Young people's understandings of youth suicide:

A qualitative study

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This thesis was submitted to the School of Social Work and Social Policy,

Trinity College Dublin

for the degree of Doctor of Philosophy

30 April 2020

This thesis was supervised by Professor Robbie Gilligan and Doctor Geraldine Foley

Declaration

I declare that this thesis has not been submitted as an exercise for a degree at this or any other university and it is entirely my own work.

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Summary

In many countries, youth suicide is a serious public health issue. In Ireland, suicide accounts for approximately thirty percent of all deaths among young people aged between 15 and 24 years old. Among the 28 member states of the European Union (EU), Ireland has the fifth highest suicide rate among this age group, and the fourth highest among 15 to 19-year olds. Suicide and youth suicide have received considerable attention from academics, policy makers and campaigners. Nonetheless, the phenomenon has commonly been approached from a medical perspective focussing especially on the risk factors of suicide. By contrast, young people's own understandings of suicide have received far less attention and hence, this was a poorly understood topic. Yet, understanding how young people make sense of youth suicide is important as these meanings may help us understand how suicide may come to be seen as a viable option.

This study explored the following core question: what does youth suicide mean to young people in Ireland? The present study aims to gain a better understanding of the meanings young people attribute to youth suicide, and to build a conceptual framework of these meanings. This will be achieved by exploring both participants' individual understandings of youth suicide, and how these are embedded in local community discourses, norms, values and beliefs.

The present study makes an original contribution to the existing field of youth suicide by exploring the phenomenon from the perspective of young people in Ireland. In so doing, the study provides greater conceptual clarity about the meanings of suicide to young people. Moreover, an exploration of young people's own constructions of suicide may offer an alternative reading of suicidality in addition to the dominant bio-psycho-medical model which emphasises the role of mental illness in suicidality which is perceived as an issue that originates from within the individual. An alternative understanding of youth suicide may encourage new approaches to suicide prevention.

The present study takes the position that youth suicide is a complex multifactorial phenomenon with multiple causes and moreover, that the meanings young people attribute to youth suicide are highly subjective. This research is underpinned by a symbolic interactionist theoretical perspective which asserts that meanings are socially constructed through one's interactions with social phenomena. Hence, the meanings young people attribute to youth suicide are shaped by local norms, values and beliefs. This study takes the position that youth suicide is a multifactorial phenomenon and that mental health may be one factor among many. Gender,

shame and stigma - have provided a useful framework for interpreting young people's constructions of youth suicide.

This is a constructivist grounded theory (CGT) study which informed data generation and data analysis. Data were generated through qualitative interviews with twenty-five young men and women aged between 18 and 22 years old who lived in Dublin. Participants were selected based on the criteria that they were neither bereaved by suicide nor experienced suicidal ideation within the twelve months prior to the interview. Drawing on the principles of the grounded theory method, data were generated through interviews and memos. Data was analysed simultaneously and iteratively. A conceptual framework – short of a fully-elaborated theory – of young people's understandings of suicide was built through initial, focussed, and theoretical coding.

The conceptual framework for understanding young people's understandings of youth suicide consists of five core categories, namely i) perceptions of youth suicide, ii) stigmatisation of suicidality, iii) problems associated with youth suicide, iv) explanations of youth suicide and v) help-seeking behaviour: barriers and facilitators. These core categories are primarily underpinned by concepts of stigma and shame, as well as traditional understandings of gender. The framework illustrates the perceived seriousness of suicide influenced by perceptions of suicide as ubiquitous, novel and unpredictable which were shaped by participants' prior exposure to suicidality. The stigmatisation of suicidality describes the moral judgement underlying suicide as wrong informed by participants' reports on the impact of suicide. The stigmatisation of suicide may be a mechanism of coping with the threat of suicide. The description of the problems that may play a role in young people's decision to end their lives further underline the multifactorial complexity of suicide which was discussed both in relation to mental health but also in relation to a range of other factors. Explanations of suicide trace participants' attempts of making sense of suicide in the aftermath of the shock entailed someone's suicide. Moreover, these explanations illustrate the possible pathways from feeling trapped to perceiving suicide as a viable option. Lastly, help-seeking outlines the barriers and the facilitators that prevent or enable young people to confide in someone.

Acknowledgements

At the end of a long process, there have been many people who have accompanied me on some of the way, or all the way through. So many people have generously given of their time, knowledge and insights. Without such a solid support network, it would have been infinitely more difficult to carry out a challenging study like this.

First and foremost, I would like to thank all the young people who took part in this study. I cannot thank you enough for taking the time to share with me your views on a topic that for some of you was painful and sometimes difficult to discuss. Without your generosity, this study would not have come to life.

I would also like to thank the staff of the organisations who facilitated the fieldwork. Thank you for believing in the value of this study. Thank you for introducing me to the young people and for allowing me to use your premises for the interviews, even though this was disruptive of your daily routines.

I am deeply grateful to my supervisor Professor Robbie Gilligan. Robbie, I cannot thank you enough for all the time you have invested in this project. You have been most generous with your time, advice and insights, even before the start of this study. Without your help to secure IRC funding, it would not have been possible for me to do this research. Thank you for your continued belief in this challenging project, for reading draft after draft and for your reassurance, especially in the final months and days.

I also am most grateful to my second supervisor Doctor Geraldine Foley for guiding me through the deployment of a challenging methodology. Your insights helped me understand grounded theory much better, and to see that I was still on the right track. Thank you, too, for patiently reading drafts of the chapters and for providing valuable feedback and pointers for improvement.

I would also like to express my heartfelt gratitude to the Irish Research Council whose Government of Ireland Postgraduate Scholarship enabled me to carry out this study.

I am very grateful to all those who generously shared their expert views on conducting a study like this. Jeanne Forde, Helen Coghlan and Fidelma Byrne, your advice has most certainly helped me to navigate the details of the ethics application. Many thanks to Dr Sean Kidd for agreeing to a Skype call to discuss some of the trickier details in terms of ethics.

Trisha Forbes, thank you for sharing your experiences of discussing youth suicide with young people as part of your own PhD.

Big thanks also to Shireen Shortt for providing valuable insights into doing research with young people.

A huge thanks to Sorcha! I could not have asked for a better colleague and friend. Doing a PhD can be a lonesome process paved with ups and downs. It helps to share a space with someone who is in the same boat. Also, our sessions of bouncing ideas off of each other were invaluable.

Many thanks also to Dr Michael Feely for generously giving of your time to talk theory, and for the loan of books!

Stian, I don't think words can express how lucky I am feeling to have you in my life. Thank you for your love, patience and support: you could not have been more patient, understanding and thoughtful. Writing this thesis would have been so much more difficult without your continued support. I now vacate the 'office' and return it to you!

Carrie and Brendan, I could not have asked for better roomies! Thank you for lending your ears, thank you for being so understanding, especially in the last few weeks.

Brian, thank you for making the long journey across town to go for runs, cake and coffee in the wonderful Phoenix Park and, of course, for giving so generously of your time to read through the chapters of this thesis to locate sneaky typos and grammar mistakes.

Sara, thank you for taking the time to work your way through the Literature Review, and for going for walks with me which helped to take the edge off the pre-submission jitters.

A big thanks also to Michael Cooke for your patience and generosity, especially when I needed to take some time off.

Dave Hedges! I cannot thank you enough for letting me be part of the Wild Geese family. Being able to exercise at Wild Geese was an invaluable resource to me in terms of navigating the challenges of doing a PhD and minding my own mental health. Fortunately, metal is a very forgiving material!

Lastly, a big thanks to my Aunt Marianne and Uncle Udo, for keeping me connected with Germany and for offering remote encouragement when things got difficult.

I would like to dedicate this study to all the young people who have lost their lives to suicide, and to their families and friends who continue to ask themselves: *Why*?

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Preface: Reflections on the role of suicide in my personal life

The phenomenon of suicide has a personal meaning to me. In 2003, when I was twenty years old, roughly the same age as the young people who participated in this study, Jan[1], my boyfriend at the time, attempted to take his own life. Although he survived, the realisation that he had tried to end his life was unsettling. What followed was a period of trying to make sense of his suicide attempt. When I thought about what I would write about my motivations for undertaking a study on young people's understandings of youth suicide, I grappled with the question to what degree such a personal story should be included in this thesis. However, Jan's suicide attempt had a profound impact on my life, and it would be inaccurate to deny its influence on this research. Researcher reflexivity is an important aspect of a constructivist grounded theory study (Charmaz, 2014, 2017). Hence, with Jan's consent, I start with a brief overview of my own experience of making sense of the suicide attempt of a person who was very close to me.

Jan's suicide attempt divided my experience of life into a before and after period. Before, suicide was an abstract phenomenon that hovered somewhere at the fringes of my life. My views of suicide were shaped by literature, such as Hermann Hesse's book *Der Steppenwolf* in which Heinrich Haller, the main protagonist, decides to end his misery on his fiftieth birthday if life did not improve. Away from literature, in the real world, suicide was only present on the periphery of my life. I grew up in a small town about fifty kilometres away from a psychiatric hospital commonly known as *Reichenau*. The hospital was built in the early 20th century and some of the old buildings are surrounded by tall mesh wire fences. The houses, arranged like a small village, are visible from the train line. In common language usage, the *Reichenau* was synonymous with madness. "Are you from the *Reichenau*?" or "Should I call the *Reichenau*?" meant the same as asking: "Are you mad?" Yet, I do not remember that people around me ever talked about the patients.

