Shadows from the past – The situated meaning of being suicidal among depressed older people living in the community

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Shadows from the past – The situated meaning of being suicidal among depressed older people living in the community

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Abstract

Background: Most depressed older people in a suicidal state have mixed feelings, where the wish to live and the wish to die wage a battle. *Aim:* To explore and describe depressed older people's experiences of being suicidal and their search for meaning. *Methods:* Data were collected from twenty nine participants resident in the Rogaland and Vestfold districts of Norway, by means of individual interviews, after which a thematic analysis was performed. *Results:* For the participants in this study, the lived experiences of the situated meaning of survival after being suicidal comprised a main theme; 'Shadows from the past' and two sub-themes*:* 'Feeling that something inside is broken and 'A struggle to catch the light'. *Practical implications and conclusion*: Mental healthcare professionals might be able to reduce the risk of suicide and perturbation by helping depressed older people to explore, resolve and ultimately come to terms with their unresolved historical issues. Additional valuable strategies in primary care settings include encountering patients frequently, monitoring adherence to care plans and providing support to address the source of emotional pain and distress.

Key words; experiences, depression, older people, situated meaning, suicidal.

Introduction and background

Almost one million people die through suicide every year, which implies a 'global' mortality rate of 16 per 100,000, or one death every 40 seconds (World Health Organization (WHO), 2012). Suicide is the act of intentionally terminating one's own life (Demircin, Akkoyun, Yilmaz, & Gökdogan, 2011). In recent years, there has been a dramatic increase in the suicide rate among older people (Nordentoft, 2007). In the United States, the suicide rate among older adults is higher than that of other age groups (Center for Disease Control, 2006). Quantitative studies in several European countries revealed that 10-20% of older people have or have had a wish to die (Rurup, Pasman et al., 2011). Other studies demonstrate than in many countries, suicide rates among elderly persons are higher than or as high as those in young people (De Leo & Spathonis, 2004; Shah, 2007). Worldwide, the suicide rates are highest among the elderly. However, something of a disparity exists in the literature, as while older adults are persistently found to have the highest rate of suicide data indicate a positive correlation between increased risk and older age), our understanding of suicide in older adults is severely limited (Lapierre, Erlangsen, et al., 2011).

The available literature in this area indicates that a number of reviews have identified various predictors of suicide in old age (Conwell & Thompson, 2008; Lapierre, Erlangsen et al., 2011; O'Connell, Chin, Cunningham, & Lawlor, 2004; Waern, Runeson et al., 2001). Stressful life events (such as the loss of one's spouse) have been found to have a significant correlation with increased suicide risk in older adults (Erlangsen, Jeune, Bille-Brahe, & Vaupel, 2004). Life stressors mentioned by the WHO (2002) as affecting older persons are change – i.e., rapid political and economic changes, loss events – e.g. bereavement, separation from family and friends; interpersonal problems; and shame. In both earlier and recent studies, depression has been repeatedly found to be a risk factor for completed suicide,

particularly when coupled with a pervasive sense of hopelessness (Barraclough, Bunch, Nelson, et al., 1974; Cutcliffe, 2003; Robins, Murphy, Wilkinson, Gassner, & Kayes, 1959; Saravia, 2013).

While there are multiple theoretical explanations of suicide, some researchers suggest that it results from a struggle with the most fundamental questions about the meaning of life (e.g. Marcel, 1963). Suicidal experiences of meaninglessness have been described as a state of psychache (Maris, Silverman, & Canetto, 1997; Shneidman, 1998), human suffering (Cutcliffe & Ball, 2009) and emotional pain (Holm, 2009). Many individuals are ambivalent about completing suicide, as the wish to live and the wish to die wage a battle (Gordon, Cutcliffe, & Stevenson 2011). There is an urge to escape from the pain of living and at the same time, a desire to live (WHO, 2002).

