are prevented by consulting a GP, but since many people who consult a GP prior to death nevertheless take their lives (Kjølseth, Ekeberg, & Steihaug, 2010b; Owens, Lambert, Donovan, & Lloyd, 2005), there is a need for research about the "mechanisms of action" in the contacts between GP and high risk groups (i.e. young men) (Luoma et al., 2002). This, in turn, can lead to ideas of how communication between GPs and suicidal persons can be improved.

In addition to Silverman, Berman, & Maris (2000, p. 7) who suggested that, "the success or failure of suicidological science depends in large measure on how carefully we specify and operationally define our dependent variables", I would argue that, the success and failure of suicidological research depends on the degree to which we are able to provide knowledge that is of practical value for the prevention of suicide. Rather than the recent

suggestions of more standardisations of the PA method (Conner, Beautrais, Brent, Conwell, Phillips, & Schneider, 2011; 2012), the next generation of psychological autopsy studies should move beyond reporting known clinical risk factors and/or use of standardised procedures towards a deeper understanding of suicide, independent of the existence of mental disorder or not (Hjelmeland et al., 2012; Shneidman, 1993). To further improve suicide prevention, PA-studies based on in-depth interviews with many key informants, analysed in terms of the informants' relationship with the deceased, in other samples, are also needed.

5.4 Implications for prevention and concluding remarks

The findings from this study show that we have been able to identify crucial suicidal related self-esteem issues, including the mechanisms and problematic family constellations involved in developmental vulnerability to suicide, as well as some verbal and behavioural signs that may indicate a risk for suicide. The findings also suggest however, that identifying young men who may be vulnerable for suicide is very challenging.

5.4.1 Education of the subtle nature of warning signs of non-clinical suicide

As showed in paper 3, none of the young men disclosed any suicidal plans or direct requests for help prior to their death. Further, the suicidal crisis of the young men in the present studies seems related to how the young men in the last period of life may have experienced themselves as entrapped in an unsolvable self-inflicted problem situation in their social transition to adulthood (Williams et al., 2005). Since this was related to normal issues for young men, as a break-up with a partner, separation from childhood home and/or the experiences of being demoted or having failed at studies/work, as a warning sign of a suicidal crisis, the precipitating event in itself is insignificant. Rather, the significance of the suicidal crises for the young men in this study seems related to how these issues may have had an all-or-nothing character that was symbolising their perceived inadequacy, as cleverness/success played a very important role in their self-esteem regulation.

As shown in paper 1 and 3, young men may, despite suicide related vulnerability, be highly competent and successful as long as thing go well. Their dependency on nothing but success may lead them to conceal distress and failures when things do not work out well, and they may be limited in their ability to show themselves as weak or to seek help from others (professionals/networks) when they become suicidal (Möller-Leimkühler, 2003). Even if in contact with primary health care in the period prior to their suicide, most young men are

unlikely to communicate suicidal intent (Hamdi et al., 2008). Additionally, as neither depression nor other mental illnesses seemed to have played a major role in these suicides, and as the deceased had no history of suicidal behaviour or treatment in mental health care, they were unlikely to have presented easily identifiable risk factors that distinguished them from the general population. Potential suicides among such groups of young men may therefore be particularly difficult to identify. Understanding the subtle nature of warning signs of suicide among young men outside mental health services, is essential for further efforts in suicide prevention.

The results described in papers 1 and 3 provide knowledge that could be included in education of the general public, general practitioners, teachers and community gatekeepers, as well as other professionals. They should learn about the complexity of suicide, what warning signs of suicide among young men outside mental health services may look like, and how to react to these signs if identified. Thus, I am of the view that, in addition to the existing public education campaigns that "aim to increase recognition of suicide risk and promote help-seeking through improving understanding of the causes and risk factors for suicidal behaviour, particularly mental illness" (Mann & Currier, 2007, p. 336), the findings point to the importance of educating/informing about suicidality, beyond mental disorder. Rather than simply encourage young people to seek help for mental problems, knowledge about the subtle nature of warning signs of suicide and reluctance of help-seeking among young men in suicidal crises may save lives (paper 3) (Rudd et al., 2006).

5.4.2 The crucial role of the significant others in suicide prevention

As suicide is related to a developmental vulnerability in the self (paper 2), a person whose actions suggest risk of suicide will probably continue to be in danger (paper 3), even if it seems he is back to "normal" or is experienced as "more social and outgoing" than ever. A positive façade may be related to an apparent improvement of the condition that due to avoidance of the problem. The suicidal mode can easily be reactivated (Rudd et al., 2009). The findings in paper 3 underscore the importance of that talk or actions indicating suicidality, as well as worrisome indirect appeals for emotional support, should not be left unquestioned, but rather explored by the implied person directly with the person in crisis. Such interpersonal inquiries may open the suicidal person to new solutions, which could lead to a soothing of the psychological pain and a broadening of the narrowed thought repertoire associated with suicidal cognitive constriction (Rudd, 2006; Shneidman, 1985; 2005). Therefore, a person whose behaviour or talk suggests there is a risk of suicide, should be held

in close contact, be encouraged to talk about the problems and to recognise the need for consulting health services. Arrangement with the health services should be made for the person, preferably in co-operation with him/her. Most of the young men in the present studies have been described as lacking problem-solving strategies in certain situations, having sleep problems, and being insensitive or oversensitive to other peoples' minds. It seemed that certain emotions were not adequately processed. This may indicate that treatment of suicidal persons should, in addition to helping people cope with life in the suicidal crisis (Shneidman, 2005), focus on targeting the underlying cognitive and emotional vulnerability (Dieserud, Gerhardsen, Van den Weghe, & Corbett, 2010; Rudd, 2006; 2012).

The results from paper 2 further suggest that a public health model that moves our thinking towards interventions earlier in the developmental pathway may be useful. In line with the literature review of the origins and the developmental influence of self-esteem done by Harter (2006b), the most fundamental source of self-esteem in the young men in the present study seems to be the internalisation of the evaluation from certain significant others, father figures in particular. This points to a challenge that confronts not only parents, but also teachers and all adults working with children; that is, to be aware of how parental behaviour may nurture healthy self-esteem in young people, and what behaviour is likely to accomplish the opposite. Thus, issues of symbiotic family dynamics, ineffective parental styles and problematic child-parent relations, should be more explicitly researched in the future. As the vulnerability in these suicides, is understood as being tied to an achievement based fragile self-esteem and thus related to weakened problem-solving strategies to handle failures, degradations and rejections, schools and sport arenas may also be important arenas for early prevention.

5.4.3 Weakened capacity to deal with defeats

To conclude, identifying young men that are highly competent and successful as long as things goes well, and who conceal distress and failures when things do not, and who may be vulnerable to suicide when facing normal challenges and defeats in adult life, is a major challenge. Nevertheless, the present findings suggest that vulnerability of suicide for at least certain young men is related to how they, unable to live up to their significant other's expectations (expectations that have probably been experienced as absolutes), entered adulthood being ambitious in a way that made it impossible for them to handle defeats. Based on the present study; the following six signs are offered as a summary of what a suicide

related weakened capacity to deal with defeats among ambitious young men may look like and thus give some idea of what future preventive strategies should include:

- Young men who, when experiencing a normal defeat situation for young adults (such as failing an exam, driving test, or at work), react as if it was an insurmountable defeat or a catastrophe. Their reactions may include desperation, avoidance, telling lies and/or talk or actions indicating risk of suicidal behaviour.
- Young men who are unable to handle the irreversibility of mistaken decisions and who show rigidity in their communication related to regrets of previous behaviour (self-blame).
- Young men who after shameful defeats/exposures, completely avoid their significant others instead of seeking comfort and support from them.
- Young men who are unable to overcome break-ups from partners, and repetitively and rigidly focus on the irreversibility of a wrong decision (in which they felt could have saved the love-relationship) instead of moving on with their lives (locked regrets and self-blame).
- Young men who (continue to) present a perfect façade while at the same time are struggling to function and adapt effectively in love, work, and other aspects of life.
- Young men who only indirectly express their need for help and difficulties when facing emotional challenging life. Episodes of acting out could be indirect expressions of their needs, and carry the risk of being futile due to the following increase in shame.

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Running head: SELF-ESTEEM AND SUICIDE

The role of self-esteem in non-clinical suicides among young men

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Abstract

This study explores self-esteem in suicide among young males with no earlier history of suicide attempt(s) or treatment in mental health services. The data comes from an ongoing psychological autopsy study (PA-study). Ten cases of young men aged 18 – 30, were selected to generate a phenomenologically based understanding of the psychological mechanisms and processes involved in the suicidal process. The analyses are based on in-depth interviews with 61 closely connected individuals, as well as suicide notes. We used Interpretative Phenomenological Analysis (IPA). For these young men, the transition to young adulthood, a period of major life challenges, seemed to be associated with personal defeats. According to their significant others, the deceased seemed to have experienced intolerable discrepancies between their actual performances and their ideal self standards. Four themes emerged from the analysis: 1) striving to find a viable path to life as an adult man; 2) experiencing a sense of failure according to own standards; 3) emotional self-restriction in relationships; and 4) strong feelings of loneliness and rejection of self. Improved understanding of suicides outside the mental illness paradigm may have important implications for preventive strategies.

THE ROLE OF SELF-ESTEEM IN NON-CLINICAL SUICIDES AMONG YOUNG MEN

Our knowledge base for suicide prevention is largely based on studies of clinical populations, often indicating a causal relationship between suicide and mental disorder (e.g. Cavanagh, Carson, Sharpe, & Lawrie, 2003). However, several studies have not supported this causal link, and there is growing evidence that not all suicides are preceded by symptoms of serious mental disorder (Judd, Jackson, Komiti, Bell, & Fraser, 2012; O`Connor, Sheehy, & O`Connor, 1999; Owens, Booth, Briscoe, Lawrence, & Lloyd, 2003). From a preventive standpoint, due to high suicide rates among young men, there is a need to understand more of the complexity that places men in particular at risk (De Leo, 2002). Further, there is a need for greater understanding of suicide among individuals who do not present symptoms of serious mental illness prior to death (O`Connor & Sheehy, 2001; Shneidman, 1985). The transition from late adolescence to young adulthood is a period of major life challenges and developmental changes in the self (Erikson, 1968; Harter, 1999), a phenomenon often overlooked by suicide researchers (King, Apter, & Zohar, 2007; Leenaars, 2004). In particular, there is a need to understand more of the psychological characteristics and mechanisms, such as self-esteem, that regulate the dynamics of suicide in young individuals (Evans, Hawton, & Rodham, 2005; King et al., 2007). In the present study, self-esteem was explored in relation to suicide among young men from a non-clinical sample.

Self-Esteem and Suicide

Significant research on psychological processes leading to suicidal behavior has, in various ways, focused on deficits in self-esteem. In analyses of the self evaluative component of the self-concept, negative self-evaluation in particular has been identified as a key factor in the

suicidal process (Fergusson, Beautrais, & Horwood, 2003; Overholser, Adams, Lehnert, & Brinkman, 1995; Thompson, 2010). In several studies, suicide attempters have been found to have significantly lower self-esteem compared to both normal controls (Dieserud, Røysamb, Ekeberg, & Kraft, 2001; Grøholt, Ekeberg, Wichstrøm, & Haldorsen, 2005; Overholser et al., 1995) and psychiatric outpatients with no history of suicidal behavior (Dieserud et al., 2001). While these studies have effectively linked negative self-evaluation to suicide attempts, the nature of self-esteem in relation to suicide is still poorly understood (Harter, 2006).

A major problem of much of the research relating to self-esteem has been the conceptualization of self-esteem as a global measure of self-worth (Crocker & Park, 2004; Mruk, 2006). Consequently, research has been focused on the examination of the *level* of self-esteem as the critical aspect in suicidal individuals. However, there is evidence suggesting that self-esteem should be conceptualized as a multidimensional developmental construct, including both competence and worth as primary components (Harter, 1999). Self-esteem, defined as, "the conviction that one is *competent* to live and *worthy* of living" (Branden, 1969, p. 110), is a complex construct (Mruk, 2006). A person's self-esteem may be situation-specific as a person can have different perception of self-esteem in different relational contexts (Harter & Whitesell, 2003). In one of several studies, Harter and Whitesell (2003) found that while some adolescents reported stable self-worth across social contexts with parents, teachers and classmates, others reported extreme variations. Other studies have shown that people whose self-esteem depends on approval from others, can be particularly vulnerable towards acceptance and rejection and a need to live up to own/others` expectations (Crocker & Park, 2004; Guay, Delisle, Fernet, Julien, & Senėcal, 2008; Leary & Guadagno, 2011). Similarly, people whose self-esteem is based on their own competencies may be very vulnerable towards failure or lack of success in the domain in which they have invested their self-worth (Crocker & Park, 2004; Cocker & Wolfe, 2001; Deci & Ryan, 1995). Consequently, a major factor in

self-esteem regulation is the perceived discrepancy between the ideal and actual self, such as might be illustrated when one falls short of expectations or standards in domains of importance (Deci & Ryan, 1995; Harter, 1999; Harter & Whitesell, 2003). Thus, a discrepancy between the ideal and actual self is suggested to be of central importance for the suicidal self (Baumeister, 1990; Vohs & Baumeister, 2010). Yet, such a discrepancy has been largely unexplored.