Suicide only entered my consciousness when I used the commuter train to go to school every day. Due to the proximity of the train tracks to the *Reichenau*, on occasion, the train suddenly stopped near the hospital. Every time, passengers heard the distorted announcement that due to a *Personenschaden* (literally personal damage), they had to transfer to the regional bus. Although none of the information ever explicitly revealed that the personal damage really was a *Selbstmord* (suicide, literally self-murder), it was generally assumed that someone from the *Reichenau* had jumped in front of the train. This happened several times a year and mostly

[1] Not his real name.

during the evening rush hour time. Generally, people experienced these 'personal damages' as a nuisance. As the regional bus company struggled to accommodate the unexpected influx of passengers at these times, a 30 minutes journey became twice as long or longer. For me, suicide became wrapped up in people's annoyance who muttered about the disruption they caused. Little empathy was given to the deceased whose suicide became a symbol of selfishness as they seemingly had no regard for the driver, or the police and emergency services who had to deal with the remains.

In my circle of friends, it was also perfectly acceptable to discuss suicide (e.g. the methods that could be used) in a theoretical way, as an expression of coping with life's problems as distinct to a concrete plan. It was easier to think about suicide occasionally, as an abstract entity that happened to others somewhere else. We never thought that suicide would happen to anyone close to us, so when Jan tried to end his life, it marked a turning point in my life.

I knew that Jan had been feeling increasingly overwhelmed by life's demands. As a young man, he struggled with work, college and independent living in the sense that he was feeling a gradual loss of control over these aspects of his life, and as a result, he felt increasingly depressed. Although I, his close friends and family knew that he was struggling, we did not realise that he was suicidal. Jan talked about the possibility of suicide once but quickly minimised the risk of suicide saying that he was "too much of a coward". At the time, I did not realise that I had missed a clear warning sign. I was too focused on finding ways to help Jan out of his state of depression and I felt that as his girlfriend, I was supposed to be supportive. We felt let down by the health service as there was a long wait to get an appointment. Moreover, asking Jan's family or friends for help was not an option as Jan was worried about not burdening his family and moreover, he worried that his friends would not understand, or worse, judge him. Certainly, at that time, a latent mental health stigma existed, if the colloquial usage of the *Reichenau* as a synonym for madness is any indication. In retrospect, that period in my life felt like a bubble which isolated Jan and me and when it finally burst, I felt a strange sense of relief, on top of a kaleidoscope of emotions.

When I talked to Jan about his suicide attempt, he described that moment as "something snapped". Jan rang me that evening and he disclosed that he had injected an overdose of insulin. Shortly afterwards, he felt scared and regretful, which prompted him to telephone me. When I realised what he had done, I called the ambulance and he was brought to hospital. Jan's housemate was in the same apartment at the time. He only learned that his housemate and friend just tried to end his life when the ambulance arrived, which left him visibly shaken and lost for words. I witnessed this reaction when Jan, still conscious, was on a gurney inside the

ambulance as the medics attended to him before driving off to the hospital. I do not remember how I got there, but I remember calling Jan's older sister who followed me to the hospital where we waited. I was glad for her support but at the same time, as Jan's sister, she too grappled with the knowledge that her brother just tried to end his life and moreover, it was her who gave the news to their parents.

Afterwards, a brief period of hospitalisation followed to keep Jan safe and to give him time to process what had happened. Personally, I felt grateful that professionals were looking after him and that his personal struggles were no longer private. I was glad that someone else, someone who knew how to deal with this situation, stepped in and took over. I also felt relieved that I no longer needed to keep his secret like he had asked me to.

Following the initial shock, Jan and I spent many hours discussing what had happened. However, the real work of processing the events on that particular evening took years of unravelling the events that took place in the lead-up to it. Now, as I write up this thesis, I revisited this topic with Jan. Retrospectively, he claimed that he never wanted to die but for a fleeting moment, suicide had seemed like a way out. He once described his suicide attempt as an escalation of his situation, a moment where, as he stated, "the cards were reshuffled". It was a turning point because it was an opportunity to have a more open dialogue with the people closest to him. At the same time, some of his friends felt angry, confused and, as he had anticipated, showed little empathy and understanding. Especially Jan's housemate, who was very angry with Jan for not talking to him about how awful he felt, for trying to take his own life, and because he realised that it would have been him who would have found Jan's body. Personally, I never felt angry with Jan and I am glad he is still alive, but I cannot deny the effect his suicide attempt had on me. I feel lucky because unlike many other people, there were many opportunities to talk about his suicide attempt and I got answers. Yet, I feel more sensitised to the presence of suicide.

After moving to Ireland, I sometimes encountered the subject of suicide. During my undergraduate degree at NUI Galway, I moderated the online forums of a youth organisation called *SpunOut* and sometimes, forum users stated that they wanted to end their lives. All moderators had to complete *LivingWorks*' Applied Suicide Intervention Skills Training (ASIST) offered by the Health Service Executive[2] (HSE). Forum users were anonymous which meant that there was nothing we could do besides continuing to talk to them while hoping for the best. Although difficult, the ASIST course had given me the tools to respond appropriately. Through an international research project on youth civic and political engagement, I spent about two

[2] The national health service of Ireland.

years with young people in a disadvantaged community in Dublin. Mostly through occasional conversations with youth workers, I got an insight into how commonplace youth suicide seemed to be in this particular community as well as in Ireland in general. So, when I first met Robbie Gilligan for a conversation about how findings from the youth study might be advanced into a PhD, I eventually decided that this was an opportunity to embark on a project that could help to improve our understanding of how young people make sense of youth suicide. I have not used any of the data from the youth engagement study in this thesis. However, the youth engagement project was the catalyst for this thesis. In Chapter Three (Methodology, Section 3.9), I revisit these experiences outlining their influence on the present study. First, however, I describe the current situation of youth suicide in Ireland.

Chapter One Introduction

1.1 Introduction

Suicide is a global phenomenon that seems to affect every country[3] (World Health Organization, 2019). In this chapter (Chapter One), I present an overview of the phenomenon of youth suicide. I begin by providing an account of suicide rates which helps to illustrate the prevalence of the issue, both globally and locally, i.e. in Ireland. Then I describe the policy strategies Ireland has developed to tackle youth suicide, and to improve young people's well-being more generally. In addition, I briefly summarise relevant suicide prevention and mental health campaigns. Subsequently, I outline current local and global trends in suicide studies which provides further context in relation to which the present study is situated. This provides the backdrop for the rationale for my study, followed by the research question, a description of the study's aims and its objectives. Lastly, I briefly describe the structure of the present thesis.

1.2 Youth suicide in Ireland

In many countries, youth suicide is a serious public health issue. The World Health Organization (2019) estimated that on average, approximately 800,000 people die by suicide every year. In 2016, about one quarter were young people between 15 and 29 years old. Globally, suicide is the second leading cause of death for both sexes and for young women, and the third leading cause of death for young men. In all but five countries[4], suicide across all age groups was 1.8 times higher in men than in women.

In the period between 2007 and 2018, suicide in Ireland accounted for approximately thirty percent of all deaths[5] among young people between 15 and 24 years old (Central Statistics Office, 2018b, 2018a, 2019). Although total numbers of suicide appear to have declined somewhat over recent years (see Figure 1), Ireland's suicide rate seems to remain high compared with the European average. According to recent Eurostat (2019) data, in 2016[6], Ireland had the third-highest youth suicide[7] rate among the 28 Member States of the European Union (EU), which, at 11.4 per 1,000, was almost twice as high as the EU average (5.81 per

[3] According to the World Health Organization (2019), no data was available for Greenland.

[4] Bangladesh, China, Lesotho, Morocco and Myanmar (World Health Organization, 2019, p. 10).

[5] Total deaths n=2849; suicides: n=930 (Central Statistics Office, 2018b, 2018a, 2019).

[6] Last updated: 20.09.2019 (Eurostat, 2019).

[7] Age band: 15-24 years old.

1,000). In the same year, Ireland also had the sixth highest rate for male youth suicide[8], and the second highest rate for female youth suicide[9]. In addition to the high rates of youth suicide in Ireland, rates of self-harm among young people are increasing, too. A recent publication by Ireland's National Suicide Research Foundation (Griffin et al., 2018) found that between 2007

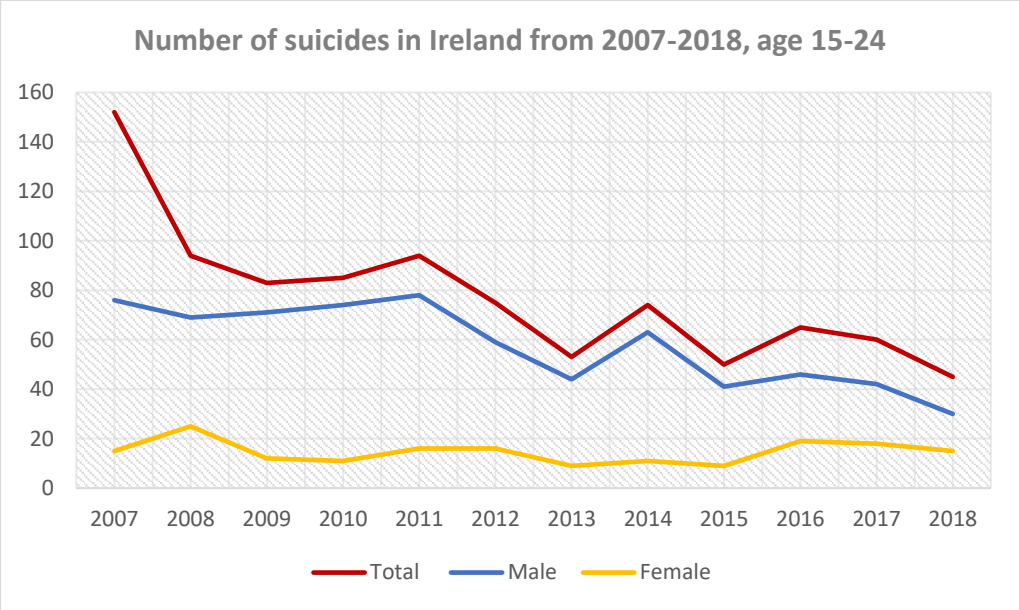

Figure 1: Number of suicides in Ireland from 2007-2018, age 15-24

and 2016, rates of self-harm among 10 to 24 year-olds had increased by 22 percent. Griffin et al. reported that this trend was even more pronounced among young women with an increase of 29 percent compared to a 14 percent increase among young men. Self-harm, especially repeated acts of self-injurious behaviour, are among the most reliable predictors of fatal suicidal behaviour (Bennardi, McMahon, Corcoran, Griffin, & Arensman, 2016; Carroll, Metcalfe, & Gunnell, 2014; Castellví et al., 2017; Ribeiro et al., 2016). The prevalence of both youth suicide and self-harm have raised serious concern about young people's well-being. This prompted the Irish Government to develop several strategies to reduce rates of youth suicide and self-harm and to promote well-being, as described in the following section.