Cutcliffe (2003, p 92) argued 10 years ago that there was 'an urgent need to better understand the particular life experiences and the meanings that individuals attach to suicidal experiences'. There are still few empirical qualitative studies of depressed older people and of these, only a small minority focus on being suicidal and explore the situated meanings. Two studies revealed that the participants experienced the final phase of life as a burden and seemed to accept death (Kjølseth, Ekeberg, & Steihaug, 2010; Talseth, Gilje, & Norberg, 2003). Rurup, Pasman et al. (2011) stated that the older persons in their study gradually developed suicidal ideation after a life full of adversity and as a consequence of aging, illness or recurring depression. Accordingly, given the documented paucity of research in this area, the present study aimed to explore and describe depressed older people's experiences of being suicidal and their search for meaning.

Research Design and Method

Design

This empirical inductive study had an explorative design (Polit & Beck, 2010) in order to interpret the meaning of the lived experiences of being suicidal. A key assumption in this approach is that meanings can only be understood and interpreted in the context in which they arise, that is, through the lived experiences of those involved (cf. Gadamer, 2004).

Participants

The participants comprised three men and ten women selected from a sample of 29 older persons resident in the Rogaland and Vestfold districts of Norway. The other 16 subjects were excluded because their narratives did not include descriptions of being suicidal. The inclusion criteria were: persons diagnosed with a depressive or mood disorder, able to understand and speak the Norwegian language, resident in a community in Norway, referred to community healthcare during the previous six months, over 60 years of age and willing to speak about their experiences. Twelve of the participants had been admitted to psychiatric hospitals where two were diagnosed with bipolar disorder. One participant was diagnosed as suffering from depression by a primary care physician. Their mean age was 68 years.

Please insert Table 1 about here

Data collection

Data were collected in 2011 by means of individual interviews (N=29), which took the form of a dialogue between the first (ALH) and second (AL) authors and the participants. The authors encouraged the participants to narrate about their experiences of depression and how the illness influenced daily life. During the interview each participant was asked if she/he had ever experienced so much emotional pain and distress that she/he wished to die. The

participants (N=11) who answered in the affirmative were asked an additional question; 'Can you please describe what it is like to be suicidal and how you found meaning in such a situation?' The interviews lasted between 60 and 120 minutes, were audio-taped and transcribed verbatim.

Ethical considerations

The Ethical Guidelines for Nursing Research in the Nordic Countries, Northern Nurses Federation (2003**),** were adhered to. Approval for the study was granted by The Regional Ethics Committee of Western Norway (No. 2010/2242). The interviews were conducted in a sensitive manner so as not to increase the older persons' feeling of being overwhelmed by their lived experiences of depressive ill-health. They were provided with detailed written information*,* signed a consent form*,* assured that their name and identity would not be disclosed and that they had the right to withdraw at any time. All data were stored in a locked and fireproof filing cabinet.

Thematic analysis

In a qualitative study, the researcher organises the findings according to the major themes identified in the data. DeSantis and Ugarriza (2000, p. 362) defined a theme in the following way; 'A theme is an abstract entity that brings meaning and identity to a current experience and its variant manifestations. As such, a theme captures and unifies the nature or basis of the experience into a meaningful whole'. A theme answers the question 'How?' and, as Graneheim and Lundman (2004) stated*,* it is a thread of an underlying meaning on an interpretative level.

The interviews were read by the first author and a summary of each interview was written (in Norwegian) in order to identify its meaning. During the first reading several

statements emerged related to being suicidal and experiences of situated meanings. The second phase involved the first author re-reading the summaries and writing code words in the text to facilitate the analysis process. The themes that emerged were considered representative of the underlying meanings of the statements in the summaries. In the third phase the researcher returned to the whole text in an attempt to expand its meaning. The fourth and final phase concerned identification of main themes that were representative of the researchers' common understanding of the text. This involved reading and comparing the themes and sub-themes, after which abstractions related to them were grouped together (Table 2). Thus the analysis process was completed before translation into English took place.