The Psychological Autopsy method (PA) (Shneidman, 1993) has become a primary approach to studying suicide. Qualitative methods of analyses are considered particularly suitable for studying the link between self-esteem and behavior (Mruk, 2006). Thus, there is a need for PA-studies based on in-depth interviews with many informants, and qualitative methods of analyses if a better understanding of the interplay between internal and external factors influencing self-esteem in suicide is to be attained.

As a person's self-esteem may vary by relationship context, it is important to explore both the mother's and the father's perception of how the relationship with their son has developed, and how they have handled the transition from being a dependent son to an independent young man. In similar ways, due to identification issues, the standards and ideals of significant male friends may be highly influential on the standards and ideals of the deceased. The issue of sexual identity and capacity for intimacy is of central existential value to young men (Erikson, 1968). This may be explored by information from intimate partners of the deceased. Through all significant relationships, self-esteem will be intrinsically connected to standards of masculinity in the transition to adulthood (Connell, 2005).

The aim of the present study was to analyze the role of self-esteem in the suicidal process of young men with no prior psychiatric treatment and no previous suicide attempts, in their transition from late adolescence to young adulthood.

Method

A Phenomenological Approach

The study is based on data from an ongoing psychological autopsy study (PA-study) (Dieserud, 2006) where the main purpose is to generate a phenomenologically based understanding of the psychological mechanisms and processes involved in the suicidal process, by means of qualitative analyses. The study was based on in-depth interviews, and suicide notes when available.

Sample

A sample of 10 young men who died by suicide was studied by analyzing in depth-interviews of four to eight key informants related to each suicide, as well as six suicide notes. A total of 61 individuals, who were closely connected to the deceased, were interviewed. All informants were over 18 years old.

The suicides of these 10 young men were selected from a total of 20 suicides from the PA study, among individuals with no prior psychiatric treatment and no previous suicide attempts. The selection was based on the first author's first reading, rereading and the construction of case narratives of all 20 suicides (120 interviews). A bottom-up approach starting with no fixed notions as to what would emerge from the narratives of the informants was used. As self-esteem issues became more and more salient in the construction of the case narratives of the young men due to a problematic doubleness in their self in the transition to adulthood, the choice of sample was governed by a wish for a deeper exploration of the role of self-esteem in these suicides. The doubleness was related to how these young men apparently had normal and successful developmental processes in the transition to adulthood, yet at the same time, struggled with difficulties related to normal developmental tasks. The 10 young deceased were all between 18 and 30 years of age, and represent all men under the age of 30 in

the PA study. Both parents of the deceased were included as informants, with one exception where the father not available. Additionally, in most cases the siblings of the deceased were also included as informants. Five of the deceased have had serious relationships to girlfriends, all these young woman were included as participants. All the deceased had between one and five close male friends who were also included as informants. Three of the deceased young men had lived together with their parents, five lived in rented apartments or houses, and two were homeowners. Three of the deceased were students (high school/university), five were employed, and two were unemployed. One of the deceased was a father. The methods of suicide included hanging (8) and shooting (2). Almost all interviews took place between 6-18 months after the suicide; in one case the interviews took place within 24 months of the suicide.

Procedure

Data were collected from all municipalities in the seven of 19 counties in Norway with the highest number of suicides in 2003. All suicides took place during the time period 2005 – 2009. Chief municipal medical officers in the selected municipalities were asked to a) identify cases of suicide based on death certificates and forensic reports; b) ensure the exclusion of those with previous suicide attempts and/or previous treatment in mental health services; and c) contact the General Practitioner (GP) of the deceased, who provided the name and address of the deceased's next of kin. The chief municipal medical officer sent a letter to the next of kin with thorough information about the project and purpose of the study. A consent form that the next of kin had to return to the project leader should they wish to participate was also included. In the letter, the informants were asked to provide suicide notes, if available. To shorten the time needed for data collection, some informants were recruited by Center for Crisis Psychology in Bergen. As soon as the completed consent form was received, the informant was contacted by phone, by the interviewer, and a time and place for the interview was agreed on.

After the interview, the informant was asked to provide names and addresses of at least four other informants who knew the deceased well. The procedure of sending a letter and consent form was then repeated, but now the letter was sent from the project leader (GD). Most of the interviews were conducted in the homes of the informants, some in the researchers' offices and some at hotels, depending on the preferences of the informants.

The interviews started with a narrative section, which opened with the researcher posing a question about the informants' perception as to what led to the suicide: "What are your thoughts on the circumstances that led to the suicide of …?" This part of the interview was governed primarily by allowing the informant to speak without any interruptions or leading questions from the interviewer. After this section was completed, a problem-focused part of the interview was performed. In this part, the interviewer asked focused questions about topics not previously covered in the narrative section. The informants were also asked to clarify details from the narrative that needed to be followed-up or verified to ensure that the information provided was correctly perceived by the interviewer. A theme guide consisting of 16 categories based on Shneidman (1993) was used. The themes in this study cover details of the death, personal and family history of the deceased, relationship issues, personality, lifestyle, patterns of reaction to stress, alcohol or drug use, changes in the deceased before death, and strengths and successes.

Three researchers with extensive experience and knowledge in the field of suicidology and in-depth interviewing of bereaved individuals conducted the interviews (MLR, KD and GD). The interviews, lasting an average of 2.5 hours (range 1.5 to 3 hrs), were audio taped and transcribed verbatim. Each interview contained approximately 30-40 transcribed pages. To strengthen the inter-rater reliability of the transcriptions, a coding system for paralinguistic expressions including verbal pauses, laughter and crying was used by two trained transcribers.

Ethical considerations

All procedures were conducted in accordance with the Helsinki declaration. The study was approved by the Norwegian Regional Committee for Medical Research Ethics and the Data Inspectorate of Norway. The informants were contacted by letter in order to reduce pressure on informants concerning participation. In the recruitment letter, the purpose, method and procedure of the study were described, and the informants were offered telephone contact with the researcher for more information. The participants were assured of anonymity, confidentiality, and freedom to withdraw from the study at any time. Thus, care of the participants during the entire research process was performed according to recommendations for research on vulnerable populations (Dyregrov, 2004). Informants were informed that data would be published in a non-identifiable way. At the end of the formal interview, a debriefing conversation was held to allow the participants ask questions, as well as for the researcher to ensure that the participants were not left in distress. Arrangements with mental health services were made for the participants who were in need for such.

Analysis of data

Qualitative analysis was conducted following the flexible guidelines of Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009). Since this study is concerned with the exploration of psychological processes and mechanisms involved in suicide, the procedure adopted involved treating the interviews and suicide notes around each suicide as one set of data. The analysis was carried out case by case, with an awareness of how each informant filled the existential space between the deceased and the informant as a male friend, as a brother, as a son and as a boyfriend. Additionally, since it was another person who was telling about – or trying to imagine - what was on the mind of the deceased, it was important that the informants were able to locate their notions about what could matter to the

deceased during his life and in the period prior to the suicide, in actual experiences. Experiences could be from their (longstanding) relationship and/or anchored in events that took place in time and social space. Thus, each of these young men was the subject of the analyses in relation to the existential issues (i.e. issues that matter for building and sustaining a sense of freedom and self-determination) at stake in their life prior to the suicide. In this sense each informant was invited to contribute to an "insider" perspective as they saw it. During the interviews "how do we know him" was an ongoing issue, open to interpretation and critical questions from the interviewer. In the analyses, when all interviews around the same case were pieced together, the researchers were concerned about construing the deceased as a subject and the suicide as influenced by the existential places that the deceased had inhabited. Thus, in line with the phenomenological and hermeneutical obligations of IPA, critical questions about the interpretations were continually asked during the data analysis. By letting the deceased be the subject for our analysis, the researchers interpreted the informants' interpretations of the deceased, through a triple hermeneutics (Smith et al., 2009).

The next stage of the analysis was to compare all the ten cases with each other, looking for emerging themes and dynamics in the regulation of self-esteem in the transition to adulthood. For the first author, this involved returning to all the transcripts connected to each suicide, and transforming the initial thoughts and questions to the data, based on notes from the first close readings, to codes for the emerging themes. The search was for themes that emerged across the cases. This involved both themes that emerged from comparing existential issues from informants who shared the same position, like being with friends, being with mother, being with father etc., and themes that emerged as similar for some cases across all of the interviews connected to the same suicide. Existential issues are telling the researcher about who one can – or cannot – be in the world, and existential places connect people in specific positions. The regulation of self-esteem and the possible meanings of the suicidal act could

therefore be seen as a set of tensions and movements between “actual and idealized existential places”. In keeping with the IPA idiographic commitment, it was important to allow new themes to emerge within each case when they were compared to other cases. In this way, the interpretation became an interactive process where the researcher moved back and forth between the various analytical stages, between the different informants around each suicide as well as between the suicides - always sticking to what the participants said. The concluding stage was to look for and connect all the superordinate themes across the suicides.

The validity and credibility of the analyses was based on triangulation on three levels. First, by using the PA-method, interviewing 4-8 individuals with close relationships to the deceased and analyzing suicide notes, it is assumed that it is possible to construct a valid picture of the deceased. Second, through a critical examination by the interpreters, who were the actual interviewers (MLR, KD and GD) attempts were made to reduce interviewer bias. Third, the analysis was conducted by the first author (MLR). To ensure that the analysis is not confined to one perspective, the developing analyses were continuously discussed within the other authors and within the research team (Yardley, 2008). Regarding reflexivity, the first, second and fifth authors are female psychologists/sociologist with long experience in working with suicide prevention, suicide attempters, suicide bereaved, and qualitative methodology. The third author is a female professor in clinical psychology with considerable experience within developmental psychology, and a nestor within qualitative research. The fourth author is a male psychologist and a very experienced suicidologist, with a strong international reputation.

Results

Based on the qualitative analysis (IPA), four superordinate themes emerged; 1) striving to find a viable path to life as an adult man; 2) experiencing a sense of failure according to own standards; 3) emotional self-restriction in relationships; and 4) strong feelings of loneliness and

rejection of self. Quotes are used to substantiate each of the superordinate themes, although in an anonymous way.

Striving to find a viable path to life as an adult man

All the deceased were described as coming from resourceful families in the sense that the men had grown up with both parents, or a mother and a father figure. Parents, siblings and friends would all describe the living conditions of the deceased as quite ordinary (very good) and before the suicide the men functioned within the range of normality. The friends of these young men talked about deceased as individuals who were more or less in the same life situation as themselves, with respect to having good jobs, being financially stable, and as having many of the same interests in life. Although some of the deceased were described as excellent in their work, or as talented students, these men still seemed to move in the direction of overachievers and/or as persons who, in addition to being ambitious on their own behalf, also always helped others. Friends linked their own understanding of the suicide to the discrepancy between how the deceased constantly strived to live up to high self ideals, while at the same time struggling to function and adapt effectively in love and work. Some of the young men were described as being alone and too constrained to be able to overcome personal difficulties. In one way or another, all the deceased seemed to be striving to find their path in life through education or work.

The following refers to one of the deceased who was described by all his informants as a shy person and as being in limbo after high school. One informant focused on how the deceased was striving to live up to an ideal standard of achievement while, at the same time lacking the capacity to find a viable path in life,

> And about that, yeah… that he couldn't figure out what he should do with his life, even though he did do something, he did apply for university in the end then but… I don't

> know if it was just like, for the sake of having a plan for show… it's difficult to figure things out you know, if you can't find a path at all in life.

According to a friend, who was also shy, but who had managed to find a path in love and work, the deceased "was still in the same place… he was at home a lot, just by his computer… he didn`t dare to open up… he had not made any progress toward girls either, I think… there was like no attachment or anything".

In another case, a best friend described how the deceased identified with and tried to copy him, instead of making decisions for his life based on his own values and desires:

> …we have spent much time together, both leisure time and time at work. We were always together… and I sort of became a model for him. Whatever I did, he would do all the time… he got restless if he did not manage these things… He really wanted to be like me.

The deceased seemed to have coped by adapting the life styles, plans and values of some "superior" others (friend, father, authorities, boss). Many informants point to the importance of significant others for emotion-regulation and sense of self-worth, and described, like in the case above, how any discrepancy from their standard created emotional stress:

> He really looked up to his dad, was actually very afraid of his dad, I think. And yet he sort of saw up to him, you know, that he could always ask for advice and always, yeah… and he did that quite a lot, he called his dad about everything... but at the same time he could get really angry if he felt that he did not manage things just as well as his dad did, so he could get really angry.

In these two examples the informants are referring to the lack of reciprocity in how the deceased compared himself to others. In another case, according to the ex-girlfriend, the deceased only seemed to find inner balance and be relaxed when he was very close to her ("as-one-with"). These young men seemed to have a strong need to seek emotional stability, safety,

identity and a sense of worth from another person. Thus, instead of drawing on their own capacities for finding their path in life, the young men in this study were constantly striving to reach a perceived ideal standard for successful achievement. As a group, they were young men whose identities were tied up to a very high activity level, successful performance at work (or studies), good looking bodies/ clothes/ girlfriend and a perfect facade. These young men could not rely on their own judgments since they were in such great need for admiration, confirmation, nurturance and guidance from those they regarded as their superior others. In one case, the ex-girlfriend described how she understood the striving of the deceased to cover up for an "unsecure" part of his self:

> … he has always been very insecure, so he became very dependent on, very inspired by his success and the confirmation he got from other people… and very concerned about proving to the world that in a way he did well. So he was very, or he always felt very... inferior through the years. He was very... it meant a lot to him to succeed in a way, so be able to show people and be good enough.