1.3 Policy agenda to address youth suicide in Ireland

As demonstrated in the previous section (Section 1.2), youth suicide is regarded as a serious issue in Ireland. Since 2005, there have been two national strategies for the prevention of suicide: *Reach Out* (Health Service Executive, National Suicide Review Group, & Department of

[8] Male suicide rates: Ireland: 15.9 per 1,000; EU average: 8.7 per 1,000.

[9] Female suicide rates: Ireland: 6.2 per 1,000; EU average: 2.8 per 1,000.

Health and Children, 2005) and *Connecting for Life* (Health Service Executive, Department of Health, Healthy Ireland, & National Office for Suicide Prevention, 2015). Moreover, several policy documents present strategies to improve young people's lives, amongst them *A Vision for Change* (Department of Health and Children, 2006), *Better Outcomes, Brighter Futures* (BOBF) (Department of Children and Youth Affairs, 2014), the *National Youth Strategy* (Department of Children and Youth Affairs, 2015). Some policies have been translated into action. *Connecting for Life* (CfL) and *A Vision for Change* resulted in the establishment of the *National Youth Mental Health Task Force* in 2016 which focused exclusively on improving young people's[10] mental health. Moreover, CfL resulted in *Little Things*, a national public health campaign initiated by the National Office for Suicide Prevention (Health Service Executive, 2018). *Little Things* seeks to encourage people to take care of their mental health and well-being by making small improvements to, for example, their diet, sleep and exercise levels. Moreover, people are encouraged to be more open to discussing problems, socialise and reduce alcohol. Furthermore, the Health Service Executive[11] (HSE) provides general public advice on mental health and well-being management online on issues such as depression, lifestyle, sleep, stress and how to access support (Health Service Executive, n.d.). Other noteworthy campaigns are Pieta House's (2019) *Darkness into Light* candle-lit group walks which encourages conversations about mental health, and the *Cycle Against Suicide* (2019) which promotes the importance of help-seeking. I discuss these policies and campaigns in more detail in Chapter Two (Literature Review).

1.4 General background: Current trends in suicidology

Suicide has long been studied in a variety of different academic disciplines, such as sociology, psychology, medicine, biology and history. Nonetheless, medicine (i.e. psychiatry) appears to provide the most powerful discourse surrounding suicide (Marsh, 2016; Pouliot & De Leo, 2006) resulting in the following three assumptions proposed by Marsh (2016): First, suicidal individuals are mentally ill. Second, suicidality is an issue that originates from within the individual. Third, objective research based in medicine is most suited to understanding suicide. Marsh (2016) expressed his concern that these assumptions tend to be accepted as indisputable 'truths'. This truth has resulted in a large body of predominantly quantitative research which can be categorised as epidemiological research, (neuro)biological research, intervention studies (Goldblatt, Schechter, Maltsberger, & Ronningstam, 2012; Hjelmeland, 2016; Hjelmeland &

[10] The Task Force defines young people as aged zero to 25 years old (Department of Health & National Youth Mental Health Task Force, 2017).

[11] The HSE is Ireland's national health service.

Knizek, 2010). Furthermore, quantitative psychological autopsy studies commonly produce the finding that mental illness is a risk factor of suicide which is both tenacious and dangerous. Hjelmeland et al. (2014) have warned that the focus on mental illness as *the* most important risk factor may lead to the perception that individuals who do not show signs of mental illness are not at risk of suicide, potentially leading to otherwise preventable suicides.

This focus on mental illness implies that suicidality ultimately originates from within the individual. Kral (1998) referred to this notion as the "great origin myth" (p. 229) suggesting that regardless of academic discipline, suicidality is a product of internal factors. For example, neurobiologists may conclude that genetic predispositions increase risk of suicide while psychiatrists may explain suicide as caused by mental illness (Marsh, 2016). Locating suicidality within the individual may lead to the erroneous perception that suicide prevention is the sole domain of mental health professionals (Hjelmeland et al., 2014). Furthermore, individualising suicidality means to disregard the socio-cultural context, even though "no one who commits suicide does so without reference to the prevailing normative standards and attitudes of the cultural community" (Boldt, 1988, p. 97).

The focus on suicide as a mental health issue that is primarily located within the suicidal person also affects the study of youth suicide. For example, as described in Chapter Two, the *Saving and Empowering Young Lives in Europe (SEYLE)* study focuses on developing strategies to promote "adolescent mental health and [to decrease] suicidal thoughts and behaviours" (McMahon et al., 2017) to address the issue of suicide and self-harm. The Irish *My World Survey* (MWS) (Dooley & Fitzgerald, 2012, 2013) sought to establish a baseline for both "risk and protective factors of youth mental health in Ireland" (p. 4). Nonetheless, the need for a broader understanding of youth suicide has been noted. For example, the CASE study (Scoliers et al., 2009) which aimed to find out about teenagers' reasons for deliberate self-harm and was carried out in seven countries[12] - including Ireland - highlighted the limitations of the study pointing out that interviews with young people would provide a deeper understanding about their motivations for self-injurious behaviour. Moreover, as I outline in detail in Chapter Two, a small but growing body of Irish and international research has been emerging which investigated young people's perspectives on youth suicide emphasising the multifactorial complexity of suicide.

[12] Australia, Belgium, England, Hungary, Ireland, the Netherlands and Norway

1.5 Rationale: The importance of studying young people's understandings of suicide

There is growing evidence from qualitative Irish (Sweeney, Owens, & Malone, 2015) and international studies (e.g. Bartik, Maple, & McKay, 2015; Rasmussen, Dyregrov, Haavind, Leenaars, & Dieserud, 2015; Rasmussen, Haavind, & Dieserud, 2017; Roen, Scourfield, & McDermott, 2008) that suggests mental health issues such as depression might not play the most prominent role in a young person's crisis situation. Instead, Roen et al. (2008) have argued that we should "approach suicide as a psycho-social phenomenon that occurs within cultural contexts and impacts on whole communities" (p. 2090) to understand how suicide becomes a viable option for young people. Yet, calls for more qualitative research since at least the 1960s (e.g. Douglas, 1967) have not been answered comprehensively. In Ireland, young people's own understandings of suicide have received little attention and hence, this was a poorly understood topic. I argue that the present study makes an original contribution to the existing field of youth suicide by exploring the phenomenon from the perspective of young people in Ireland. In so doing, the study will provide greater conceptual clarity about the meanings of suicide to young people. Moreover, I suggest that an exploration of young people's own constructions of suicide may offer an alternative reading of suicidality in addition to the dominant bio-psycho-medical model which emphasises the role of mental illness in suicidality which is perceived as an issue that originates from within the individual (Hjelmeland et al., 2014; Hjelmeland & Knizek, 2017; Marsh, 2016; J. White, Marsh, Kral, & Morris, 2016). An alternative understanding of youth suicide may encourage new approaches to suicide prevention (J. White, 2012; J. White & Kral, 2014).

1.6 Core research question, aims and objectives

This study seeks to address the following core question: what does youth suicide mean to young people in Ireland? The present study aims to gain a better understanding of the meanings young people attribute to youth suicide, and to build a conceptual framework of these meanings. This will be achieved by exploring both participants' individual understandings of youth suicide, and how these are embedded in local community discourses, norms, values and beliefs.

1.7 Structure of the present thesis

This thesis is comprised of ten chapters. In this chapter (Chapter One), I have provided a background to this research. I have outlined my rationale for this study, what I aim to do and how, as well as where this study fits within the Irish context.

In Chapter Two, I describe how changes in conceptualisations of youth and suicide reflect changes in society over time. Alongside scientific advances, based on cognitive and physiological differences, childhood was eventually recognised as a life stage different from adulthood, and formally expressed through child protection laws in the 19th century. Youth is a relatively recent concept that emerged in the 1950s. Since then, conceptualisations of young people transitioned from relative independence in the Middle Ages to young people being a cause for concern as they are either deviant or at risk, or both.

Conceptualisations of suicide have evolved in a similar fashion. Condemned by the early Christian church fathers as a sin against god and society, scientific progress has led to a better understanding of the biological and psychological factors that play a role in suicide. Contemporary explanations commonly employ a medicalised model linking suicide with mental illness, especially depression.