Please insert Table 2 about here

Trustworthiness

The trustworthiness of the findings is related to the researchers' pre-understanding and interpretation of the statements made by the participants. Four of the researchers have long experience of working as psychiatric nurses and were aware that their pre-understanding could influence the interpretation. The fifth researcher is an intensive care nurse with specialised knowledge of nursing ethics.

The trustworthiness of a qualitative research process is based on four criteria (Lincoln & Guba, l985); credibility, dependability, confirmability and transferability. In our study, *credibility* was achieved by ensuring that the suicidal participants' perspectives were accurately represented by the inclusion of direct quotations from the interview text. *Dependability* refers to the stability of data over time and conditions. Accordingly, during the interviews, some questions were asked more than once and the participants' responses were consistent. The researchers were aware that the suicidal depressed older persons' narratives

about how they experienced a suicidal situation could have changed during their life span, thereby weakening the trustworthiness of the findings. This has been acknowledged in the 'Limitations' section of the paper. *Confirmability* refers to whether or not the researchers have achieved consensus about the relevance and meaning of the main theme, themes and sub-themes. In the present study, the authors repeatedly discussed the meanings of the main theme, themes and sub-themes until they achieved consensus. *Transferability* refers to whether or not the findings can be transferred to other settings or groups. Given the nature of the research method and study design, the authors cannot claim any nomothetic generalizability of these findings. However, it should be acknowledged that irrespective of the country in which they occur, suicidal experiences have a high degree of 'idiographic generalizability'. Such generalizability is not dependent on transferability between samples that share the same characteristics but on sameness across cases – irrespective of the sameness of the samples (Sandelowski, 1998). Denzin and Lincoln (1994) made this point clear when they stated that every instance of case or a process bears the stamp of the general class of phenomenon to which it belongs. Accordingly, every instance, case or process drawn from the substantive area of suicidal experiences is stamped with the general class traits and can be true for suicidal people in other settings.

Results

The experiences of the situated meaning of survival after being suicidal was interpreted as one main theme; 'Shadows from the past'. This theme emerged from the two themes 'Feeling that something inside is broken' and 'A struggle to catch the light'.

Shadows from the past

The depressed older persons narrated about various situations in the course of their lives when they had wished to die. One of them mentioned only one episode and added that she had

recovered completely. Three explained that being suicidal had happened once or twice in their lives, although most of them struggled with suicidal ideation on a daily basis. Their narratives recounted their struggle with memories of loss, grief, abuse and violence that they had experienced as children, adolescents and/or adults. These experiences were described as a disaster and the memories made them suicidal. They tried to survive by finding a way out of their hopeless situation and by shutting out the shadows from the past.

Feeling that something inside is broken

Being suicidal was related to experiences that invaded and influenced the old persons' strength and capacity to take control of and manage their life. The participants explained that something was broken inside them and that this feeling influenced their self-management ability in daily life. One of the participants stated; 'My son's father was unfaithful to me when I was pregnant. When our son was born he accused me of being unfaithful to him and he claimed that he was not the father of my child. Something broke inside me and has followed me ever since' (Female participant No. 5).

Not having the strength to live or die

The participants revealed that every day was a struggle to overcome their lack of strength and courage to live. One of them explained: 'The first time I wanted to kill myself was after my son was born when I developed post-natal depression. There was chaos in my head. When my husband died I felt that I could not manage without him. I did not want to live. I tried to commit suicide by taking an overdose, but did not succeed in killing myself on that occasion either (Female participant No. 1). The participants explained that they missed being happy and wanted relief from their emotional pain. Another related; 'In these situations I was full of despair and no longer had the strength to go on living. But I also did not have the courage to die. I cannot talk about it (whispers) (Female participant No. 2).