Their intensity in life and their need for successful achievement was by many friends and ex-girlfriends, understood as a compensation for a deeper sense of insecurity, worthlessness, inadequacy, deficiency, inner emptiness and dread of being alone. Despite being described as successful professionals or students, many were at the same time understood as immature young men, and some were described as "not happy in life". Thus, the deceased had difficulties related to both being alone and being with others. The sibling of one of the deceased said: "he thought it was incredibly difficult with girls. He didn't quite know how to go forward… how to create a stable relationship… that he didn't function like this or that, or that he couldn't create good relationships". Descriptions of difficulties related to finding a way to "connect with girls" and/or "develop a healthy love-relationship" were common for all these young men.

Experiencing a sense of failure according to own standards

In all cases, the suicidal act was understood as relating to a "self" that was aware of a failure to live up to a needed standard or expectations (own/other's), and thereby self-blame for the loss of a necessary stability in life. These standards/expectations were not necessarily related to a high or ideal standard, but the experience of this failure had been emotionally significant. Living up to a certain standard seemed necessary to preserve "the self as a whole" and therefore give the self a sense of worth.

For one of the men, although having had difficulties in being alone and seemingly in desperate need for an intimate relationship, he had not been able to establish a new relationship after a break-up with a woman several years earlier. According to his informants, the deceased changed into to being "nothing", an "outsider" or "felt like a failure" because he was not at the same place in life (with a girlfriend and a family) as his "superior" friend(s). His mother described: "But I think that, well in relation to the suicide... that it had been a difficult period just now… and if he felt he couldn't cope with the situation... working was his life". In general, most of the deceased were not satisfied regarding their need for an intimate relationship, their need for matching their significant others' standard of living or for successful achievement at work. Thus, the cultural expectations of the development of a more autonomous and independent self entering adulthood, were not met. Described as very sensitive when making only minor mistakes, being criticized, or for perceived rejections, the deceased were thought to no longer see themselves as superior. Many informants considered this a critical factor related to the suicide. For some of the deceased, only a minor work transition seemed to have led to an unmanageable sense of social downfall.

In one case, the informants point to an observable change in the behavior of the deceased a couple of months before the suicide, which they connected to an upcoming separation in his love-relationship. He lost weight, got sleeping difficulties, became stressed

and started to complain that he felt his achievement at work wasn't good enough any longer, although it was outstanding. Having identified with his "superior" friend, he followed his friend's advice as if there was a powerful sense of obligation to do so, "I remember him saying that he was a man of principles, and he really was. He stuck to his principles like a rock… even if he would want to act differently, he just could not, due to his moral standard". This may be understood as a desire to possess one's self in a position of the same confidence and self-assurance as the person he identified with, and thus reflect the achievements and power of that person. However, facing conflicting ideals, this young man was understood as caught in between two incompatible "existential places". Many of the deceased were described as being unable to put their conflicts or sorrows behind and move on, and they seemed to be stuck in a situation of self-blame.

The crucial impact of self-blame seems to have been central in all 10 suicides. According to one of the fathers, the deceased's standard was to be "perfect in every way, afraid of making mistakes and fearing the consequences if he failed". Even after attempting to rectify mistakes, it seemed he still ended up in a self-blaming situation. In his suicide note he wrote that he could have done things differently. Thus, when a person who does not allow himself room for failure fails, it is not the size of the discrepancy that is important but the significance of the discrepancy.

For several of the young men, a higher level of autonomy was expected from them when entering adulthood than they seemed to manage. Many informants stated that the deceased may have struggled with unmanageable feelings about themselves in the light of real or imagined evaluations by significant others. One informant described how he understood the situation when the deceased killed himself: "He probably regretted what he had done. Probably didn't feel so very big, to put it like that, and quite simply probably felt a bit like a failure… disappointed his parents and disappointed himself, he had really messed it up".

As most of the suicides were understood as relating to a break up of a love-relationship or the separation from the childhood home, the informants regarded dependence on other people as a main problem area for the deceased. Lacking a necessary inner base of self-worth, the deceased seemed to be dependent on significant others for confirmation and support. According to one ex-girlfriend, “So I’m not sure that he had regretted it in a way… the break up… only he sort of needed so badly to have someone there…”.

Emotional self-restriction in relationships

To understand why these young men chose suicide, when they seemed to have had other options, the informants turned to the emotional aspects of the deceased. For the deceased, failing to live up to standard/ expectations created strong unbearable feelings of shame, disgrace and/or anger. One of the deceased was described by the informants as very ashamed after having had an emotional break down some weeks before the suicide. One informant said: “... maybe he felt he would be looked upon as a weirdo and… then it’s better then it, yes, to keep the facade all the way until he could kind of escape from it all”. Exposing his self and all his flaws, for all to see, was understood as too much for him, as a private person, to bear. The awareness that his significant others, on whom he was dependent for his social life, had seen him the way he “really was” made it impossible for him to meet them again. Another of the young men wrote in his suicide note that he wanted to be forgotten like he had never existed. This could be interpreted like he was feeling too ashamed and worthless to even be worthy of remembrance.

One of the deceased, who was no longer able to hide behind his great superiority, in a conversation with one of the informants only a few days before he killed himself, expressed “anger towards the whole world”. He said that he could not take another defeat, and that he hated himself. Not able to exist as the person he saw, he tried to change into someone else

(new clothes, behavior). In another case, one informant who spoke with the deceased a few days before he killed himself, observed, loneliness, shame, trapped anger and self-condemnation,

> And then he cried… all these bad feelings. I believe that he felt very much alone, it was as though it was like his dark secret you know, that he had in a way become very lonely in a way… so I figure that he maybe became, was starting to become the person he hated most you know… And that he felt he no longer had control…

These young men were no longer able to control themselves: in essence these young men had crossed a line. Once they had exposed what they may have perceived as their inferior self, this could never be undone. For one of the deceased, after being abandoned and violated in front of all his friends some days before he killed himself, anger was understood to be his main affect, in addition to shame. According to all his informants and his suicide note, this exposure was the last straw; underneath he was weighed down by too much trapped anger. In another case, the informants described the deceased's aggressive outburst the night he killed himself like a "volcano", where he had kept everything inside. When activated, it mobilized enormous powers that lasted for hours. According to the informants, this was typical for him with his temper, stubborn as he was, when he first decided on something, he could not stop. For another deceased, according to his suicide note, longstanding anxiety seemed to have been a main issue. Several of his informants pointed out that he lacked emotional capacity to handle even minor anxiety, meaning he was unable to handle even a small discrepancy between his ideal (perfect) and actual self, and therefore was seen as very restricted in his behavior.

Thus, common to all the deceased, from whoever's perspective one examines it, was a lack of capacity to handle emotional distress or chaos, and a tendency to act upon oneself. Described by many of their parents as "private" young men, several siblings said "we never had deep conversations". Their friends described them as someone who "did not show

emotions", "kept difficulties inside" or "not the one we discussed emotional difficulties with". According to their ex-girlfriends, although some were described as "very emotional" young men, when things were difficult "they withdrew", or were "emotionally elusive". Thus, common in all informants' understanding was a lack of self-regulation. The deceased would try to keep a distance from the self through activities like working, shopping, partying, sleeping and/or being on the computer. One friend described how the deceased lacked emotional capacity to handle and act on his problems like this: "He has gone and carried it around, that mistake he made… He was in a chaotic situation… could not take it any longer… did not know how to deal with the situation… he was going in circles, it built up".

Strong feelings of loneliness and rejection of self

In the process of striving to find a path in life, many of the informants described a discrepancy between where the deceased's "self "was located in real life and where it no longer could be, as well as the "existential place" where they needed to be. Unable to establish what they needed in their real lives, the suicidal act was understood as the last act from a failing self in desperate need to restore itself. One informant described how the deceased presented the discrepancy between where his self was located, where he could not stay any more, and the "existential place" where he needed to be:

> And a week before he… took his life and, so he did call and say that he couldn't take it anymore like, "I can't take it any longer,"… and he was so lonely and he only wished he had a family. And… yeah, everything was so difficult, he was so tired and like everything was just wrong you know… very hard to be by himself… and the only, the only thing he wanted was like to have a family you know, and to be like safe and happy.

Similarly, in their suicide notes, many of the deceased described their self to be in a place of unbearable pain; they couldn't take it any longer or they couldn't live like this any more. Often, they blamed themselves for their misery. A few also blamed others. According to the informants, many deceased seemed to have idealized their longing instead of taking a problem solving approach. Their longing for a better life could be understood as a result of lacking strategies to handle difficulties in their existing relationships, as well as a fear of being alone.

Further, in their suicide notes, many of the young men seem to have positioned themselves as distributors of great love to everybody. Several presented "heaven" or "God" as the existential place they were longing for to "get peace" or "be free". For some of the deceased, according to how it was understood by the informants, having been rejected from their "existential places" in real life only a short time before they killed themselves, heaven seems to have become their ideal solution. They were hoping for a continuation of existence. However, unable to handle the complex emotional situation in real life, from most of the informants' points of view, the suicidal act was understood as a conscious and planned event, based on "choice of method", "scene of the suicide" and the fact that many of the deceased left suicide notes. Several informants related to different suicides said that they had, "talked about death", "death wasn't unfamiliar to him", "he had planned to die".

There seemed to have been a double movement in the deceased. According to the suicide notes, the deceased "moved themselves" from a place in real life where their self was located, describing themselves as worthless and having had failed in life, to an alternative place - heaven/God - where they could be at ease with themselves. Heaven/God seemed to have become their escape as a place with no demands, where their self-idealization could again be realized, and where their self was in a position of great power and worth. In his suicide note, one of the deceased placed his "self" next to God, from where he would lay and watch over his significant others and take care of them - as one who takes responsibilities for others and is

caring for their safety. Yet, at the same time, the suicidal act was understood as a way of turning passive humiliation into active mastering in their real life, as a ”revenge”, or as a way to “show others and to make them understand”. Thus, worthless on their own, unable to act differently to regulate emotions and thereby be able to comfort themselves, the suicidal act seems to have been a desperate operation by a failing self to restore itself.

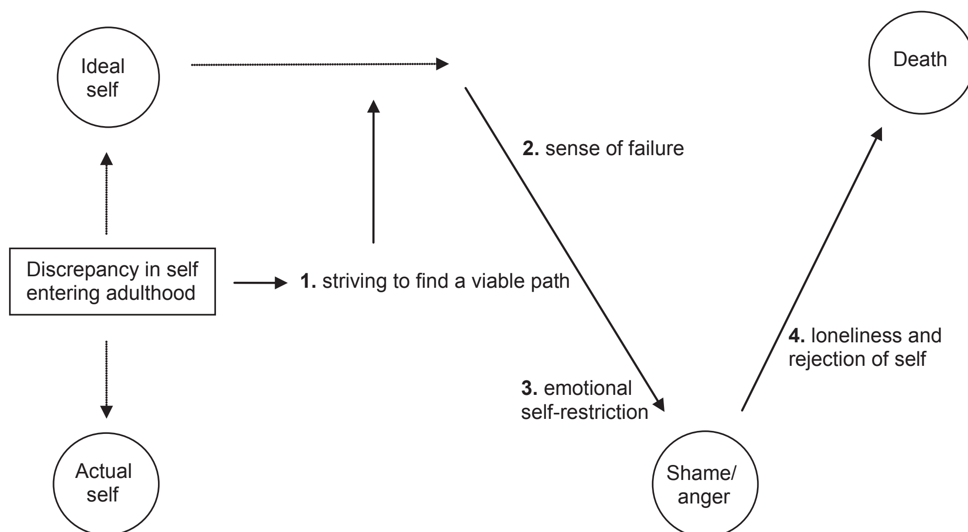

Figure 1. A dynamic model of self-esteem regulation in the suicidal process.

Discussion

On the basis of these themes, a model is proposed as to how self-esteem may be involved in the process leading to suicide (see figure 1). Taken together, these four themes constitute a dynamic model for how the young men were entrapped in what they may have experienced as

an intolerable discrepancy between their actual performances as young men and their ideal standards.

Consistent with some theoretical models of suicidal behavior (Baumeister, 1990; Vohs & Baumeister, 2010), it was found that the suicidal crisis appeared to be related to an intense negative affect as a result of falling short of one's own standards. The deceased seemed to blame themselves; they interpreted a perceived failure as a function of characteristics within the self. As shown by other studies, there seems to be the discrepancy between the ideal self and the actual performance that is crucial in suicide-related behavior (Chatard & Selimbegović, 2011; Cornette, Strauman, Abramson, & Busch, 2009; Orbach, Mikulincer, Cohen, & Stein, 1998). Contrary to Baumeister (1990) and Franck, Raedt, Dereu and Van den Abbeele (2007), who suggested that it is the size of the discrepancy between ideal self and actual performance that is crucial for initiating the suicidal process, these findings show that the size of the discrepancy is insignificant for someone whose standard (ideal self) does not allow room for *any* failure. When one's self-esteem is threatened, it is the *meaning* of the failure that is crucial (Crocker & Park, 2004; Harter, 1999). In addition, it was found that the suicides in this study, despite being sudden and unexpected, were nevertheless understood as the end result of a process developed over time, related to the capacity for ego development of the deceased (Erikson, 1968; Leenaars, 1991).