I then review qualitative studies on young people's conceptualisations of suicide that show that contrary to the orthodox depression model of suicide, socio-cultural discourses of shame and stigma may play a significant role in a young person's decision to end their life.

Chapter Three provides a detailed overview of the methodological framework and methods used in this study. I discuss what the constructivist grounded theory method is, how it is particularly suited to investigating a poorly understood topic like this and how it was implemented in this study. I also discuss at some length the ethical and practical implications of researching a topic as sensitive as suicide.

The findings from the present study are presented in five distinctive chapters (4, 5, 6, 7 and 8). In Chapter Four, I describe participants' perceptions of youth suicide. I outline participants' constructions of suicide as a serious issue which is ubiquitous, novel and unpredictable, which seems to have evoked a sense of powerlessness to prevent future suicides. I then illustrate how participants' prior exposure to suicidality may have contributed to their understandings of suicide as a serious issue.

In Chapter Five, I illustrate how suicidality was constructed as a stigmatised issue which was represented in participants' judgements of suicide as wrong, sad, wasteful, selfish and cowardly, rather than courageous. I subsequently expand on the impact of suicide on young people and their communities. I illustrate how suicide is talked about, which influenced participants' understandings of suicide as wrong. Another contributor to participants' judgements of suicide

were their own, complex feelings they grappled with in the aftermath of a suicidal act[13]. Moreover, participants observed other people's grief following a loved one's suicide. As a result, they tended to feel more empathetic towards the bereaved than the deceased which suggested that a more appropriate response to one's problems would have been to seek help.

In Chapter Six, I present an overview of the problems that participants' associated with youth suicide, including mental illness, victimisation through bullying or the threat of being bullied, relationship difficulties, drugs and alcohol, and lastly, social pressures. In this chapter, I seek to provide a more detailed picture of participants' interpretations of young people's struggle to provide a better understanding of the youth world.

In the first part of Chapter Seven, I reconstruct participants' attempts to make sense of specific incidents of suicide. I start this process by outlining participants' reactions to shock, surprise and bewilderment. I then situate this sense of shock within participants' interpretations of the mood and behaviour of the deceased, and in their assumptions about suicidal individuals. Participants' descriptions of the deceased stand in stark contrast with their prior assumptions about suicide, and the resulting confusion prompted participants to search for a more plausible explanation. Participants concluded that the deceased pretended to be happy and that they concealed their true feelings allowed participants to construct an explanation that tallied with their prior assumptions. This helped explain why suicides among friends and peers were so surprising. In the second part I trace - from the perspective of participants - how suicide becomes a viable option for some young people. I describe how a problem perceived as too shameful to disclose becomes a trap. Feeling isolated, a young person's situation becomes increasingly intolerable and from which they are longing to escape. At this point, suicide appears to become a viable option, which may then take place either as the result of a rational decision or an impulse.

In the last of the findings chapters (Chapter Eight) I sketch the reasons why some young people, according to participants, may decide against asking for help. Firstly, I describe fear - the fear of being misunderstood, the fear of being judged, the fear of being the target of gossip and ridicule, and the fear of humiliation as barriers to help-seeking behaviour. Secondly, I illustrate how suicidal young people may fear that they might be bullied as a result of disclosing their suicidal thoughts. Finally, I outline - from the perspective of participants - how young people can engage more effectively with supports when they trust in the supports available to them.

[13] Suicidal act includes both completed and attempted suicides.

In Chapter Nine, I discuss the findings from this study in relation to the existing literature. Throughout this chapter, I highlight how the findings converge and diverge from past research. Furthermore, I underline any new dimensions that the findings add to our existing knowledge of youth suicide. Where appropriate, I point out both new and unexpected findings. I discuss how participants' constructions of youth suicide highlight the complexity of the issue. Based on the data, I suggest that it is unlikely that one single factor can account for suicidality, before discussing the multifaceted nature of suicide in more detail. I tease out the perceived threat of suicide in relation to notions of 'normality' leading into a discussion of suicide in relation to concepts of stigma and shame. This chapter juxtaposes participants' own stigmatising constructions of suicidality and young people's distress with participants' perceptions of young people's tendencies to internalise social stigma and shame. Lastly, I conclude with a debate pertaining to the barriers to help-seeking which may enable young people to view suicide as a viable 'alternative'.

In the final chapter (Chapter Ten – Conclusion), I provide a background summary of the present study before addressing the key findings from this research. I then discuss the strengths and limitations of the research design, including a critique of the quality of the study, and an evaluation of the benefits and challenges of employing a constructivist grounded theory method. Lastly, I discuss the implications for policy, practice and future research.

1.8 Conclusion

In this chapter (Chapter One), I presented an overview of the phenomenon of youth suicide in terms of local and global suicide rates. I described Irish policy strategies to tackle the issue of youth suicide, and to improve young people's well-being more generally. This was followed by a brief summary of relevant suicide prevention and mental health campaigns. I outlined current local and global trends in suicide studies, followed by an explanation for the importance of this study, the research question, aims and objectives. Lastly, I summarised the structure of the thesis. In the next chapter (Chapter Two), I review relevant literature in relation to both youth and suicide.

Chapter Two Literature review

2.1 Introduction

This dissertation seeks to explore what youth suicide means to young people in Ireland. I begin this chapter (Chapter Two) by describing how social conceptualisations of both 'youth' and 'suicide' have changed over time. I then provide an overview of current trends within the field of suicidology, before focussing on relevant qualitative and quantitative studies exploring young people's understandings of youth suicide. I conclude this chapter by describing the gap in the literature, and how the present study will contribute to research on young people's understandings of youth suicide.

2.2 Conceptualising youth

Youth is an ambiguous and contested socio-cultural construct that exists in relation to childhood and adulthood (Perovic, 2016; Wyn & White, 1997). Youth refers to an intermediate phase of the life course during which human beings make the transition from dependent child to independent adult. However, it is difficult to discern where the youth phase begins and where it ends, because neither childhood nor adulthood have boundaries that are clearly delimited. Wyn and White (2013) argued that "the term 'youth' does not refer to something solid, real or innate" (p. 4) but rather, its meanings are specific to historical, socio-cultural, political and economic contexts, as well as to social policies (Cieslik & Simpson, 2013; Heinz, 2009; Tyyskä, 2014; Wyn & Cahill, 2015). Contemporary European understandings of youth have developed from historical conceptualisations of childhood in western societies, as I will describe in this chapter (Chapter Two). As this study is located within an Irish context, the following sections will refer to historical and contemporary conceptualisations of youth in western societies, unless stated otherwise. The first half of this section provides an overview of historical understandings of childhood and youth while the second half deals with contemporary debates on youth as at risk and youth as agentic.

2.2.1 Historical conceptualisation of youth

The existence of childhood and youth were not always recognised as clearly in legal and policy documents as they are today. Contemporary understandings of childhood and youth are often associated with both the Enlightenment and the Industrial Revolution. Historians have debated whether notions of childhood and hence, youth, as a separate category from adulthood have existed prior to the seventeenth century. Some (e.g. Ariès, 1979) argued that preindustrial

societies lacked awareness of developmental differences between children, young people and adults. Once weaned, under-eighteen-year olds were regarded as inchoate mini adults (Cieslik & Simpson, 2013; Hendrick, 1997). Youth was "associated with the ability to be self-sufficient and responsible for others" (G. Jones, 2009, p. 3). This view has been contested by others (e.g. Gillis, 1981) who insisted that conceptualisations of youth or adolescence have indeed existed in preindustrial times, possibly as far back as ancient Greece and Rome (Cieslik & Simpson, 2013; Fass, 2012). Furthermore, it has been proposed that preindustrial societies recognised the biological differences between children and adults (Ferraro, 2012). Gillis (1981) argued that although strict age brackets as we have today (e.g. imposed by schooling) did not exist, young people were distinguished from both young children and "married adults" (p. 4) through age-specific traditions, practices or rites of passage (e.g. games, dances, church confirmations). Shorter lifespans also meant that the phase of dependent childhood was shorter, and children were expected to become independent and take on responsibilities at a younger age than today. Depending on social class and hence, wealth and status, children younger than ten years started to work (e.g. on family farms or in domestic service), became apprentices aged 14 years old and younger, or started university aged 15 years old (Ferraro, 2012; Gillis, 1981; Heywood, 2012). This often meant that children and young people had to leave the parental home to make a living (Fass, 2012; Ferraro, 2012).

Movements in the sixteenth and seventeenth centuries (e.g. northern humanism, the Protestant Reformation and the Enlightenment) were marked by debates about the nature of the child and child rearing (Ferraro, 2012). Theologians, secular philosophers and laypeople were divided over the question whether children possessed a natural, innate innocence (e.g. philosophers Locke and Rousseau) or were inherently sinful and evil (e.g. educator Hannah More) (Ferraro, 2012; Hendrick, 1997). Yet, "they concurred that childhood was the critical period when character was shaped and that education was imperative" (Ferraro, 2012, p. 71). These debates laid the foundation for the first mass education systems (Soysal & Strang, 1989) leading to an extension of childhood and hence, an extension of the youth phase (Ferraro, 2012). However, Enlightenment notions of idealised childhoods where children were allowed to be children before becoming adults (Hendrick, 1997) were generally reserved for children of privileged families (Ferraro, 2012; Heywood, 2012).