Being destroyed by guilt and bitterness

The participants stated that guilt and bitterness negatively influenced their self-management ability in everyday life. One woman explained: “Every day I see the image of my violent husband and struggle to forget it. My two daughters accuse me of neglecting them and not preventing their father’s sexual abuse. I hate this man, I admit that I’m bitter and that I could have done something, but I can’t live my life again and go back and do things differently. However, I was really not aware of the sexual abuse. I have to live forever with feelings of guilt” (Female participant No. 11). These memories were so present that the participants did not want to go on living. They expressed bitterness towards themselves and considered themselves unworthy. One of them revealed: ‘Why has this feeling come now? I ought to have had it long ago. Now I am too old and have to accept things. When I feel bitter, I think I should just end everything. Bitterness is destroying me’ (Female participant No. 1).

A struggle to catch the light

Some of the participants explained that it was a long time ago and that they had recovered from their suicidal behaviour. Their lives had improved now. They could afford to travel and were able to help their families. One stated: ‘Something happened inside me. My eyes were opened for a moment, which changed my life’ (Female participant No. 12).

Another expressed: ‘I try to catch my feelings, but they vanish. I try to make the negative feelings go away. But sometimes they continue. I attempt to identify the reason behind the depressive feelings and work through things. These thoughts follow me all the time’ (Female participant No. 4).

Being proud of themselves and managing to work through problems were described as a victory over being suicidal. However, they sometimes fell apart and needed a long time to

build themselves up again. One of the participants described this as follows: 'I'm proud that I managed to get my first husband into prison. I was strong and finally succeeded in escaping from him. But this situation did not last forever and the next day I felt awful again' (Female participant No. 11).

There is a volcano inside me while trying to hold on to life

The participants pretended to be calm and brave, but inside there was a volcano. One man stated: 'The images in my head are distressing and I fear that I will never find peace of mind. I pretend to be calm, but inside me there is a volcano. In these situations I think it could be a relief to escape from life, but a bell inside me rings and tells me; 'you cannot be such an idiot' (Male participant No. 9) They explained that death offered an opportunity for freedom. 'Not a single day goes by without thinking about how to throw myself into the water and disappear forever. I believe that this is the only way I can manage to be free' (Female participant No. 1).

The comfort of being saved

Some of the participants explained that when they no longer had the strength to control themselves they swallowed medications that they had collected over a long period, but were then discovered and saved by someone. This was described as a comfort and a spiritual experience: 'I tried to commit suicide several years ago. My life was a mess, I could not stand myself anymore. I swallowed 100 tablets. I was saved by a woman who lived nearby. I lay on the floor, but survived. I thank God that she turned up' (Female participant No. 8). Another participant stated: 'I think about how I could end my life and become free. I pray to the Lord that he will come and take me. But the Lord wants me to live and so I was saved. In this darkness my sister-in-law came and got me into hospital' (Female participant No. 6). A third participant stated: 'My life was unbearable at that time. I decided to take all the alcohol and

tablets that I had collected. I cannot exactly remember the time of the day, but I heard a sound in the distance. It was my brother. He does not usually phone me, but there he was. I understood it as a sign from God, despite the fact that I'm not usually a religious person! (Female participant No. 13).

DISCUSSION

The aim of this study was to explore and describe depressed older people's experiences of being suicidal and their search for meaning.Our findings indicated that these experiences were captured by the theme 'Shadows from the past'. Unresolved losses and grief can lead to a state where people believe and feel that death is the only means of escape and freedom. Research has revealed that as long as trauma is experienced as unexpressed terror, the body continues to remember and reacts to conditional stimuli as to a return of the trauma or loss (van der Kolk, 2005; Wheeler, 2007). Several decades ago Jung (1963) explained that *shadows* are the dark side of the personality. This personal shadow contains negative emotions and behaviours that are unacceptable to society, one's parents or self-image. The literature indicates that living into old age poses many challenges; depressed older individuals tend to have a higher rate of mental health problems, so-called 'psychiatric illness' (Conwell, Van Orden, & Caine, 2011). Studies have revealed an increased risk of suicide linked to physical illness, although the strength of this association remains unclear (Waern, Runesson, et al., 2002). However, our findings appear to highlight the fact that unresolved, historical life experiences and trauma can contribute to the situated meaning of being suicidal. The 'shadows' seem to increase the feeling that something is broken inside, which can be seen as a struggle with the most fundamental questions about the meaning of life (Marcel, l963), where life is an endless search for strategies to overcome the feeling that death represents either freedom or a threat. Although a suicidal person's despair, emotional pain and suffering have