Using the psychosocial developmental theory of Erikson (1968), it could be argued that these young men had not resolved the process of ego formation in adolescence in a way that made them able to master the challenges of intimacy or to live by their own standards. Thus, these young men could not regulate their self-esteem or ambitions without approval from others. Instead, the deceased in this study seemed to have arrived at adulthood without having consolidated their identity. The young men either may have undergone premature identity *foreclosure*, by assimilating into a significant other's (father/friend/boss) identity structure, or

may have been unable to engage in any form of identity formation, a state of identity *diffusion* (Kroger & Marcia, 2011). Consequently, one can assume that the young men proceeded into adulthood with un-constructed identity elements based solely upon childhood identification. As a result, the young men had a strong commitment to their childhood internalized "ideal self" for self-esteem regulation (Kroger & Marcia, 2011). While "Ego identity refers to a sense of who one is, based on who one has been and who one can realistically imagine oneself to be in the future" (Marcia, 2002, p. 202), our findings suggest that the deceased entered adulthood with an idealized standard of their self that they were neither able to meet nor to defy. To protect a fragile self-esteem and to maintain a cohesion of the self (Erikson, 1968), many seemed to have found a viable path by becoming overachievers, driven by a high need for control and avoidance of failure. A similar pattern has been found in a recent study of suicide among the elderly (Kjølseth, Ekeberg, & Steihaug, 2009; 2010), in several studies of suicide related to perfectionism (Bell, Stanley, Mallon, & Manthorpe, 2010; Fortune, Stewart, Yadav, & Hawton, 2007; King et al., 2007) and in studies of suicide and narcissism (Ronningstam & Maltsberger, 1998; Ronningstam, Weinberg, & Maltsberger, 2008). In addition, their need to be in a love-relationship and to be a successful achiever may reflect the longing to merge with whom or what these young men hoped for, to complete them and fulfill their life aspirations and yearnings (Erikson, 1968; Morrison, 2009).

The findings here suggest that the vulnerability in the self of the deceased seems to be related to a lack of a more developed, differentiated and autonomous self (Erikson, 1968; Leenaars, 1991). Deprived of inner resources to reduce emotional distress and maintain their self-worth, they were dependent on approval from significant others, successful achievements, good looking bodies, perfect facades etc, to keep their self-esteem in balance (Crocker & Wolfe, 2001; Deci & Ryan, 1995; Maltsberger, 1986; Mruk, 2006). Our findings further suggest that losing exterior self-sustaining resources may precipitate a suicidal crisis among

individuals who are dependent on them to keep their self-esteem in balance (Ronningstam et al., 2008). This may be in line with results from the qualitative PA-study by Kjølseth and co-workers (2010), where self-esteem among the elderly was linked to activity and achievement, and the experience of losing freedom of action had a strong negative effect on the self-esteem of the deceased, as if they "were losing themselves". The researchers suggest that suicide can be seen as a way of attaining coherence in self. In the present study, the suicides could be understood as a way of releasing inner tension and restoring coherence in the self (Maltsberger, Ronningstam, Weinberg, Schechter, & Goldblatt, 2010). Thus, the suicide actually serves to increase one's self-esteem (Maltsberger, 1997), and could be a final and desperate operation to restore one's self and be free.

Contrary to most existing studies, indicating a causal relationship between suicide and mental illness, especially the occurrence of depression as an important risk factor for suicide (Cavanagh et al., 2003), few informants in this study mentioned depression or other mental illnesses in their narratives. This is in line with the views of suicidologists, who highlight that suicide cannot be explained by a diagnosis, as suicidal processes may or may not be linked to mental illness (Judd et al., 2012; O'Connor et al., 1999; Owens et al., 2003; Shneidman, 1985). In addition, although some of the informants point to *impulsiveness* as a characteristic of the deceased, the suicidal act was not understood primarily as an impulsive act (Wyder & De Leo, 2007). Instead, we found that the suicidal act was understood as a "triggered event" related to a previous significant event close in time (like a break-up with a girlfriend or a separation from family home), which again was understood in the light of the life history of the deceased (Rasmussen, Haavind, Dieserud, & Dyregrov, in manuscript). This is consistent with Mruk`s (2006) description of critical "self-esteem moments", where certain situations may challenge an individual's current configuration of competence and worthiness in a way that reopens the individual's history of unresolved biographical self-esteem themes. This thereby puts self-

esteem at stake. As expressed both in the informants' interviews and in the suicide notes, the triggered event seemed to be related to how the deceased blamed themselves for not being able to live up to what they had to be in the eyes of their significant others (Baumeister, 1990; Crocker & Park, 2004; Harter & Whitesell, 2003). Dependence on others and being unable to adapt maturely to issues of separation and independence, the young men seemed to have questioned their essential worth as human beings. This is consistent with some clinical descriptions of suicidal adolescents (Maltsberger, 1986), showing that the sequence leading to suicidal behavior seems to be set in motion by interpersonal conflict (Dieserud et al., 2001; Judd et al., 2012) or when external events demand a step that threatens to break the tie to a significant other (Wyder, Ward, & De Leo, 2009).

Towards the end of life, many of the deceased in the present study were appealing to their significant others for reassurance of worthiness, and to be saved from an intolerable situation of loneliness and self-deceit. This aspiration towards autonomy and to merging with significant others, is a conflicting yearning that will, according to Morrison (2009) result in inevitable shame for failures. These findings suggest, although trapped anger, guilt (self-blame) and anxiety seem to have been playing a part in this discrepancy, they all seem to have played a secondary role, while the primary emotional mortification was due to shame. Thus, it seems that the deceased may have felt that their personality simply did not add up to their ideals of masculinity (Connell, 2005; Payne, Swami, & Stanistreet, 2008). As shown by some other studies (Lansky, 1991; Kalafat & Lester, 2000; Ronningstam & Maltsberger, 1998), our findings suggest that it is the shame from having exposed *the self* as being unlovable or destructive or from being unable to have or tolerate close relationships, and in turn, being seen as unworthy, as a failure, defective, inadequate, out of control and as a disappointment, that was the dominating affect in these young men' suicides. It was *the shame* from being *who one is,* that was in the heart of these suicides (Leenaars, 1991; Lester; 1997; Shneidman, 1995).

Based on these findings of the pronounced shame in these suicidal individuals, it could be assumed that masculine gender-role stereotypes influence men in a way that can limit their ability to involve others, ask for help and thereby use the health care system, in times of personal difficulties (Connell, 2005; Payne et al., 2008). In line with Leenaars (2004), it is believed that young men in serious suicidal crises need to work with their self-concept, so that they can find their own standard for adult life and be able to handle their pain and regulate their emotions by themselves. In suicide preventive strategies targeted at young men, a stronger self-esteem perspective should be included than presently seems to be the case. The traditional expectations of men as “strong” and able to handle problems by themselves, needs to be challenged.

The findings from the present study need to be seen from a developmental perspective. More work is needed to identify the experiences that most powerfully impact on the development of self-esteem in relation to suicide.

One major challenge in suicide research is the matter of obtaining suitable data. Data based on interviews from third parties clearly has its limitations, especially if such data are used to assign diagnoses to deceased individuals (Hjelmeland, Dieserud, Dyregrov, Knizek, & Leenaars, in press). Suicide notes have proven to be a rewarding source of data as a starting point for comprehending the suicidal act (Leenaars, 1991; Shneidman, 2004). Unlike most previous PA-studies (Cavanagh et al., 2003), this study used in-depth interviews with 4 – 8 closely connected individuals to each suicide case, as well as examining the suicide notes. It was not possible identify any other studies with a contextual perspective on suicides among individuals with no previous history of treatment in mental health or suicide attempt(s), utilizing such a large number of knowledgeable informants. In addition, this may be the first study that has investigated self-esteem regulation in non-clinical suicides, by using in-depth interviews with many closely connected informants, as well as suicide notes.

In general, studying "something on the inside" like self-esteem, based on third party interviews related to a small amount of cases has its limitations. However, suicide prevention based on epidemiological studies of generalities (the nomothetic approach) may miss some important specifics that we only can learn by studying individuals (the idiographic approach). By utilizing the IPA method of analysis, we were able to get closer to the complexities of psychological mechanisms and processes in suicides outside the mental illness paradigm, and thus generalize to theory. As theory plays a key role in understanding suicidal behavior, the results from the present study may add some important theoretical aspects of suicidology, which again may strengthen our preventive efforts.

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II

Exploring vulnerability to suicide in the developmental history of young men: A psychological autopsy study

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Abstract

This study explores the developmental history of ten young men who completed suicide in the transition to adulthood. The young men, aged 18-30, had no previous history of suicide attempts or treatment in mental health. In-depth interviews with four to eight informants for each suicide were analyzed using Interpretative Phenomenological Analysis. Three developmental issues from early age onwards emerged: (a) unsuccessful in becoming independent; (b) weakened competence to deal with shame; and (c) trapped in anger. The capacity to regulate emotions like shame and anger could make certain men vulnerable to suicide when facing adult challenges and defeats.

Keywords: suicide, psychological autopsy, young men, developmental perspective, shame, anger.

Exploring vulnerability to suicide in the developmental history of young men:

A psychological autopsy study

Suicide prevention is largely based on evidence from studies of clinical populations, often indicating a causal relationship between mental disorder and suicide (e.g., Cavanagh, Carson, Sharpe, & Lawrie, 2003). However, several studies have not supported this causal link and there is growing evidence that not all suicides are preceded by symptoms of serious mental disorder (Hamdi, Price, Qassem, Amin, & Jones, 2008; Judd, Jackson, Komiti, Bell, & Fraser, 2012). From a preventive standpoint, there is a need to understand suicides beyond mental disorder (Hjelmeland, Dieserud, Dyregrov, Knizek, & Leenaars, 2012; Linehan, 2008). Further, due to high suicide rates among young men, we need to understand more of the complexity that places men in particular at risk (De Leo, 2002; Fortune, Stewart, Yadav, & Hawton, 2007). In a previous study (Rasmussen, Dyregrov, Haavind, Leenaars, & Dieserud, in press), the suicides of ten non-clinical young men were found to be linked to how a discrepancy between ideal and actual self performances appeared unsolvable in the transitional period from adolescence to adulthood. The analyses pointed to a psychological logic of suicide as a way out of unbearable mental pain.

Understanding the meaning and intensity of the unbearable mental pain that may trigger suicidal behaviour (Orbach, 2003; Shneidman, 1993) requires an exploration, not only of the immediate precipitants, but also of their long-standing origin from a developmental, interpersonal perspective (King, 2003; Leenaars, 2004; Shneidman, 1985). Yet, developmental paths of vulnerability to suicide have been largely unexplored (Séguin, Renaud, Lesage, Robert, & Turecki, 2011). In the present study, we explored the suicides of these young men further, by investigating their significant others' perceptions of experiences and developmental issues that might have made them vulnerable to suicide when facing adult challenges and defeats.

The Psychological Autopsy method (PA; Shneidman, 1993) has become a primary approach for studying suicide. Despite a large number of PA-studies, only a few studies of vulnerability among young adults, from a developmental perspective, exist. Available findings (Fortune et al., 2007; Orbach et al., 2007) indicate that vulnerability to suicide related to being overly dependent and/or self-critical, sensitive to criticism, and having extremely high self-expectations plus achievement failures and rejection. However, these studies were orientated towards typology of suicide, with a main focus on the deceased's last period of life. They provide us with little information about earlier periods of development, or about the mechanisms involved in the developmental paths of vulnerability to suicide.

In a recent PA-study of the life trajectories of young adults who killed themselves, the factor best distinguishing suicide victims from general population adults was difficulties with parents (i.e. presence of negligence, harsh discipline and family tension) from an early age (Séguin et al., 2011). The mechanisms involved are, however, still poorly understood.

One problem with most of the existing suicide research using a developmental perspective is that studies rely on information based on semi-structured interviews from only one, or a few close family members (Fortune et al., 2007; Séguin et al., 2011). Although parents may be good informants for early childhood, their stories also represent survival tools that enable them to make sense of the past and the future. Thus, to preserve a vision of their family as benign and wholesome, parents may need to protect themselves (Owens, Lambert, Lloyd & Donovan, 2008). To explore the complexity of the interplay between individual assumptions and external circumstances that may influence the developmental paths of young men's vulnerability to suicide, we need PA-studies based on in-depth interviews with many informants, analysed in terms of the informants' relationship with the deceased (Hjelmeland et al., 2012; Séguin et al., 2011; Shneidman, 1993).

Researchers should explore both mother's and father's perceptions of how their relationship with their son developed, as the quality of early parental relationships are essential for later development of individuation and autonomy (Erikson, 1968), as well as emotional self-regulation (Calkins & Leerkes, 2011). Further, to get as valid a picture as possible of the developmental history of the deceased, it is important to include the perceptions of siblings and longstanding childhood friends. Suicide researchers often overlook the construction of masculinity, a process of development through everyday practice and relationships (Connell, 2005) (Swami, Stanistreet, & Payne, 2008). Due to identification with father figures and male friends, the standards and ideals of significant men in the lives of the deceased may have been highly influential in the deceased's construction of masculinity. Thus, we will explore all significant relationships in the present study.

Method

The study is based on data from an ongoing PA-study (Dieserud, 2006). We used a phenomenological approach to *understand* more of the complexity of suicide including the intention behind the act (as experienced by those close to the deceased).