The Industrial Revolution brought about social and economic change in which children and young people played key roles as rapid industrial growth demanded a large workforce. Moreover, working-class families depended on the additional income that their children, as young as eight years old, generated working in the textile, coal and pottery industries. Children

were expected to work the same hours as adults (Cunningham, 2000; Heywood, 2012; Humphries, 2013). Despite the existence of notions of childhood and youth in preindustrial times, the Industrial Revolution tends to be associated with contemporary understandings of youth. Public concern about the impact of the hazardous conditions in Europe's factories on the "health, morality and education of children" (Heywood, 2012, p. 133) led to the introduction of child protection legislation in the nineteenth century. A series of acts in Britain (e.g. the *1833 Factory Act* or the *1872 Mines Regulation Act*) led the way in curtailing the number of hours children and young people could work. Furthermore, schooling was made compulsory in 1880. Other European countries eventually followed suit by introducing similar legislation. This did not mean that child labour disappeared over night, especially since poor families depended on the income generated by their children. However, age-specific child protection laws meant that children were formally distinguished from adults and the meaning of childhood was redefined (Cunningham, 2000; Heywood, 2012).

2.2.2 Contemporary constructions of youth

Since the late nineteenth century, young people's lived experiences have changed considerably in tandem with social and economic changes (Furlong & Cartmel, 2007). Childhood and youth studies have been evolving continuously, and conceptualisations of youth have undergone several transformations alongside scientific advances and new ways of thinking (Cahill, 2015). Scholars of different disciplines (e.g. social sciences and psychology) as well as policy makers have put young people at the centre of both research and policy (Cieslik, 2003; P. West, 2009). Throughout the 20th and 21st centuries, youth has been constructed as problematic and deviant in need of socialisation and control. Young people have also been perceived as being at risk and hence, as cause for concern and further intervention (Cahill, 2015; Cieslik & Simpson, 2013; R. White & Wyn, 1998). Over the past century, different traditions in the study of youth (e.g. youth as culture, youth transition or generation) have emerged (Cieslik & Simpson, 2013; R. White & Wyn, 1998). However, in this section I focus on the theory of youth development according to which young people are constructed as vulnerable and at risk (Wyn & White, 1997), for example, at risk of suicide. Just like suicidology, youth has also been medicalised and hence, individualised (Cahill, 2015).

In the 21st century, young people have primarily been categorised, conceptualised and problematised based on age and perceived maturity (e.g. Cahill, 2015; Devlin, 2006; R. White & Wyn, 1998). However, the definition of youth is not necessarily consistent within and between countries (Perovic, 2016). In Ireland, different policy documents and reports focussing on youth

have used varying age bands to categorise young people. The *Tackling Youth Crime*: *Youth Justice Action Plan 2014-2018* (Department of Justice and Equality, Irish Youth Justice Service, & Department of Children and Youth Affairs, 2013) uses the Irish legal framework to define 'youth' or 'young person' as anyone under the age of 18 years. According to the *National Youth Strategy 2015-2020* (Department of Children and Youth Affairs, 2015), youth is defined as individuals from 10 to 24 years old. By contrast, the *National Youth Mental Health Task Force Report 2017* (Department of Health & National Youth Mental Health Task Force, 2017) refers to youth as young people aged between zero and 25 years old. Similarly, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Department of Children and Youth Affairs, 2014) addresses children and young people between zero and 24 years old. In many other European countries[14], the youth phase often lasts beyond the age of 24 or 25 and includes young people in their late 20s or even early 30s.

Legally speaking, youth does not exist as an explicitly defined category wedged between childhood and adulthood. In Ireland, a person is considered a child from age zero to eighteen years, from which point they are considered an adult. Age gradings determine what minors can and cannot do which gives insight into socio-cultural conceptions of young people's agency. Agency refers to "the conscious actions of young people in relation to the world around them" (Wyn & White, 1997, p. 140). Depending on age-based perceptions of maturity, young people are given or denied rights and responsibilities which are taken for granted in adulthood (Wyn & White, 1997). In Ireland, minors can start working at age fourteen years and become apprentices at age sixteen years. They may consent to medical procedures at age sixteen and consent to sexual intercourse at age seventeen. Interestingly, while individuals under eighteen years old can consent to medical procedures, they could not have taken part in this study without parental consent (Department of Children and Youth Affairs, 2012a). Paradoxically, the age of criminal responsibility is a lot younger than the age of consent. Persons from the age of ten can be held liable for the most serious crimes such as murder, manslaughter, rape, and aggravated sexual assault, and for all other offences from the age of 12. The Irish age of criminal responsibility is among the lowest in Europe which most commonly starts at age 14 (Child Rights International Network, 2017; Citizens Information, 2017).

Grouping young people according to their age is based on the theory of youth development which is the result of psychological studies on human psychosocial development (e.g. Freud,

[14] In most European countries (including countries that are not part of the European Union), youth begins between 12 and 16 years, and ends around 29/30 years old. A minority of countries do not distinguish between childhood and youth. In Greece, Cyprus, Romania, San Marino and Ukraine, youth ends between 32 and 35 years old (Perovic, 2016).

Mead, Piaget, Erikson) which is closely associated with the notion of youth transitions (Cahill, 2015; Cieslik & Simpson, 2013; Wyn, 2014; Wyn & White, 1997). Biological, psychological and emotional stages of human development resulted in the invention of the term 'adolescence' in the early 20th century (Cahill, 2015; Furlong, 2012). Cahill (2015) pointed out that before the invention of adolescence, young people's incorporation into the adult world was more fluid (p. 100). In industrialised countries, adolescence is defined as the years between puberty and the attainment of physical, emotional and cognitive maturation. The adolescent stage is usually associated with the span between early to late teenage years (Furlong, 2012; Wyn & White, 1997). However, new technologies reveal that cognitive maturation may not be complete until the twenties (Furlong, 2012). Thus, scholars of youth development are becoming less ready to determine precise start and end points of the adolescent stage (Wyn & White, 1997).

The theory of youth development assumes that human development is universal, linear and unidimensional. In the process of becoming 'normal', healthy adults, all normal young people are expected to pass through the same stages and complete the same developmental tasks (Cahill, 2015; R. White & Wyn, 1998; Wyn, 2014; Wyn & White, 1997). Developmental tasks which 'normal' adolescents complete on their journey to adulthood include the following cognitive, emotional and social domains: the formation of a fixed self, reaching sexual maturity, establishing social relationships, completing one's education, finding a job and gaining financial independence (Cahill, 2015; Wyn & White, 1997). These tasks are not unusual and constitute important aspects of the lives of many people. However, all young people are not the same, and not everyone follows the predetermined path to adulthood. According to the youth development model, this 'failure' to succeed at making healthy transitions to 'normal' adulthood is associated with a deficiency *within* the individual (Wyn & White, 1997). Yet, this approach falls short of recognising how social and economic changes contribute to the extension of the youth phase (Cahill, 2015; Heinz, 2009; Wyn, 2014). As employment opportunities have become more unstable and precarious, young people tend to remain in education longer. Furthermore, increasing detraditionalization and individualisation have given us greater freedom to design our lives to suit our needs and tastes and hence, young people's transitions have become more fragmented and multidirectional (Furlong, 2011; Heinz, 2009; Thomson, 2011; Wyn, 2014). Of course, social status (e.g. due to class, gender or ethnicity) in tandem with economic conditions, greatly influences how we experience life and what choices we make or can make (Cahill, 2015; Heinz, 2009; Wyn, 2014).

Yet, even though socio-economic circumstances and the resulting uncertainty, instability and growing demand for flexibility shape young people's ways of navigating their lives (Wyn, 2014),

psychological understandings of youth tend to dominate the debate. Young people are blamed for making broken transitions as if their problems were a result of personal deficiencies (e.g. an inability or unwillingness to seek help or developmental shortcomings) detached from social processes (Cahill, 2015). Consequently, they are deemed a cause for concern and "without professional attention and intervention will be *at risk* of remaining incomplete" (Wyn & White, 1997, p. 54, emphasis added). This trend is reflected in the Irish media. For example, Devlin's (2006) analysis of Irish news stories indicates a tendency to portray young people (12-21 years old) "as either actively 'deviant' or passively 'at risk', and sometimes as both simultaneously" (p. 47). Devlin suggested that young people were considerably more frequently discussed as perpetrators of criminal or violent behaviour (23.7%), as victims of assault, accidental death and suicide (31%) or as vulnerable due to poor health or socio-economic disadvantage (20.2%). By contrast, reports on 'good' behaviour accounted for less than ten percent. The term 'at risk' has become synonymous with youth as a whole, particularly in terms of being at risk of ill-health (Cahill, 2015; P. West, 2009). In Section 2.8, I outline key studies and policy strategies seeking to tackle the issue of youth suicide in Ireland.

2.3 Historical constructions of suicide

In western cultures, suicide, currently defined as "the act of deliberately killing oneself" (World Health Organization, 2015), has always been a controversial phenomenon and across history, has provoked a variety of ambiguous responses, oscillating between suicide as an act of heroism to suicide as a tragedy, often simultaneously (Cholbi, 2016; Laragy, 2013b). Bähr (2013) suggested that present-day understandings of suicide and the treatment of suicide victims are based on historical social constructions of voluntary death in Ireland and other western cultures. Therefore, to understand contemporary meanings young people attribute to youth suicide, it is helpful to understand how constructions of suicide have changed over time. Current understandings of voluntary death as a predominantly medical issue (Hjelmeland, 2016; Marsh, 2010, 2016) are shaped by an historical process of changing conceptualisations of 'self-murder' as a criminal offence to 'suicide' as a pathological "expression of melancholic madness" (Bähr, 2013). In the following sections, I trace how the meanings of suicide have changed over time.