been described in many studies (Holm & Severinsson, 2008; Holm, Bégat, & Severinsson, 2009, Holm, Berg, & Severinsson, 2009; Holm & Severinsson, 2010, investigations of depressed older persons are scarce (Kjølseth, Ekeberg, & Steihaug, 2010). The process of symbolization clarifies the meaning of past events because as long as traumatic memories continue to be experienced as speechless terror, the body reacts to stimuli as if to a return of the trauma (Van der Kolk & Fisler, l997).

Being suicidal involve**s e**motional pain that is difficult to express where one *lacks the strength to live and die.* Mental health issues resurface when coping with historical life events and losses. Life events can lead to a situation that is unbearable, even if the event itself does not seem to be the reason for the wish to die. Those who experienced traumatic events early in life reported that such events were ever present in their mind*,* causing a double sense of loss (Holm, Bégat, & Severinsson, 2009; Rurup, Pasman et al., 2011) as well as pervasive and unremitting emotional pain. Although our participants referred to significant life events that had occurred decades previously, they experienced real emotional pain in the present. This trauma can be considered the individuals' collective emotional pain over their life span. The unresolved issues left the participants with a continuing sense of guilt and bitterness, as well as the desire to take their own life.

In the struggle to catch the light, one needs to identify survival strategies in daily life. A recovery process can be interrupted by unexpected events leading to the resurfacing of old conflicts and trauma. A person can suddenly experience a turning point in the middle of such a crisis, which Topor (2001) described as a complicated combination of contradictions involving a progression from overwhelming feelings of darkness to goodness and light in the midst of darkness. The theme *There is a volcano inside me while trying to hold on to life* indicates that one can place too many demands on oneself. A demand to behave too normally

can lead to a destructive circle. Gaining situated meaning and control can take time and a person may require many years before she/he is able to feel calm in the midst of chaos and create a new sense of self. *The comfort of being saved* seems to be a spiritual experience of being saved by either significant others or God in addition to a feeling of trust. This is supported by Norberg, Bergsten, & Lundman (2001), who described suffering as 'not being at home with self and others'. Being saved can encompass participating in the same reality and sharing experiences that reveal something sacred. Persons exposed to loss and trauma spent years searching to be saved (Van der Kolk & Fisler, 1997). Surviving in daily life by occupying oneself with various activities can be a way of overcoming the problem, but if the struggle is too exhausting, one will quickly sink to the bottom (Topor, 2001).

Practical implications and conclusion

There appears to be an opportunity for a positive clinical outcome if depressed older persons are encouraged to explore and ultimately come to terms with unresolved historical issues, irrespective of whether or not they are existential such as loss/grief or abuse/trauma. It is important to be aware of differences betweendeath by suicide and suicidal ideation. Kjølseth, Ekeberg, & Steihaug (2010) reported that persons who died were in a state in which they were unable to communicate their burden to others. During the period before death they stated that death was better than life. The participants in our study did not give this impression and were able to communicate their emotional pain. In these studies an important difference is that between death by suicide and suicidal ideation. Thus the clinical implications of communication about and reflection on emotional pain are clear. However, it cannot be stated that depressed elderly persons who committed suicide had no suicidal intentions or ideation before death and therefore this issue requires further discussion. Searching for meaning in suicidal experiences provides an opportunity to reconcile oneself with fragmented yet

traumatic memories. Healthcare professionals can alleviate the older person's emotional pain, not in the umbra of the shadow, but in the light that confronts the shadow and leads to personal growth (cf. Younger, 1995). Growth implies that one is able to integrate the situated meaning of being suicidal and reconstruct the loss or traumatic experience. Personal growth can enhance change. Being in control of these memories enables control over daily life. One needs strength to live and die. Strength is also required to see oneself without the shadows, as suggested by Jung (1963).