Participants

Ten young men, aged 18-30 at the time of their suicide, were studied by analysing in depth-interviews with four to eight key informants for each person. The 10 young men were selected from a total of 20 suicides among individuals with no prior psychiatric treatment and no previous suicide attempts, and represented all men under the age of 30 in the PA-study. Five of these men lived in rented apartments or houses, three young men lived with their parents, and two were homeowners. Six were employed, three were students (high school/university) and one was unemployed. The methods of suicide included hanging (8) and shooting (2).

We interviewed 61 individuals who were closely connected to the deceased. All informants were over 18 years old. Both parents of the deceased were included as informants,

with one exception. Additionally, informants, in most cases, included the siblings of the deceased. Five of the deceased had had serious relationships with women, and all these young women were included as informants. All the deceased had between one and five close male friends as informants. Almost all interviews took place between 6-18 months after the suicide.

Procedure

Data were collected from all municipalities in the 7 of 19 counties in Norway with the highest number of suicides in 2003. All suicides took place during 2005 – 2009. In 14 cases, chief municipal medical officers (CMMO) (a) identified cases of suicide based on death certificates and forensic reports; (b) excluded those with previous suicide attempts and/or previous treatment in mental health services; and (c) contacted the deceased person's General Practitioner (GP), who provided the name and address of the next of kin. The CMMO sent a letter to the next of kin with thorough information about the project, and a consent form. In 6 other suicides, participants were recruited by a trauma clinic.

Upon receiving the completed consent form, the interviewer phoned the informant to set a time and place for the interview. After the interview, the informant was asked for names and addresses of at least four other informants who knew the deceased well. The procedure of sending a letter and consent form was then repeated, but now the letter was sent from the project leader (GD). Most of the interviews were conducted in informants' homes.

The interviews started with a narrative section, which opened with the researcher posing a question about the informant's perception as to what led to the suicide. The interviewer allowed the informant to speak without interruptions or leading questions. Next, the interviewer clarified details and asked problem-focused questions about topics not previously covered using a theme guide of 16 categories (Shneidman, 1993). The themes covered details of the death, personal and family history of the deceased, relationship issues, personality, lifestyle, alcohol/drug use, patterns of reaction to stress, and his strengths and successes.

Three researchers with extensive experience and knowledge in the field of suicidology and in-depth interviewing of bereaved individuals conducted the interviews (MLR, GD and KD). The interviews, lasting an average of 2.5 hours (range 1.5 to 3 hrs), were audio taped and transcribed verbatim.

The informants were assured of anonymity, confidentiality, and freedom to withdraw from the study at any time. Informants were informed that data would be published in a non-identifiable way. At the end of the formal interview, a debriefing conversation allowed the informants ask questions, and researchers to ensure that the informants were not left in distress.

Analytical strategy

Qualitative analysis was conducted following the guidelines of Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009). Consistent with IPA, we aimed to explore in detail how informants make sense of the experiences and developmental issues of the deceased that may have made them vulnerable to suicide. IPA recognises the central role the analyst plays in making sense of the personal experiences of the informants and is thus, strongly connected to the interpretative and hermeneutic tradition. First, the first author read, and reread in detail each transcript to capture potential themes and get an overall impression. Most informants stated in the open part of the interview that they were constantly searching for an answer to the question “How could he kill himself”? This suggested they understood the suicidal act as a triggered event related to a previous significant event close in time but that developmental history contributed. Thus, the informants described how they were searching for issues in the deceased’s early developmental history, something in the way his existential perspective was established and constrained by people around him, making him vulnerable in handling the transition to male adulthood. Further, informants asked if there were some opportunities he missed, something that scared him, or in other ways limited his emotional repertoire and reduced his capacities. In this way, by letting the deceased be the

subject of our analysis, the researchers interpreted the informants' interpretations of the deceased, through a triple hermeneutics (Smith et al., 2009).

The interviews around each suicide were treated as one set of data. We focused on informants' perceptions of the deceased person's developmental history that may have influenced the suicide.

Next, we compared all 10 cases with each other, looking for common themes and dynamics in the developmental histories of the deceased. This involved informants who shared the same position, and themes across all of the interviews connected to the same suicide.

Finally, we looked for super-ordinate themes. In line with the phenomenological and hermeneutical obligations of IPA, we continually asked critical questions about the interpretations.

To ensure that the analysis was not confined to one perspective, the developing analysis was continuously discussed with second author (HH), and within the research team (Yardley, 2008). This allowed for the research group to challenge, discuss and reassess the themes and interpretations. In this way, multiple perspectives and the different professionals' experiences could enrich our understanding of the complexities in suicide.

Results

In their narratives, most of the mothers and fathers (other father figures included) highlighted something about the deceased as a little boy's way of being in the world that was relatively consistent and characteristic for him, and which - as they described it – only to a limited extent was possible for them to modify. Mothers pointed to a kind of dependence on her; fathers pointed to an inadequacy in living up to his expectations. Other informants confirmed this image of the parent constellation, with the little boy as dependent and helpless in relation to his mother, who recognised his vulnerability and protected him, while continuously trying to live up to his father's standards without ever reaching them. In this overall picture,

based on IPA, three themes emerged; 1) unsuccessful in becoming independent; 2) weakened competence to deal with shame; and 3) trapped in anger. Quotes are used to substantiate each of the super-ordinate themes.

Unsuccessful in becoming independent

Informants understood the young men's suicides to relate to some social expectations of what the deceased, as young boys and later as young men, should have been able to handle. Many friends, siblings and ex-girlfriends described how the deceased had trouble becoming independent young men, by pointing to unresolved issues in the relationship mother-son and/or father-son. Many parents agreed, describing how independence had been a continuous issue in the relationship with their son.

One mother started her narrative of her son's suicide by describing how he, even as a little boy was, "insecure eh, afraid eh…yes already at that point…he was very dependent on me and needed me to be close by all the time". Many other mothers described their sons as vulnerable children, dependent on their presence. They suggested it was more difficult for them than their other child(ren) to be left alone and to be comfortable in day care, sleeping away from home, being at school or adapting after parental divorce. According to most mothers, their close relationship with their sons and/or their sons' dependence on their support, continued into adulthood.

Many informants commented on the deceased's dependence and/or intimacy with their mothers as they entered adulthood. Many informants described it as symbiotic. Informants used words such as "over-involvement", "invading" and/or "no limits" about the adult mother-son relationship. They saw this relationship as relating to the suicide by describing it as being a hindrance for the deceased's opportunity to develop a more mature, differentiated, and/or independent self, necessary for the demands of adult life. A childhood friend said:

> He has had a very spoilt life you know...dinner on the table, and his mother clearing up, was given money...While we moved out and learned to take care of ourselves, and learned what money was worth in a way, to be broke and things like that. Doing our own laundry and everything, he was free from things like that…Actually, I think, he did not have much adversity in life. And when he got some, then it was maybe just too much for him.

For many fathers, their son's suicide was linked to a perceived weakness in competence; an inability to handle pressure while growing up, and unsuccessful attempts in becoming secure and independent enough to meet the demands of the masculine adult world. One father started his narrative of his son's suicide, by describing how he was, ”so weak, yeah, especially during childhood, unsure of himself…he was weak when…when he was under pressure”. As well as being unable to overcome their “dependence” and/or “intimacy” with their mothers, many fathers also commented on their son's sensitivity to criticism. Fathers focused on how they had been struggling with making a more independent man out of their adult sons. Most fathers described their adult sons as dependent on them for confirmation, advice and some also for financial support.

Many friends also linked their understanding of the suicide to how the deceased depended on them for confirmation and advice. In many cases, friends wondered if the vulnerability to suicide could also be related to how the deceased, since early childhood, had been met with too high expectations. One childhood friend said, “He was under so much pressure to perform, that he should perform well, and it should happen quickly…It was internalised, right from the very beginning. Had to do well.”

Many informants pointed to how the deceased, early in life, had searched for emotional security by strongly identifying with their fathers, and how they later, as young men, had

followed their “superior” fathers’ or close friends’ career directions instead of creating their own careers. However, this strong identification was challenging since the deceased were sensitive and insecure. Many informants highlighted how the deceased, since early childhood, had been striving to impress their “superior” fathers, with severe consequences for their own self-esteem. As one informant put it, ”he never felt he was noticed by, only you know, if he succeeded at something…That he never was really, that it never was enough just being himself”. Although most of the deceased were described as excellent in their work or as talented students, who were always caring for others, these young men were nevertheless viewed as having reached adulthood with weakened inner resources, resulting in difficulties in reducing emotional distress. One informant linked the suicide of one of the older men in the sample to how he, as a grown up man was unable to regulate his emotions after a break up with his partner:

> The fact that he was like left alone…it was something he quite simply couldn’t handle…But, that he, that’s no reason for killing oneself, absolutely not. We’re talking about a grown up man, and one is supposed to handle such things.

Weakened competence to deal with shame

The suicides of the young men were also understood as relating to their history of defeat from not living up to expectations, in combination with a weakened capacity to deal with shame. Several informants in a majority of the cases highlighted in particular, how unattainable expectations of competence created damaging emotional tension for the developing self, by pointing to their history of being “dependent,” “weak,” a “loser,” or unable to handle pressure/criticism. Shame related to trouble at school, such as concentration difficulties, immaturity, losing control and not fitting in socially was described by several parents as was social humiliation from being let down by the school system. According to siblings, ex-

girlfriends and friends, several of the deceased had been bullied, or had bullied others. Some informants pointed to shameful social humiliations related to parents' alcohol misuse and/or other aspects of the family situation.

One father linked his understanding of the suicide to how his son, had had severe difficulties dealing with shameful feelings, by showing how "a normal defeat situation" for a young adult, was a catastrophe for his son:

> He failed the first time, and when he failed then, that was, the world collapsed....it was a catastrophe for him…That people would know that he flunked, it was absolutely, absolutely dreadful. And then it was the issue of conscientiousness, he needed to be meticulous: he was terrified of making mistakes.

Many informants in different cases underscored the deceased's sensitivity, from early in life, towards any form of criticism or shortcomings. Informants used the words, "he was terrified of making mistakes", and accentuated how shameful exposures were like "life and death" for the deceased, long before the suicide.

One father described how his son many years earlier, in the middle of a tense learning situation, "suddenly disappeared" mentally in front of him. In another case, a mother started her narrative of her son's suicide by describing how he even as a little boy, was unable to handle defeats and used to hide when she yelled at him. Like in these two examples, many informants focused on how the deceased from early in life easily withdrew, and as they grew older, avoided social gatherings where they would risk showing themselves as weak or as incompetent, for instance, at football, the gym or in military service.

Many informants described how parental ignorance of difficult emotions in the deceased's childhood could have been crucial for their weak ability to deal with intense and

difficult emotions as adults. As one informant said, “no one has seen the problems and talked about them…So I feel it…could be an, an important factor in his life, that that’s why he did it.” Many informants, in many of the cases described how the deceased, from childhood onwards, learned to survive by closing off and avoiding difficult emotions. One informant started the narrative about the suicide:

> I am thinking that…there is a lot from childhood…that he has never confronted. But, he has always worked a lot…incredibly restless, couldn’t sit still. And, that he has, all the time, pushed it aside and pushed it aside. Because, in a way, he has not managed to be a part of it. There was a lot of alcohol…in the family…some violence.

In half of the cases, several informants highlighted the damaging effect of repeated rejections of emotions, stemming from the combination of the deceased being a sensitive boy and being exposed to an authoritarian parenting style. One informant described how being a child with “inadequate” masculinity led to his feelings being rejected:

> He was very caring you know. And very sensitive, easily afraid of things, often cried for various reasons. In that family, boys were definitely not allowed to cry, or for boys to show emotions…so he has, in a way, never been allowed to vent any feelings, like, not at all.

The damaging effect of emotional tensions in the relationship with the father, where the deceased searched for emotional safety, confirmation and identity, was underscored by many informants. One informant said, “he…never felt he was good enough you know…what with his work and other things he did, it was all to impress his dad, to show him that I am capable, that he is capable”.

Thus, the vulnerability to suicide for these young men was linked to their early established reaction patterns of “withdrawal”, “restlessness”, putting “his problems on hold“, being “emotionally closed off” and to having reached adulthood with a weakened ability to deal with shameful exposures.

Trapped in anger

For most of the informants, these suicides were also understood in relation to a vulnerability linked to anger. Many parents would describe how their sons, since childhood, had had difficulties with anger; either through having a history of uncontrolled rages, or having almost no temper, except sometimes when drunk.

A father starts his narrative of his son’s suicide by describing how he lacked mechanisms for self-regulation, learning from a young age to keep his anger on the inside:

> …he shut it inside in a way. He was screaming in a way, or he cried, but he was so angry, but he was unable to just get it out properly... but then later on it disappeared, but you know it’s there, it’s lying, it’s lying latent

Many informants suggested the deceased over the years had kept their anger and negative emotions on the inside. They described the event that triggered the suicide as being “the last straw”, or the deceased as being “a volcano”.

In most cases, several informants linked episodes of anger outbursts in the weeks, months or last years prior to the suicides to their understanding of being “trapped in anger”. As one sibling said, ”this anger…I saw more of it over his last few years…it was kind of scary to see him get so angry”. Because of the enormous strength of the anger in the suicidal act, or in previous anger outbursts close in time to the suicide, many informants questioned the origins of the anger. These informants shared a notion of how feelings of shame, helplessness and anger had become entrapped in the deceased. Several fathers described how, although they had a

genuine will to help and be there for their sons, their relationship with them was often characterised by emotional tension, anger and stalemate. The emotional tension and anger in the father-son relationship was commented upon by many informants. One informant described how this tension had immensely tormented the deceased all through his adolescence. In another case, one informant pointed to how repeated power-struggles in the father-son relationship over the years, including growing incidences of threats, "in a way only made things worse". Another informant said:

> I believe that he somehow never felt he had the right to be angry…he really was very angry with his father. But then he never felt the right to be, so he in a way instead concealed his anger…even though he probably loved him. But I do think a large part of him hated him too…I really believe that maybe he became, started to become like the person he hated most, you know.