2.3.1 Suicide as a felony

In Ireland, as in other western societies, understandings of voluntary death have generally been ambiguous, with contradictory reactions (e.g. sympathy and condemnation) often existing side by side (Cholbi, 2016; Laragy, 2013b). In ancient Greece and Rome, the decision to end one's life

was treated with both disapproval and relative tolerance. Various reasons or circumstances, such as self-sacrifice, prevention of dishonour, weariness of life, old age or widowhood legitimised the deliberate ending of one's life as acceptable decision (Cholbi, 2016; Tondo, 2014).

With the spread of Early Christianity, suicide was both glorified and condemned. Minois (1999), drawing on both the New Testament and the Early Christian writings by Origen and Dionysius of Alexandria, claimed that Christianity itself was founded on a suicide. This assertion is based on the understanding that Jesus both anticipated being killed following his arrival in Jerusalem and "deliberately moved towards his death" (Minois, 1999, p. 24). Minois interpreted the narrations of Jesus' death by his disciples in the New Testament as a glorification of self-sacrifice. Consequently, martyrdom was praised in religious texts for several centuries until eventually, in the fifth century, St. Augustine condemned voluntary death as an "act against God" (Tondo, 2014, p. 5). St. Augustine justified the prohibition as a development of the fifth Commandment (i.e. thou shalt not kill) (Cholbi, 2016; Laragy, 2013a; Tondo, 2014). Later, Thomas Aquinas defended St. Augustine's prohibition suggesting that suicide is contrary to our apparently innate sense of self-preservation. Furthermore, Aquinas compared suicide to an injury to society. Lastly, Aquinas argued that only God had the right to give or take life and therefore, living was a duty to God. Consequently, suicide was a sin against god (Cholbi, 2016). The condemnation of suicide as a sin, which was installed by the early church fathers as a preventive means (Bille-Brahe, 2000), led to the prohibition of the act of self-killing in Christian countries, Ireland included (Laragy, 2013a).

Although it is unclear how suicides in Ireland were treated between the fourteenth and eighteenth century, it is assumed that legal, religious and social punishments were equally as brutal as in other European jurisdictions (Kelly, 2013). Draconian punishments were deemed necessary to discourage copy-cat suicides and to heal the injury to social order (Bähr, 2013; Kelly, 2013). In mid-sixteenth century England, the term 'self-murder' was increasingly used to refer to the act of killing oneself and eventually, 'self-murder' was included in both secular and Canon law as a criminal offence (Bähr, 2013). Under both English and Irish common law the act of killing oneself was likened to murder and thus, entailed the same punishment (Kelly, 2013; Laragy, 2013b, 2013a). To pronounce the deceased guilty, or *felo de se* (i.e. felon of himself), it was necessary to find him 'of sound mind' and of the 'age of discretion' (i.e. adulthood) (Kelly, 2013; Laragy, 2013a). Punishments for 'self-murderers' commonly involved the desecration of the body (Bähr, 2013). Denying the *felo de se* Christian burial rites (Healy, 2006; Laragy, 2013a), they were buried "at a crossroads with a stake through their heart" (Laragy, 2013a, p. 734) or in

the sea (Kelly, 2013) rather than in consecrated ground. Furthermore, a sanity verdict could entail the seizure of the deceased's possessions (Healy, 2006; Kelly, 2013; Laragy, 2013a). Kelly (2013) maintained that this was common practice in seventeenth century Ireland, albeit with the exception that seized property was redistributed among destitute relatives. However, Laragy (2013b) contested the prevalent view that 'self-murderers' in Ireland were always treated mercilessly asserting that instead, there was considerable difference. Legally, coroners could adjudge the innocence of the deceased by pronouncing him *non compos mentis* (i.e. temporarily insane). This saved his body and relatives from disgrace (Bähr, 2013; Kelly, 2013; Laragy, 2013a).

2.3.2 Decriminalization and pathologization of voluntary death: From the crime of 'self-murder' to the madness of 'suicide'

From the seventeenth century, partially due to advancements in medical science, understandings of suicide evolved from being regarded a criminal offence to being conceived of as an act of madness. Consequently, suicide changed from being treated as a judicial or religious matter to becoming a medical issue (Kelly, 2013; Laragy, 2013a; Marsh, 2013; Minois, 1999). This development is reflected in an increased usage of the neologism 'suicide[15] instead of 'self-murder' (Bähr, 2013), which was invented to distinguish between the killing of another person and the killing of oneself (Minois, 1999). In Ireland, 'lunacy' was accepted as one of the main reasons for suicide from the early eighteenth century, changing to 'insanity' in the early nineteenth century. Coroners, journalists, philosophers (e.g. Hume, Kant, Sartre) and novelists (e.g. Goethe, Flaubert, Camus) understood suicide in secular rather than religious terms playing an important role in shaping public and clerical attitudes to voluntary death (Cholbi, 2013; Kelly, 2013; Laragy, 2013a). While in pre-Enlightenment times the clergy was more likely to attribute suicide to involvement with the devil (Bähr, 2013), in the mid-eighteenth century the Irish Roman Catholic Church appeared to have accepted insanity as likely cause of suicide (Laragy, 2013a). Other secular explanations for suicide included relationship breakdown, being "'in low spirits'… 'melancholy' or 'jealousy'" (Kelly, 2013, pp. 120–121). In Ireland, following an increase in suicides, Goethe's work *The Sorrows of Young Werther*[16] was accused of glamorising the act of killing oneself, and of seducing individuals who had experienced "'a disappointment in love' … 'to commit suicide'" (Kelly, 2013, p. 120). Suicide was also explained in gendered terms suggesting that women killed themselves either due to emotional despair or to salvage their

[15] From latin: *sui* = 'of oneself' and *caedere* = 'kill'(Oxford Dictionaries, 2017).

[16] Original title: *Die Leiden des jungen Werther*.

virtuous reputation. Male suicides on the other hand were explained as attempts to avoid the shame of imprisonment, capital punishment or financial ruin (Kelly, 2013; Tondo, 2014).

Increasingly secularised attitudes to suicide did not, however, eliminate the stigmatisation of the phenomenon as the perception of suicide as a moral wrong-doing that harms society (Bähr, 2013). Instead of dishonourable burials at a crossroad, the bodies of individuals who killed themselves were desecrated by dissection in the anatomic theatres of training hospitals, which was the same treatment that awaited murderers (Bähr, 2013; Kästner, 2013; Kelly, 2013). In eighteenth-century Ireland, those who survived a suicide attempt were punished by practices of public humiliation (e.g. whippings or 'ducking[17]'), or by referring them to either the so-called 'mad house' or to the 'House of Correction' (Kelly, 2013, p. 128) to prevent both further suicide attempts and copycat suicides.

In Ireland, attitudes to suicide were slow to change. All three main religious institutions[18] continued to condemn suicide as a 'mortal sin' and excluded 'self-murderers' from a Christian burial. Legally, suicide remained a criminal offence until 1993, almost three decades longer than in England (Irish Statute Book, 1993; Kelly, 2013; Laragy, 2013b). These historical conceptualisations of suicide continue to shape contemporary understandings of suicide (Bähr, 2013; Brancaccio, Engstrom, & Lederer, 2013).

2.4 Contemporary understandings of suicide

2.4.1 Durkheim: Laying the foundations for a sociology of suicide

Despite the slow pace at which attitudes to suicide changed, from the nineteenth century, interest in voluntary death was becoming more scientific and multi-disciplinary. Outside of the field of medicine, increasing national suicide rates coinciding with industrial advancements also provoked the curiosity of sociologists. While the birth of a sociological perspective on suicide is commonly attributed to French sociologist Émile Durkheim (1987 [1897]), his classic work *On Suicide: A Study in Sociology* builds on earlier statistical texts, most notably, by sociologist Adolophe Quetelet[19] and psychiatrist Henry Morselli[20]. These moral scholars wanted to establish the external causes of suicide and in so doing, laid the foundation of modern suicidology (Minois, 1999; Tondo, 2014; Wray, Colen, & Pescosolido, 2011). Durkheim sought to synthesise earlier

[17] Ducking: dragging someone through water (Kelly, 2013).

[18] The Irish Roman Catholic Church, Church of Ireland, Presbyterian Church in Ulster (Kelly, 2013; Laragy, 2013b).

[19] About Man and The Development of His Faculties, or an Essay on Social Statistics, 1835.

[20] Suicide. Essay of Moral Comparative Statistics, 1879.

ideas about suicide (Douglas, 1967) which he conceived of as a social phenomenon rather than simply a consequence of "individual despair" (Sennett, 2006, p. 14). Based on official French and other European statistics available at the time, Durkheim intended to explain variations in national suicide rates (Minois, 1999). Durkheim's endeavour resulted in the development of a typology of suicide comprised of egoistic, altruistic, anomic and fatalistic suicide. Durkheim considered egoistic suicide as a consequence of insufficient integration into one's religious, domestic and political social groups. Altruistic suicide on the other hand was performed by individuals who are well integrated into their respective societies. Durkheim suggested that altruistic suicide, i.e. self-sacrifice, was required to salvage social cohesion if threatened by excessive strain on social resources (e.g. through illness, widowhood, lower social status). Third, Durkheim associated anomic suicide, which he assumed to be the most common kind of suicide in western cultures, with financial crises or domestic disruption (e.g. death of a spouse or divorce) resulting in a weakening of social regulation (e.g. divorce weakening marital customs and laws). By contrast, Durkheim perceived fatalistic suicide to be a consequence of over-regulation (Durkheim, 1987 [1897]; Kral, 1998; Minois, 1999; Wray et al., 2011). Durkheim's pioneering study, praised by Douglas (1967) as "the best sociological work on suicide" (p. 76) marks a turning point in how suicide is thought about. Moreover, Durkheim's work also constitutes the foundation for subsequent multidisciplinary models of suicide[21] and continues to influence contemporary research on suicide (Fincham, Scourfield, Langer, & Shiner, 2011; Wray et al., 2011).