Health care professionals must be trained to encourage suicidal older people to "tell their story" – though this is likely to require the creation of trust. Listening to the person's story can make it possible to identify the situated meanings of experiences from the past. Thus, healthcare professionals require training in order to recognise unresolved traumas. Many studies demonstrated the positive effect of using reminiscence therapy for depressed older persons (Chen, Li, & Li, 2012; Wu, 2011; Zhou, He et al., 2011) in order to address earlier unresolved or traumatic life events. Reminiscence therapy has been effective for addressing earlier unresolved or traumatic life events such as grief, irrespective of whether they are abuse/trauma related or existential.Case management, nursing care, follow-up and contact with caregivers can enhance suicide prevention. A valuable strategy in primary care settings is seeing patients on a regular basis to monitor their adherence to prescribed care plans, their response to the treatment as well as to offer support to overcome sources of distress (Grek, 2007; Lapierrer, Erlangsen, et al. 2011). Furthermore, interventions and programmes must be designed to address the needs, problems and circumstances faced by depressed older persons as well as related to their suicidal experiences and survival strategies.

Limitations

This study has several limitations. Firstly, as our study sample contained more women than men, it is possible that a sample with a higher proportion of men might have produced different results. Accordingly, the situated lived experiences of men may be different to those reported in our findings. Secondly, as Hassan (2005) stated, any research including reported data about past experiences is always weakened by the limitations of the individuals' memory and the influence of the human recall process, and our study is no exception. Such 'recall bias' may be more pronounced when the participants assess and discuss events that occurred many years ago. However, several neuroscience scholars, including Nobel prize winners, have pointed out that people tend to have accurate memories of the basic facts about a momentous event – for example, that four planes were hijacked in the 9/11 attacks. So while we acknowledge the possibility of recall bias, we also accept the possibility that the basic facts about the depressed older persons' traumatic past are accurate.

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Table 1 Demographic characteristics and suicidal history

No.	**Age**	**Living alone/widow/widower/divorced**	**Gender**	**Disorder**	**Suicidal history**
1	67	Widow, living alone	Female	Depression	Suicidal ideation throughout her adult life.
2	62	Widow, living alone	Female	Depression	Suicidal ideation after the loss of sister and husband.
3	64	Divorced, living alone	Male	Depression	Suicidal ideation activated by feeling violated.
4	65	Divorced, living alone	Female	Bipolar	Suicidal ideation after the loss of her daughter ten years ago.
5	61	Divorced, living alone	Female	Depression	Suicidal ideation over the course of the last 30-40 years.
6	82	Widow, living alone	Female	Bipolar	Suicidal ideation over the course of 40 years, but presently usually related to the loss of her daughter and husband.
7	67	Divorced, living alone	Female	Depression	Suicidal ideation over the course of the last 25 years.
8	67	Widow, living alone	Female	Depression	Suicidal ideation after the loss of her husband and son fifteen years

					ago.
9	64	Divorced, living in a nursing home	Male	Depression	Suicidal ideation 8 years ago after his wife left and he suffered a stroke.
10	65	Divorced, living alone	Male	Depression	Suicidal ideation over the course of the last twenty years.
11	72	Divorced, living alone	Female	Depression	Suicidal ideation caused by a feeling of guilt related to the sexual abuse of her daughters.
12	65	Divorced, living alone	Female	Depression	Suicidal ideation over the course of the last twenty years.
13	60	Divorced, living alone	Female	Depression	Suicidal ideation over the course of 30-40 years, but recovered six years ago.

Table 2 The situated meaning of being suicidal

Shadows from the past

Feeling that something inside is broken	***A struggle to catch the light***
Not having the strength to live or die	There is a volcano inside me while trying to hold on to life
Being destroyed by guilt and bitterness	The comfort of being saved