Like this informant, several others in different cases underscored how repeated experiences of defeat over the years led to loss of self-respect, increasing self-contempt and/or self-hate.

Discussion

Taken together, these three themes constitute a dynamic interplay of how vulnerability seems to influence the unresolved role of masculinity (unsuccessful in becoming independent). The deceased have been caught between shameful and denied dependency in the maternal relationship (weakened competence to deal with shame), and unsuccessful achievements in the paternal relationship (trapped in anger).

Vulnerability to suicide related to unbearable shame and anger

Consistent with the theoretical model of suicide by Shneidman (1985), it was found that the vulnerability of the deceased's self was linked to deep basic emotions as shame, guilt and

frustrated dependency; emotions that were impossible for these young men to handle in adaptive ways throughout their developmental changes (Erikson, 1968). According to Shneidman, “Suicide is caused by psychache” (1993, p. 51). This is energised by frustrated psychological needs, and occurs when the mental pain is deemed by the person to be unbearable (Orbach, 2003). Studies of affective states of suicide attempters (Hendin, Al Jurdi, Houck, Hughes, & Turner, 2010; Kienhorst, Wilde, Diekstra, & Wolters, 1995) have shown that although anger, rage or aggression were present in some cases, it was nevertheless only a part of the picture. The motivation for crossing the bridge between thinking of suicide and making an attempt was related to desperation or frustration, and the escalation of uncontrollable negative emotions. This is consistent with how many of the informants in our study constructed their understanding of the roll anger played in the deceased’s suicide. Thus, our findings suggest that the vulnerability in the suicidal self was related to emotional regulation - particularly the weakened capacity to tolerate feelings of shame, anger, loneliness, and worthlessness. This is developmentally linked to the quality of attachment experiences (Calkins & Leerkes, 2011). Based on the interpersonal theory of suicide by Joiner, Van Orden, Witte and Rudd (2009), it could be argued that this vulnerability is developmentally linked to thwarted belongingness in the relationship with the father figure and perceived burdensomeness in the relationship with the mother figure.

Vulnerability to suicide related to unresolved dilemmas of masculinity

Another central finding was that the vulnerability to suicide was linked to the deceased feeling that they did not match their masculine ideal (Connell, 2005). These young men’s dependency in the mother-son relationship became shameful and the unsuccessful efforts to achieve in the father-son relationship trapped them anger. This could be understood as an unresolved dilemma of masculinity, as it relates to incompatible issues in handling what kind of reaction pattern should be included and what should be rejected in compositions of a personal

and viable masculinity. In line with a case study of suicidal adolescents (Orbach, 2007), an important dynamic in the developmental process of most of the young men in our study was how the problematic early relational patterns with parents developed into intense symbiotic relationships in the families. This seems to have interfered with the development of individuation and autonomy, and provided the basis for a suicidal self-esteem deficit, whereby the young men seek a form of refuge by investing in successful performances and/or in a fantasy of great success. As such, successful performances may have compensated for their feelings of being a failure or being worthless, and been a way to help regulate the self (Ledgerwood, 1999; Leenaars, 2004). Their early developed fear of making mistakes, striving for perfectionism and/or their high self-expectations (Fortune et al., 2007; King, 2003) could thus, have been acting as a defence against unfulfilled needs, such as the wish to be loved and cared for.

The ideals of performance and identification for most of the deceased, while growing up, was related to traditional masculine ideals of independence, successful achievements, being strong and rejection of weakness. According to Möller-Leimkühler (2003), these early ideals function as later scripts for the individual, and as shown in our analyses, such ideals can have central significance for later self-definition, self-evaluation and self-regulation. Thus, a family culture of traditional masculine ideals and the socialisation process of "becoming a man" (Connell, 2005) may, for a sensitive child, result in fear of failure, shame, inadequacy, suppression of distress (Cleary, 2012; Möller-Leimkühler, 2003) and a confusing sequence of rejections from the identity figure (Erikson, 1968). Besides the impact of later experiences of unattainable expectations (own/others'), being dependent and sensitive to shortcomings etc., may have greatly reinforced shameful feelings of inadequacy (Orbach, Mikulincer, Blumenson, Mester, & Stein, 1999).

Methodological issues

One major challenge in suicide research is the matter of obtaining suitable data. Data based on interviews from third parties clearly has its limitations. Nevertheless, unlike most previous PA-studies (Cavanagh et al., 2003; Fortune et al., 2007; Séguin et al., 2011), the present study used in-depth interviews with 4 – 8 knowledgeable individuals per suicide. It appears be the first study exploring vulnerability to suicide in the developmental history of young men and systematically analysing this in terms of the informants' relationships with the deceased.

Conclusion

Based on the findings from this study, one may assume that poor capacity to regulate emotions like shame and anger could make certain men vulnerable to suicide when facing adult challenges and defeats. Increased understanding of the developmental and relational factors which may predispose young men with less easily identifiable mental health symptom profiles (sub-clinical presentation) to suicide may have important implications for preventive strategies.

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III

Warning Signs of Suicide among Young Men

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Abstract

When young men unexpectedly take their own lives, those close to the deceased will ask themselves if there were any signs that might have indicated suicide in the near term. Ten young men, aged 18-30, were selected from a psychological autopsy study of suicides among individuals with no prior psychiatric treatment and no previous suicide attempts. In-depth interviews with mothers, fathers, friends, siblings and ex-partners for each suicide, as well as six suicide notes, were analysed. Guided by Interpretative Phenomenological Analysis (IPA), we explored possible warning signs of suicide. According to these informants, the young men did not disclose any plans of suicide or direct request for help prior to death. Rather four indirect signs, related to the psychological condition of the young men in the period prior to ending their life, emerged: 1) irreversibility of a mistaken decision; 2) desperation; 3) death as a threat; and 4) death as a place to go. Talk or actions indicating suicidality, as well as worrisome indirect appeals for emotional support, should always be taken seriously and investigated directly with the person, as appropriate responses to these signs may have the potential to save lives.

Keywords: Warning signs; young men; suicide; qualitative psychological autopsy study.

WARNING SIGNS OF SUICIDE AMONG YOUNG MEN

The main focus in suicide prevention strategies in many countries is the identification and treatment of mental disorder, depression in particular (Mann et al., 2005). However, there is growing evidence that a large portion of suicides are not proceeded by symptoms of serious mental disorder (Hamdi, Price, Qassem, Amin, & Jones, 2008; Judd, Jackson, Komiti, Bell, & Fraser, 2012). Further, a major challenge for suicide prevention is that most people who take their own lives are not in contact with mental health services at the time of their death and often do not seek help from any health professionals at the time they actually make the decision to end their life (Hamdi et al., 2008; Judd et al., 2012). Due to high suicide rates and low rates of help-seeking in suicidal crises, young men in particular, are of great concern (Biddle, Gunnell, Shap, & Donovan, 2004; Hawton, Saunders, & O'Connor, 2012; Luoma, Martin, & Pearson, 2002). From a preventive perspective, there is an alarming call to go beyond the medical model and explore the signs that might indicate danger of suicide in the near term, including resistance against help-seeking among young men (Berman, 2011; Klineberg, Biddle, Donovan, & Gunell, 2011; Rudd et al., 2006).

Suicide in young adult, non-clinical populations in particular, is often described as "out of the blue" or as an impulsive response to an acute life event, although this is rarely the case. Most young adults who take their lives give verbal, nonverbal or behavioural clues to family and social networks prior to death (Fortune, Stewart, Yadav, & Hawton, 2007; Orbach et al., 2007; Owen, Belam, Lambert, Donovan, Rapport, & Owens, 2012). In a previous study (Rasmussen, Dyregrov, Haavind, Leenaars, & Dieserud, in press), the suicides of ten non-clinical young men were found to be linked to how a discrepancy between ideal and actual self-performances appeared unsolvable in the transitional period from adolescence to adulthood. The analyses pointed to a psychological logic of suicide as a way out of

unbearable mental pain, related to a collapse in self-esteem. In the present study, we explore the suicides of these young men further, by investigating their significant others' perceptions of signs that may have indicated danger of suicide in the period they are about to end their life. We do this while giving consideration to the significant others' relationships with the deceased.

Research on warning signs of suicide

Warning sign, defined by the American Association of Suicidology working group as, "the earliest detectable sign that indicates heightened risk for suicide in the near-term (i.e., within minutes, hours, or days)", implies a proximal relationship to suicidal behaviour (Rudd et al., 2006, p. 258). However, despite a large number of Psychological Autopsy (PA) studies (Shneidman, 1993), only a few studies of warning signs exist. Available findings (Hendin, Maltsberger, Lipschitz, Haas, & Kyle; 2001; Hendin, Maltsberger, & Szanto, 2007; Hendin, Maltsberger, Haas, Szanto, & Rabinowitcz, 2004; Maltsberger, Hendin, Haas, & Lipschitz, 2003) identify markers of a suicidal crisis to be related to a precipitating event and/or intense affective states - in particular desperation and speech or actions suggesting suicide. These studies were based on data obtained from the therapists of a sample of psychiatric patients. Warning signs of suicides, as they are experienced from the families' perspective and others in their social networks, are still poorly understood (Rudd et al., 2006).

It is a paradox that while warning signs imply a proximal relationship to suicidal behaviour, research into warning signs only marginally has focused on the experiences of families and social networks. There are however some exceptions to this, such as the PA-studies of Owen et al. (2012), Owens et al. (2011), and Rudestam (1971). These researchers found that, although the deceased had given clues and/or communicated about suicide or death directly to significant others prior to death, members of the family and social network struggled in their attempts to decode these as warning signs. The responses to the deceased's

communication of suicidal intent, particularly among the family, were often denial, rejection, avoidance or ridicule. This experience of rejection is confirmed in studies of suicide notes (e.g. Leenaars, 2004), where young adults more often than other adults describe disturbed, unbearable interpersonal situations. However, although these PA-studies add to a developing understanding of the difficulties facing lay people in preventing the suicide of significant others, they provide us with little information about identifiable warning signs.

Another problem with the above PA studies is that they are based on information from only one, or a few close family members/informants for each suicide. Although parents may be good informants, their stories also represent survival tools that may have led to defendant narrative constructions as a way of protecting themselves (Owens, Lambert, Lloyd & Donovan, 2008; Séguin, Renaud, Lesage, Robert, & Tureki, 2011). Furthermore, since interpersonal conflicts play a significant part in many suicidal crises, the ability to evaluate the suicidal potential may be complicated by the fact that the informant(s) may have been a part of the conflict (Leenaars, 2004; Owen et al., 2012). There may also be a gradient of "blindness" in interpreting the suicidal signals dependent on the closeness/distance of the informants to the deceased (Owens et al., 2011). In addition, young people may disclose suicidal intent to their peers, rather than their parents (Pronovost, 1990).

The aim of the present study was to explore (in each case) the signs, in the period immediately before the young men ended their life that, from the perspective of a number of key informants were, in retrospect, interpreted as warning signs of suicide. These signs are explored based on the relationships the key informants had with the deceased.

Method

The study is based on data from a qualitative PA-study (Dieserud, 2006). Consistent with the phenomenological approach, we aimed at generating a detailed understanding of the subjective expressions of warning signs, by means of qualitative analysis.

Participants

Ten young men, aged 18-30 at the time of their suicide, were studied by analysing in depth-interviews with five to eight key informants for each person (in one case there were four informants). In addition, six suicide notes were analysed. The 10 young men were selected from a total of 20 suicides among individuals with no prior psychiatric treatment and no previous suicide attempts, and represented all men under the age of 30 in the PA-study. Five of these men lived in rented apartments or houses, three young men lived with their parents, and two were homeowners. Six were employed, three were students (high school/university) and one was unemployed. The methods of suicide included hanging (8) and shooting (2).

We interviewed 61 individuals who were closely connected to the deceased. All informants were over 18 years old. Both parents of the deceased were included as informants, with one exception. In most cases, siblings of the deceased were included. Five of the deceased had had serious relationships with women, and all these young women were included as informants. All the deceased had between one and five close male friends as informants. Almost all interviews took place between 6-18 months after the suicide.

Procedure

Data were collected from municipalities in the 7 of 19 counties in Norway with the highest number of suicides in 2003. All suicides took place during 2005 – 2009. In most cases, chief municipal medical officers (a) identified cases of suicide based on death certificates and forensic reports; (b) excluded those with previous suicide attempts and/or previous treatment in mental health services; and (c) contacted the deceased person’s General Practitioner (GP), who provided the name and address of the next of kin. The chief municipal medical officer sent a letter to the next of kin with thorough information about the project, and a consent form. In some cases, participants were recruited by a trauma clinic.

Upon receiving the completed consent form, the interviewer phoned the first informant to set a time and place for the interview. After the interview, the informant was asked for names and addresses of at least four other informants who knew the deceased well. The procedure of sending a letter and consent form was then repeated, but the letter was instead sent from the project leader (GD). Most of the interviews were conducted in informants' homes.