2.4.2 After Durkheim: Critical appraisals

Although *Suicide* remains an influential classic, Durkheim's study, as well as the works of his successors, were criticised in terms of their methodological approaches to the study of suicide. Post-Durkheimian suicidologists were rebuked for their alleged complacency regarding scientific rigour. Moreover, they were accused of attributing those meanings that fit their own "tacit knowledge" (Atkinson, 1973, p. 439) to suicidal behaviour. Furthermore, Douglas (1967) criticised his peers for "trying to give the impression that they went from the data to the theory" (p. 153) when in reality, they had taken a "casuistic-deductive" (*ibid.*) approach, despite a lack of data to deduce a theory from.

[21] E.g. Cavan's (1928) social-ecological model; Henry and Short's (1954) aggression-frustration model evolved from Sigmund Freud's psychoanalytical theory of suicide, 1954; Gibbs and Martin's (1964) status integration theory (Fincham, Scourfield, Langer, & Shiner, 2011; Wray, Colen, & Pescosolido, 2011).

Another criticism relates to researchers' alleged unquestioning reliance on official suicide statistics. One of the main problems in using statistics to explain suicide lies in the assumptions that suicide has only one meaning, and that both researchers and coroners define suicide in the same way (Douglas, 1967). Durkheim (1987 [1897]) defined suicide as follows: "'Suicide' is the term applied to any case of death resulting directly or indirectly from a positive or negative act, carried out by the victim himself, which he was aware would produce this result" (p. 58). The process of ascertaining whether a sudden death was in fact a suicide involves the collaboration between various governmental agencies, including coroners, police, pathologists, registrars, chemical and ballistic experts, and vital statistics officers (Atkinson, 1973; Corcoran & Arensman, 2010). Garfinkel (1967) observed that every sudden death entails a process of gathering and interpreting information that could give insight into the nature of the death (e.g. the body, personal items, conversations with the bereaved). The level of subjective interpretation involved in the sense-making process implies that suicide is a complex phenomenon with varying meanings rather than a category with one singular, obvious meaning (Atkinson, 1973; Douglas, 1967; Garfinkel, 1967). Furthermore, investigative procedures may differ between different coroners' offices and hence, results may vary meaning that some suicides are not recorded as suicides (Douglas, 1967). In Ireland, coroners, *an Garda Siochána* (i.e. the Irish police) and pathologists may reach different conclusions based on their approaches to ascertaining suicide. While coroners seek to ensure that a death was a suicide 'beyond reasonable doubt', police and doctors determine the cause of death based on a 'balance of probabilities' (Corcoran & Arensman, 2010).

Definitions and hence, classifications of suicide may change over time "to fit the reality of modern life ... foster[ing] a more open and honest attitude to suicide" (Connolly, 1997). Adjusting criteria may lead to a change in sudden deaths being recorded as suicides and hence, suicide rates *appear* to have increased when in fact, this change may have been, at least to some degree, a consequence of changes in coding suicide (Connolly, 1997; Tøllefsen, Hem, & Ekeberg, 2012). Cantor et al. (1997), who analysed trends in Irish suicide rates between 1960 and 1989, spotted a significant hike in Irish suicide rates across all age groups from 1971/72 before levelling out in the late 70s. The authors argued that social and psychological factors alone cannot account for the sudden increase in suicide rates: "The magnitude in social terms would require a catastrophic influence [such as] a major war" (Cantor et al., 1997, p. 8). Although there likely was a genuine increase in suicide rates (Cantor et al., 1997), the introduction of a form in 1967 used by *an Garda Síochána* to investigate a sudden death likely improved the accuracy in recording suicide (Cantor et al., 1997; Connolly, 1997). Moreover, due to the continued "stigma,

guilt and shame" (Corcoran & Arensman, 2010, p. 174) associated with suicide, it is possible that either the deceased or the bereaved may have tried to give their death the appearance of an accident (Corcoran & Arensman, 2010; Douglas, 1967) thereby further complicating the determination of the cause of death.

Lastly, Durkheim and post-Durkheimian suicidologists were criticised for taking the meaning of suicide as obvious and generalizable across populations (Atkinson, 1978; Douglas, 1967). Instead, Douglas (1967). argued that the meaning(s) of suicidal acts are highly ambiguous and obscure, to both researchers and often, to the suicidal person as well. This point is expanded on in more detail in the following sections.

2.5 Contemporary suicidology: Overshadowed by psychiatry

Unfortunately, the calls for more qualitative research investigating the socio-cultural aspects of suicide have not received a resounding echo. The realisation of this appeal has been sluggish, even though, as Colucci (2006) pointed out, it was not justifiable that research on the meanings of suicide was a missing angle in suicidology. Marsh (2016) identified three dominant assumptions that inform discourses about suicide, which shape how we think and act in relation to suicide. Discourse is defined as "a set of meanings, metaphors, representations, images, stories, statements that … produce a particular version of events" (Burr, 2015, p. 32). Complex social phenomena are surrounded by a variety of different discourses and each discourse claims to paint the most 'truthful' picture of the phenomenon (Burr, 2015). Although suicide has been studied in a variety of different academic disciplines, medicine (i.e. psychiatry) appears to provide the most powerful discourse surrounding suicide (Marsh, 2016; Pouliot & De Leo, 2006) resulting in the following three assumptions: first, suicidal individuals are mentally ill. Second, suicidality is an issue that originates from within the individual. Third, objective research based in medicine is most suited to understanding suicide. Marsh (2016) expressed concern that too often, these assumptions are accepted as indisputable 'truths'. I discuss the implications of these assumptions in the following paragraphs. I begin with the third assumption (i.e. that suicide is best researched through objective, medicine-based research) by comparing the vast body of quantitative studies with the small body of qualitative research, before turning to the first and second assumption (i.e. that suicidal persons are mentally ill and that suicidality originates from within the suicidal person).

Statistically, the large body of academic literature on suicide supports these assumptions. Fincham et al. (2011), referring to a conference paper by Agerbo, Stack, and Petersen (2009), suggested that since 1980, out of more than 30,000 articles on suicide, only 400 were

sociological papers. Furthermore, Stack's (2000a, 2000b) reviews of the sociological literature between 1981-1995 found that the available sociological research continues to be predominantly quantitative with focus on suicide rates. More recent reviews (Goldblatt et al., 2012; Hjelmeland, 2016; Hjelmeland & Knizek, 2010) of studies published in the three major international journals that explicitly publish research on suicide (*Crisis: The Journal of Crisis Intervention and Suicide Prevention, Archives of Suicide Research (ASR),* and *Suicide and Life-Threatening Behavior (SLTB)*) revealed that little has changed: the vast majority of academic papers were quantitative and can be categorised as epidemiological research, (neuro)biological research, intervention studies. Hjelmeland and Knizek's (2010) review discovered that between 2005-2007, less than three percent were studies of qualitative nature. Similarly, Goldblatt et al.'s (2012) review found that only 4.2 percent of publications between 2006-2010 investigated the cultural aspects of suicide. This lack of qualitative research stands in stark contrast with a total of 45 percent of studies comprised of epidemiological research, risk factor studies and genetic/biological research. Hjelmeland (2016) sharply criticised the continued preponderance of risk factor studies published in 2011 and 2012 (SLBT: 59 percent; ASR: 62 percent; Crisis: 29 percent), apparently with good reason: a recent meta-analysis (Franklin et al., 2017) of 365 studies on risk factors for suicidality spanning five decades concluded that existing risk factors are neither strong nor accurate enough to predict suicidality.

Some researchers (Hjelmeland et al., 2014; Marsh, 2010, 2016) have argued that in western cultures, the assumption that suicidal individuals are mentally ill forms the foundation of modern suicidology and has become the predominant lens through which suicide has been studied. As several systematic review studies (Cavanagh, Carson, Sharpe, & Lawrie, 2003; Gili et al., 2019a; Hawton, Casañas i Comabella, Haw, & Saunders, 2013) found, it is a common assertion that mental illness is deemed one of the most important risk factor of suicide, rather than one of several factors as even Haw and Hawton (2015) agreed, despite their defence of the central role of mental illness in suicide. This assumption is generally established through psychological autopsy (PA) studies involving diagnostic questionnaires and/or interviews with the bereaved (Hjelmeland, Dieserud, Dyregrov, Knizek, & Leenaars, 2012; Hjelmeland et al., 2014; Pouliot & De Leo, 2006). Pouliot and De Leo (2006) conceded that PA studies have played an important role in advancing what we currently know about persons who died by suicide, their motivations for ending their lives and the processes involved in suicide. However, PA studies, which tend to operate under the medical model, are problematic for a range of reasons as Pouliot and De Leo, supported by other researchers (e.g. Hjelmeland et al., 2012, 2014) have pointed out. Aside from methodological shortcomings (e.g. unsuitable standardised diagnostic

questionnaires for collecting and measuring data), the subjectivity of both informants and researchers also plays a role in how suicides are understood and explained. As Pouliot and De Leo (2006) and Hjelmeland et al. (2012) stressed, information provided by the bereaved is shaped by their relationship with the deceased, their emotions, perceptions and experiences of the suicide, as well as by the time between suicide and interview. Depending on how well the bereaved knew the deceased, information about the suicide will involve varying degrees of speculation. Furthermore, predetermined standardised questions will likely elicit predetermined standardised answers. Yet, Hjelmeland et al. (2014) stressed that a different methodological approach allowing informants to discuss a suicide without restrictions (e.g. through qualitative interviews) may lead to a different understanding of suicide. In addition, the quality of researcher training, as well as their humanity (e.g. personal background, expectations, perceptions of suicide) may bias the results.