The interviews started with a narrative section, which opened with the researcher posing a question about the informant's perception as to what led to the suicide. The interviewer allowed the informant to speak without interruptions or leading questions. Next, the interviewer clarified details and asked problem-focused questions about topics not previously covered, using a theme guide of 16 categories (Shneidman, 1993). The themes covered details of the death, relationship issues, personality, lifestyle, alcohol/drug use, patterns of reaction to stress and changes in the deceased before the death.

Three researchers with extensive experience and knowledge in the field of suicidology and in-depth interviewing of bereaved individuals conducted the interviews (MLR, GD and KD). The interviews, lasting an average of 2.5 hours (range 1.5 to 3 hours), were audio taped and transcribed verbatim.

Ethical considerations

All procedures were conducted in accordance with the Helsinki declaration. The study was approved by the Norwegian Regional Committee for Medical Research Ethics and the Data Inspectorate of Norway. The participants were assured of anonymity, confidentiality, and freedom to withdraw from the study at any time. Informants were informed that data would be published in a non-identifiable way. At the end of the formal interview, a debriefing conversation was held to allow the participants ask questions, as well as for the researchers to ensure that the participants were not left in distress.

Analytical strategy

Qualitative analyses followed the flexible guidelines of Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009). The analysis was conducted in several steps. First, the first author read, and reread in detail each interview transcript, in each of the ten suicide cases, to capture potential themes and get an overall impression. Most informants stated in the open part of the interview how, ever since the suicide, they had been asking themselves, "Was there any signs of this?"; looking for clues in their relationship with the deceased. As such, signs became salient already in the early stage of the analyses of the young men's suicides (Rasmussen, Dyregrov et al., in press; Rasmussen, Haavind, Dieserud, & Dyregrov, in press). However, since the present study is concerned with the identification of signs that, in retrospect, could be interpreted as indicators of danger of suicide in near term, the analysis was carried out with an awareness of the relationship between the informant and the deceased. Thus, the informants described how they were searching for signs and issues in the life of the deceased prior to the suicide; something in the way his existential perspective – his way of being in life – was threatened, making it impossible for him to proceed in life, while we (the researchers) were searching for signs in the relationship informant-deceased concerning the informants' perceptions of signs. In this way, by letting the relationship between the informant and the deceased be the subject of our analysis, the researchers interpreted the informants' interpretations of the deceased, through the informant-deceased relationship, through a triple hermeneutics (Smith et al., 2009).

The interviews and suicide note around each suicide were treated as one set of data. We focused on the informants' experiences of signs of the deceased, in their relationship with the deceased, in the period before they ended their life; signs, that in retrospect were interpreted as warnings of the upcoming suicide. Next, we compared all 10 cases with each

other, looking for common signs and constellations of signs in their last period of life. This involved informants who shared the same position, as well as themes across all of the interviews connected to the same suicide. The concluding stage was to look for, and connect, all the signs (super-ordinate themes) across the suicides. In line with the phenomenological and hermeneutical obligations of IPA, critical questions about the interpretations were continually asked during the data analysis.

The validity and credibility of the analyses was based on triangulation on three levels. First, by using the PA-method, interviewing 5 - 8 individuals with close relationships to the deceased, it is assumed that it is possible to construct a valid picture of the constellations of warning signs that might indicate danger of suicide in near-term. Second, through a critical examination by the interpreters, who were the actual interviewers (MLR, GD and KD), attempts were made to reduce interviewer bias. Third, the analysis was conducted by the first author (MLR). To ensure that the analysis was not confined to one perspective, the analytical procedures were continuously discussed with the fourth author (HH). In addition, the developing analyses were discussed within the research team (Yardley, 2008). Regarding reflexivity, the authors are female psychologists/sociologist with long experience in working with suicide prevention, those who have attempted suicide, bereavement after suicide, and in qualitative research.

Findings

From the perspective of those close to the deceased, the young men did not disclose any direct suicidal plans prior to their death or request for help in the suicidal crisis. However, in their narratives, many informants highlighted something about the deceased's way of being in the world during the last hours, day(s) and/or week(s) of life that was in contrast to, and which – as they described it - stood out, as something that did not quite fit in with the good picture they had of the deceased. After interpretations based on IPA, four indirect signs that

the young men were trapped and about to end their life emerged: 1) irreversibility of a mistaken decision; 2) desperation; 3) death as a threat; and 4) death as a place to go. Quotes are used to substantiate each of the superordinate themes, although in an anonymous way.

Irreversibility of a mistaken decision

Many informants described how they in their last conversation(s) with the deceased, experienced the deceased as stuck in a problem situation. This was related to normal issues like a break-up with partner, separation from childhood home and/or the experiences of being demoted or having failed at studies or work. It was, however, neither the problem in itself, nor the size of the problem that, in retrospect, was understood as a warning sign for a suicidal crisis. Rather, it was the perception of the deceased being stuck in a kind of irreversibility related to a mistaken decision, as if there were no way for them to get back on track.

One of the young men, who was described by all his informants as excellent in his work, had not been able to move on in life after being separated from his partner several months earlier. In the last weeks of life, he was restless and insecure, and repeatedly complained that he felt his achievements at work were not good enough any longer, although they were outstanding. Most of his informants pointed to how they, in conversation(s) with him in the weeks before the suicide "understood that something was wrong" related to how he continued to return to the irreversibility of a mistaken decision he made months earlier and which he felt could have saved his love-relationship. Similarly, another of the deceased, after having made a mistaken decision based on his (high) moral standards, was stuck in the irreversibility of his original decision. According to his friend, in a conversation only a few days before he killed himself, even after attempting to rectify mistakes, he was pre-occupied with the mistaken decision:

> …what bothered him was...He had left a job that he didn't quite, hadn't the conscience for…when we sat down…then he brought up the topic, because I did see that it bothered him. And it was that…he couldn't have this on his conscience.

The full meaning of the irreversibility of the mistaken decision appeared in his suicide note, where he wrote he wished he had done things differently. In these two examples, the informants describe how they experienced the deceased as being stuck in the perceived irreversibility of a decision they themselves were responsible for at an earlier point in time and which affected decisions in all other areas in life.

Another of the young men, who was described by all his informants as a very private person, had not been able to move on with his life after having had an emotional break-down in front of his friends some weeks before the suicide. His mother described how she, in a conversation with him a couple of weeks before he killed himself, felt something was very wrong when seeing how completely impossible it was for him to socialize with his friends again after the shameful defeat. It was as if there was no way he could come back on track:

> …And then he says…I haven't been out, I needed to, I turned round, he said…I turned round, I got a pain in my stomach. And then (crying) yes, I thought, there is something completely and utterly wrong here, I thought, what is it, yes, there was something completely and utterly wrong.

According to many informants it was impossible for several of the young men to meet their significant others after what they may have experienced as an irreversible shameful defeat. They killed themselves on the same day or within hours when avoidance was no longer possible.

Unable to find their way back on track, most of the deceased had unsuccessfully approached their ex-girlfriends and/or mothers with a personal request in the last day(s) of life. According to most ex-girlfriends, the clue of something being wrong was related to how

the personal request had been “misplaced in time and place”. One deceased, after a break-up from his partner several years earlier, had been unable to establish the intimate relationship he needed in life. The ex-girlfriend pointed to how completely stuck he was in the irreversibility of his situation, by referring to how he, a week before he killed himself, phoned her and expressed how he only wanted something that he could not have:

> …he did try to get closer and closer, while I couldn’t take it…I didn’t feel the same about him…And a week before he took his life and, then he called me up and said that he couldn’t take anymore…it was too difficult, he was so exhausted…there were problems with his partner…he found it really difficult to be alone…And that the only, the only thing he wanted was like, to have a family you know and be like safe and happy.

Similarly, in another case, the ex-girlfriend described how the deceased, after their break-up, phoned her and presented a personal request for emotional safety, “he called a few days before and then he said…you need to promise me that you will never disappoint me...And so I said, but I can’t ever promise, uh, because I was unsure myself.” In these two examples, the informants are referring to how the deceased, lacking problem solving strategies to handle relational difficulties, mental pain and being alone, have idealized their longings. As one father in another case put it, ”I said that he needed to put it behind him. Just as he always came back to the relationship”. Thus, warning signs of suicide were related to the deceased, in the last week(s) of life, being experienced as unable to restore themselves; unable to move on in life.

Desperation

Quite a few of the informants also pointed to how they, in the last days prior to the suicide, had noticed signs of desperation in the deceased. This was, in afterthought, interpreted as relating to how the young men, lacking strategies to handle difficulties in love

and work, were entrapped and thus unable to move on in life. The female informants pointed to how the deceased, misplaced in time and place, had approached them with a personal request for emotional safety, while the male informants pointed to how the deceased had done and said things that didn't quite make sense.

Several female informants underscored how they in the days prior to the suicide had been worried for the deceased. One ex-girlfriend described how she a few days before the suicide, after having received a "misplaced" phone-call in the middle of the night several months after their break-up, got the feeling of that "something was very wrong" by showing to signs of desperation:

> I heard something in his voice that I'd never heard before so I got really scared. Then I jumped in a taxi…he had lost a lot of weight…And then he said that he (sniffs) mmm, yeah, his job went completely wrong and everything was just awful…I hadn't seen him like that before…he looked really kind of frantic.

Similarly, in another case, referring to her experiences of her son in the last week before he killed himself, a mother said, "then he was like, so restless and seemed…like we had never seen the boy before". In these two examples, the informants are referring to how they, in their last conversations had experienced signs of desperation, in particular related to an uncharacteristic restlessness.

According to male informants, their "clue" of something being wrong was related to how the deceased in their last conversation had said and done things that didn't make sense. One of the young men, who was described by all his informants as excellent in his work (but in the direction of being an overachiever), had been unable to handle a minor set back at work a few months before he killed himself. He just quit his job without telling anyone, pretending he still worked. One male informant described how he, in an unexpected visit a few days

before the suicide, had noted signs of desperation in the deceased, in that he had told him things that were not true:

> ...then he told me that he had…it wasn't possible to believe...like completely unlikely…And it transpired afterwards that it, it wasn't true…he was transferred...clearly he must have felt, must have felt that it was a real failure…I understood that he lied about it.

Many male informants pointed to how the deceased in the last days or weeks of life, too constrained to handle a personal defeat, had made themselves inaccessible. A longstanding friend of another of the deceased, who had been unable to live up to his ideal standard of superiority, described how he experienced signs of desperation in the last period of life. The deceased had changed and become a very quarrelsome person who, who in order to protect himself had withdrawn from the friendship. Thus, desperation as a warning sign of suicide was related to the experiences of the deceased in the last days of life, too constrained to handle difficulties in love and work, were entrapped in a problem situation and unable to move on in life.

Death as a threat

Further, in the majority of the cases, one or several informants underscored how they, either prior to the suicide or in retrospect, interpreted threats of death from the deceased as a crucial sign of a suicidal crisis. This was related to how the deceased, either by talk or by action, had responded with threats of taking their own life in situations of intolerable pressure. While some had made several threats of death to several of their informants over the years, others had made only one that was close in time to their suicide. According to most of these informants, in the actual situation, although the threats of death were understood as a sign that "something was wrong", it was nevertheless not interpreted and thus not responded to as a

serious threat of suicide. This may have resulted in the pressure on the deceased in the suicidal crisis escalating.

Several fathers described how they experienced threats of death from their sons prior to the suicide, which was related to minor criticisms from them, as “out of proportion”. One deceased made a fool of himself by being aggressive in public in a way that affected his whole family. The day after, he was pressured into a solution to the situation, where he, within a few hours would have to reconcile with the person who had been the target of his aggression. His father described how he, in a conversation only a short time before his son killed himself, experienced his threat of being better off dead, as blown out of proportions:

> And then he said, angrily you know, he said, oh hell, I should have killed myself, he actually said. So I said, oh my god, what are you talking about…well, I didn’t react when he said it…But of course, I thought about it afterwards.

Unable to handle the pressure in the situation and with no way out, this young man was trapped. In this example, the informant describes how he, in the actual situation, experienced his son’s threat of death as a “sign of weakness” because he was unable to handle something that he thought he should be able to handle. This may have resulted in the intolerable pressure on the deceased in the suicidal crisis escalating. This young man killed himself after this conversation.

Another deceased, lacking of strategies to handle difficulties in love and work, contacted his ex-girlfriend in the middle of the night a few days before the suicide, long after their break-up, and threatened to kill himself, as a way to escape from it all. His ex-girlfriend described, by referring to signs of desperation, how she experienced his approach as a “misplaced personal request of emotional safety” with her. She understood the taking action part in his threats and urged him to seek help:

> …everything was just awful…And then he tells me that…if this also goes wrong then he would just go and kill himself…I haven't seen him like that you know, I did get really scared…asked him to go and seek help…You must do it, so…we chatted a bit more and suddenly, he was going to try again then, to get me back.

In this example, the informant is referring to how she, by begging this young man to seek professional help, contrary of the intention behind it, may have rejected the deceased's personal request of emotional safety together with her. The full meaning of his experience of being unable to cope with the situation appeared in his suicide note, where he wrote he couldn't live like this anymore. According to all the informants in this study, none of the ten young men sought professional help before the suicide. For these young men, professional help seeking may have been out of the question, as it might have indicated that their earlier mistakes/decisions were of a reversible nature, which probably in their minds they were not.

For one of these deceased, after having been stopped from an action which was understood as being suggestive to attempting suicide, only hours after having made a fool of himself, his family had made several appointments for him with his GP. However, as a friend put it, seeing a professional was, "out of the question". In different cases, male informants pointed to how pressure to see a health professional might have put an additional strain to the deceased's self-esteem, which in the last days of life - as they described it - was already dangerously threatened. Thus, talk or action that presents "death as a threat" was experienced as a crucial warning sign of a need to escape in situations of intolerable pressure.

Death as a place to go

Many informants in different cases described how they, in retrospect, linked direct or indirect talk of death as "a place to go" in the near future, to warning signs of suicide. According to these informants, although talk of death as a place to go was noticed and had made them wonder in the actual situation, it was nevertheless not interpreted as a sign of

danger of suicide in the near future. This was because this talk was expressed with emotional calm and elated mood.

In one case, after the funeral of a friend, several informants described how they had noticed that the deceased had become increasingly occupied with wishes for his own funeral in the months before he killed himself. His ex-girlfriend described how she, for a long time, had noted signs of a "pre-occupation" with death. She referred to how he had often said that, "he was going to die young". Similarly, in another case, the ex-girlfriend described how the deceased had repeatedly talked about him dying long before her, and that he when he died he would be her guardian angel. This talk was accompanied by emotional calm and expressed with a smile, and thus may have indicated that death represented a place of "reconciliation".

In different cases, friends pointed to how the deceased had unexpectedly introduced death and/or of an actual or hypothetical suicide of somebody else into their conversations in the weeks prior to the suicide. The informants, in retrospect, interpreted this as warning signs of suicide planning. One friend described how he reacted when the deceased indirectly presented suicide as a "solution" to unmanageable difficulties:

> …he asked me a week before he died…do you think John will kill himself (?) Because like, towards me he acted as if John had it so damned difficult …I thought about it you know, oh my god, why is he asking about that kind of thing, it was really weird to ask about that kind of thing.

Additionally, many male informants in different cases pointed to how they, in their last conversation(s) had noticed signs of a kind of cheerfulness which, in retrospect, was interpreted as relating to death being considered a release. One friend, who spoke with the deceased the same day he killed himself described an elated mood:

> And what I reacted to was that he was… in an extremely good mood… he was in a very, very good mood…we even talked about organising a birthday celebration…and

> cabin trips in detail… now in hindsight, I have thought that he surely, you know, he had surely already decided to kill himself… just as if something negative was like, gone.

Many male informants pointed to how the deceased in their last conversations had been more cheerful and social than usual, as well as being almost desperately focused on planning things together. According to these informants, this related to a desperate need in the deceased to hide suicide plans, by presenting themselves in a favourable light. It could also be suggestive of a kind of relief, after having made the final decision that would put an end to all demands. In another case, one friend described how the deceased, only hours before he killed himself, had indirectly talked about death as a place to go, by referring to how he explicitly had expressed his longing to be free: "he actually said: Tomorrow, tomorrow I am a free man… between three and five hours before he died…I didn't react… since they argued…But, in a way it was like, tomorrow I am free from all my worries".

The informants' experience of "death" as probably having been established some time before the suicide as a place of emotional peace and release, was confirmed in the suicide notes. In their notes, several of the young men presented heaven or God as the existential place they were longing for to get peace or be free. Heaven/God seemed to have become their escape as a place with no demands, where their self-idealization could again be realized, and where their self was in a position of great power and worth. As in the example above about the young man who had expressed that he will be an angel when he died, another of the deceased, in his suicide note, also placed his self next to God, from where he would lie and watch over his significant others and take care of them. Thus, talk (direct or indirect) of death as a place to go, was experienced as a sign of danger of suicide in near future and/or of suicide planning related to a need to be free of demands.

Discussion

This study shows that that people closed to the deceased are capable of identifying signs in their relationships with young men in the period when they are about to end their lives that, after interpretation, indicated danger of suicide in near term. Taken together, these signs refer to a psychological condition in young men who are about to end their life. However, due to their vague character, as the young men did not disclose any suicidal plans or direct request for help prior to their death, the findings also show the limit of signs as indicators of suicide in near-term.

Perception of entrapment

Consistent with the entrapment theory of suicidal behaviour (Williams, Crane, Barnhofer, & Duggan, 2005), the constellation of the "irreversibility of a mistaken decision" and "desperation" as warning signs of suicide, were linked to the perception of these young men in the last period of life being entrapped in what they may have experienced as an unsolvable problem situation. This was related to normal issues for young men, as a break-up with a partner, separation from childhood home and/or the experiences of being demoted or having failed at studies/work. However, contrary to a study of therapists' perceptions of markers of a suicidal crisis in a clinical sample (Maltsberger et al., 2003), our findings show that the characteristics of the precipitating event in itself were insignificant as warning signs of suicide. Rather, one may assume that the significance of the suicidal crises for the young men in this study was related to how these issues may have had an all-or-nothing character that was symbolizing their perceived inadequacy, as cleverness played a very important role in their self-esteem regulation (Rasmussen, Dyregrov et al., in press). From the perspective of people close to the deceased, warning signs of suicide were related to the experience of how these young men in the last period of life, too constrained to restore themselves after a shameful defeat, were unable to find their way back on track and move on in life (Orbach,

2003; Shneidman, 1993). Our finding of "desperation" as a warning sign of suicide, is supported by a study of therapists' perceptions of markers of a suicidal crisis in a clinical sample (Hendin et al., 2004; Hendin et al., 2007)

In line with several PA-studies (Fortune et al., 2007; Orbach et al., 2007; Owen et al., 2012), it was found that suicides in young men rarely occurs "out of the blue". The suicides of these young men were understood as a conscious and planned event. This was related to how most of the young men had communicated suicidal intent to people in their network in the month(s) or week(s) prior to their death, as well as what the deceased themselves wrote in their suicide notes. For several of the young men in this study, "death" seemed to have been established as "a place to be" – a solution to all problems - weeks, months or even years prior to the suicide (Shneidman, 1993).

Another important finding is related to how talk or action of "death as a threat" was expressed as an explicit response to a need of escape in a situation of intolerable pressure (Baumeister, 1990). However, in spite of suicidal intent being explicitly expressed, the receiver of this communication found it difficult to hear the meaning and intention of these threats. The outcome was often misunderstandings, and closure of the communication, implying partial or complete rejection. Consequently, the pressure on the deceased in the suicidal crisis may have escalated. In the present study, several of the young men took their lives a short time after having expressed threats of death (directly or indirectly) in situations of intolerable pressure and their need of escape having been denied. This finding is supported by several others PA-studies (Hendin, et al., 2001; Owen et al., 2012; Owens et al., 2011; Rudestam, 1971) and in studies of suicide notes (e.g. Leenaars, 2004).

Reluctance to get professional help

Another central finding with serious implication for suicide prevention is related to how none of these young men sought or accepted professional help in the suicidal crisis.

These findings are consistent with those of Orbach and co-workers (2007), who suggested that reluctance to seek or accept professional help among young men in suicidal crisis, may be related to lack of confidence in the usefulness of professional help. However, our findings showed more specifically that lack of help-seeking seemed to relate to a shameful defeat and/or mistaken decision being experienced as totally irreversible. When stuck in the irreversibility of a shameful defeat, it is the lack of coping strategies to handle relational difficulties and mental pain that is crucial (Dieserud, Røysamb, Ekeberg, & Kraft, 2001; Shneidman, 1993; Williams et al., 2005). Further, based on the cycle of avoidance model of Biddle, Donovan, Sharp, & Gunnell (2007), it could be argued that help-seeking may have been avoided because it would have transformed emotional distress, from a private reality, into something public and official, and thus make it real. Not seeking help may therefore have been a coping strategy for normalisation.

The study also highlighted a lack of perception of something being wrong prior to the suicide, particularly among some male friends and family members. On the contrary, positive changes in emotional state and functioning in the last days or weeks of life were observed. This is consistent with a study of the last days of life of young people who completed suicide while in the army (Orbach et al., 2007). This study suggested that the observed positive changes in emotional state and in functioning during a suicidal crisis may reflect a purposeful effort to hide the suicidal intentions. This may be in order to prevent any interference with the suicidal plans, or it may be a result of an internal affect-regulation function. However, the observation of positive changes during the last days of life reported in our study calls for further explanation. It is possible that informants, in order to protect themselves, constructed defendant narratives, to justify and/or excuse their own perceived failure to avoid the suicide (Owens et al., 2008; Owens et al., 2011; Séguin et al., 2011). Another possibility is that different informants access different stories. The present findings suggest that the male

informants may have had access to fewer signs than the female ones. The fathers, because the sons' defeat was also the fathers' defeat and shame, may have received or perceived fewer signs. The male friends and siblings, because the deceased in order to protect themselves, withdrew from them in the last period of life, as they may have felt they could not live up to expectations (own/others) and thus may have received fewer signs. In contrast, some of the mothers and most ex-girlfriends, who may have represented a place of emotional safety and support, got more information from the deceased.

Methodological issues

This study shows that PA (Shneidman, 1993) is a suitable method of identifying idiographic warning signs of suicides among young men in the social transition to adulthood. Unlike most previous PA-studies aimed at recognizing and/or identifying markers of a suicidal crisis (Hendin et al., 2004; Hendin et al., 2001; Hendin et al., 2007; Maltsberger et al., 2003; Owens et al., 2011), the present study used in-depth interviews with 5-8 closely connected individuals per suicide, as well as suicide notes. It appears to be the first study that has identified warning signs of suicide from the perspective of many close informants, and systematically analysed this in terms of their relationship with the deceased.

Conclusion

Based on the findings from this study, one may assume at least for certain young men in a suicidal crisis, that mental health services play only a relatively minor role in the prevention of their suicide. Further, as suicides among young men rarely occur out of the blue, but rather in the context of some signs given to family and social networks prior to death, increased focus should be given to the important role of family, school and social networks in suicide prevention. However, in order to be able to prevent suicide families, schools and social networks need to learn about the particular warning signs of suicides.

Appropriate responses to these signs may have the potential to save lives. The following points are offered as a summary and implications of the findings:

- Talk or actions indicating suicidality, as well as worrisome indirect appeals for emotional support, should always be taken seriously. This means that the implied person should investigate these expressions directly with the person. Questions like “I cannot help but wonder what it means when you say...” or “I must ask you, what it is that makes you…” can be helpful and will most likely reduce pressure.
- A person whose actions suggest suicide can continue to be in danger, even if it seems as if he is back to “normal” or is experienced as “more social and outgoing” than ever. The positive façade may be related to an apparent improvement of the condition that is related to avoidance of the problem. Making the other person talk can be helpful.
- Professionals working within health services should be aware of the vague character of warning signs, including reluctance to professional help-seeking among young men. This means that calls of concern from parents, social networks and teachers of potential suicidal persons should always be taken seriously, given priority, followed up, and included in outreach service.

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Appendix

APPENDIX I: Interview guide

INTERVIEW GUIDE

Introduction

- a) The interviewer briefly presents the background of the study and the structure of the following interview.
- b) The terms of voluntary participation, confidentiality, and the possibility to withdraw from the study without consequences at any time and without explanation is emphasised.
- c) The tape recorder is introduced and demonstrated.
- d) The informed consent declaration form is signed.

The narrative part

a) The terms of the narrative are presented, that is, the interviewer and interviewee agree on the focus of the story which is a description of the circumstances leading up to the suicide and the reactions to it.
b) The interviewer points out that it is the interviewee's own story one is interested in and that the interviewer will remain silent until the interviewee acknowledges that the story is concluded.
c) The interviewee is requested to start his/her story.
d) Following the continuous story the interviewer will ask clarifying questions before turning to the problem-focused part of the interview.

The problem focused part

The problem focused part will be conducted according to the outlines established by E. Shneidman (1993): 1) Information identifying victim. 2) Details on the death. 3) Brief outline of victim's history. 4) Death history of victim's family. 5) Description of the personality and life-style of the victim. 6) Victim's typical patterns of reaction to stress, emotional upsets, and periods of disequilibrium. 7) Any recent (from the last few days to the last twelve months) upsets, pressures, tensions, or anticipation of trouble. 8) Role of alcohol or drugs in (a) overall life-style of victim, and (b) his death. 9) Nature of victim's interpersonal relationships (including those with physicians / psychotherapists). 10) Fantasies, dreams, thoughts,

premonitions, or fear of victim relating to death, accident, or suicide. 11) Changes in victim before death (of habits, hobbies, eating, sexual patterns, and other life routines). 12) Information relating to the "life side" of victim (upswings, successes, plans). 13) Assessment of intention, i.e., the role of the victim in his own demise. 14) Rating of lethality of suicide method. 15) Reaction of informants to victim's death. 16) Comments, special features, etc. Possible new topics that have turned out to be central in the narrative part of the interview are also included if relevant.

Ending/debriefing

a) The interviewee is encouraged to describe his/her feelings about the interview and these are discussed.

b) The interviewee is requested to describe what s/he experienced as positive and negative about the interview and to make suggestions for what could have been done differently.

c) The interviewer thanks the interviewee for participating and emphasises once more that the information is strictly confidential and will be anonymised and thus not possible to trace back to the interviewee.

d) The interviewer follow signals from the interviewee (as a bereaved) of needs of (more) psychosocial help, to see evaluate if more psychosocial help is needed, and if seen necessary, to help contact proper help.

e) The interviewer informs the interviewee that the results of the study will be available in due course should s/he be interested.