Marsh (2016) highlighted the lack of convincing empirical evidence for a definitive link between mental illness and suicide. Nonetheless, the notion that mental illness is one of the most important risk factor of suicide (e.g. Haw & Hawton, 2015) appears to persist which is both tenacious and dangerous. Hjelmeland et al. (2014) warned that the focus on mental illness as dominant risk factor may lead to the perception that individuals who do not show signs of mental illness are not at risk of suicide, potentially leading to otherwise preventable suicides. Moreover, McDermott and Roen (2016), in their study of suicide from the perspective of LGBT youth, expressed concern that under the medical paradigm, young people's emotions become pathologized and are considered a case for "diagnosis and treatment" (p. 6).

The dominant focus on a causal relationship between suicide and mental illness relates to the assumption that suicidality ultimately originates from within the individual. Kral (1998) referred to this notion as the "great origin myth" (p. 229) which suggests that regardless of academic discipline, suicidality is a product of internal factors. For example, neurobiologists may conclude that genetic predispositions increase risk of suicide while psychiatrists may explain suicide as caused by mental illness (Marsh, 2016). Locating suicidality within the individual may lead to the erroneous perception that suicide prevention is the sole domain of mental health professionals (Hjelmeland et al., 2014). Furthermore, individualising suicidality means to disregard the socio-cultural context, even though this context is regarded crucial in understanding why suicide may come to be seen as a viable option (e.g. Boldt, 1988; Colucci, 2013; Hjelmeland, 2013; McDermott & Roen, 2016; Roen et al., 2008). McDermott and Roen (2016) argued that this may direct the focus onto young people's psychological condition without, however, considering young people's emotional expressions as a response to socio-cultural, economic or political

stressors. McDermott and Roen, repeating similar appeals to heed the importance of culture, stressed that a broader focus on suicide as a multifactorial issue would be an opportunity to understand why some young people come to view suicide as a viable option. In Section 2.8, I review key studies and policy strategies seeking to address youth suicide and self-harm, and to promote positive mental health and well-being in young people, providing the context for a review of relevant key studies on young people's own perspectives of youth suicide (Section 2.10). First, however, I define how suicidality was operationalised in this thesis (Section 2.6), which influenced the search strategy (Section 2.7) for research relevant to this thesis.

2.6 Defining suicidality for the purpose of this research

As stated, the present thesis is concerned with exploring how young people in Ireland make sense of youth suicide. However, suicide is a highly contested concept which lacks a universally agreed-on definition (Andriessen, 2006; Franklin et al., 2017; Goodfellow, Kõlves, & De Leo, 2019; Klonsky, May, & Saffer, 2016; Marušič, 2004; McDermott & Roen, 2016; Nock et al., 2014). There is a range of terms used to describe or discuss suicide which, although related, all have slightly different meanings. These include, among others, suicidality, suicidal ideation, suicidal behaviour, attempted suicide, suicidal self-injury, and intentional self-harm. Suicidality tends to be used as an umbrella term which encompasses a whole spectrum of thoughts and behaviours associated with suicide, ranging from passive ideation to active thoughts (e.g. plans) and behaviours (e.g. deliberate self-harm, attempted and completed suicide) (Marušič, 2004). This diversity in terminology is problematic for researchers and practitioners, because it makes it more difficult to combine the knowledge from past research and as a consequence, may limit the potential for understanding and preventing suicide (Klonsky et al., 2016; Nock et al., 2014).

Attempts to define suicide tend to focus on the notions of self-infliction of an injury, intent (i.e. the intent to die) and outcome (i.e. death) (Rosenberg et al., 1988). Slightly differently, Nock et al. (2014) argued that suicide involves agency, intent and outcome, explaining that suicide is not necessarily self-inflicted but "must be self-instigated or self-initiated" (p. 3). This means that the person who intends to die may knowingly put themselves in a situation which is likely to result in death without inflicting the fatal injuries themselves. Nonetheless, others who have attempted to formulate with an operational definition of suicide also emphasise the intentionality surrounding self-destructive behaviour (Goodfellow et al., 2019; Marušič, 2004), which helps to distinguish suicide from accidental death (Andriessen, 2006). However, although it is easier to establish whether death was self-inflicted or self-initiated, intentionality is notoriously difficult to ascertain posthumously (Andriessen, 2006; Goodfellow et al., 2019;

Marušič, 2004). Moreover, as McDermott and Roen (2016) suggested, intentions are changeable and furthermore, profound distress may cloud one's intentions.

The two main systems that classify suicide - the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) by the American Psychiatric Association (APA) (2013) and the *International Classification of Diseases, Injuries and Causes of Death* (ICD) by the World Health Organization (WHO) (World Health Organization, 2016) – further complicate matters as they lack "any comprehensive classification of suicidal behaviour" (Goodfellow et al., 2019, p. 6). For the purpose of brevity, I focus on the WHO's ICD system as it is also used by the Irish Central Statistics Office (CSO) to report on suicide statistics in Ireland, which partially informed the rationale for this thesis. The WHO classifies suicide based on intentional self-harm or self-poisoning with fatal outcome (a detailed breakdown can be found in Appendix I). However, its usage is limited because the ICD does not differentiate between suicidal behaviour and non-suicidal self-harm behaviour, nor does the system define the terminology and the meaning of intent (Goodfellow et al., 2019; Nock et al., 2014).

Yet, even though there are important differences between suicide and non-suicidal self-injurious behaviour as this section (Section 2.6) illustrates, existing studies (Bennardi et al., 2016; Carroll et al., 2014; Castellví et al., 2017; Ribeiro et al., 2016) indicated that repeated self-injury elevates the risk of suicide. Additionally, as McDermott and Roen (2016) suggested, non-suicidal self-injurious behaviour may be a non-verbal way of communicating one's distress. Hence, understanding the meanings of non-suicidal self-harm may provide valuable insights which may contribute to suicide prevention. Thus, for the purpose of this thesis (i.e. to explore the meanings young people in Ireland attribute to suicide) it was deemed appropriate to operationalise a broad definition of suicidality which, as described above, encompasses both suicidal and non-suicidal self-injurious behaviours and forms of suicidal ideation. In line with the principles of Constructivist Grounded Theory (Charmaz, 2014) (as outlined in detail in Chapter Three - Methodology), this allowed me to remain open to all possible meanings and explanation for youth suicide as discussed by participants.

2.7 Search strategy: What studies have investigated young people's understandings of youth suicide?

In line with Constructivist Grounded Theory (Charmaz, 2014), I undertook a preliminary review of empirical studies investigating young people's understandings of suicide before commencing the field work. The online library website of University College London provided a useful overview of subject areas which helped me select the most fruitful sources. I have included an

example of the search process and evaluation of results in Appendix II. Databases searched included *Academic Search Complete*, *Arrow@DIT*, *Lenus*, *PsycINFO*, *PubMed*, *Scopus*, *Sociological Abstracts*, *Web of Science*, and *Wiley Online Library*. Search engines included *Bielefeld Academic Search Engine*, *the European Commission's Health Programmes Database, Google Scholar*, *Google Books*, *Jstor*, *Microsoft Academic Search* and the *Stella Search*, the online library catalogue search engine Trinity College Dublin. Relevant journals were identified through *Ulrichsweb* and journals searched included *Archives of Suicide Research, Crisis*, *Suicidologi, Suicide and Life-Threatening Behavior*, *Suicidology Online and Omega.* Additional resources were the archive of the Irish *National Suicide Research Foundation*, *Research Gate* and the reference sections of studies reviewed.

Search terms included *'youth', young people', teen*'*[22] or *'adolescent'* and *'meaning', 'make sense', 'perception', 'view', 'understand*', 'comprehend', 'perspective', 'interpret*'* and *'suicide', 'suicide attempt, 'attempted suicide', 'intentional death', 'take one's life', 'end one's life', 'non-accidental death'* or *'voluntary death'*. I excluded terms such as *'terror*'* or *'bomb*.*

2.7.1 Selection criteria

For the purpose of this thesis, I primarily focussed on qualitative and mixed-methods studies in English and German that investigated the phenomenon of youth suicide from the perspective of young people including survivors of suicide, users of mental health services, young people bereaved by suicide and young people without a history of suicidality or bereavement. However, I did not include studies which discussed suicide from the perspective of adults (e.g. caregivers, teachers, mental health professionals or youth workers) only. I have also reviewed quantitative key studies and policy strategies (Section 2.8) that addressed youth suicide and self-harm, and which sought to promote positive youth mental health and well-being., the lack of agreement on a universal definition of suicidality - as discussed in the previous section (Section 2.6) - complicated the decision on selection criteria for the present study. However, to control the volume of literature in the review, I only included the most relevant quantitative studies. In terms of age, I adopted the age ranges commonly used the Irish Central Statistics Office, Eurostat and the World Health Organization in their databases on youth suicide, where youth is defined as 15 to 29 years old, and I based my study selection on this criterion. It has been argued that suicidal behaviour may be influenced by local cultural norms, values and beliefs (Boldt, 1988; Colucci, 2013; Kral, 1998).As this study seeks to explore how young people in Ireland understand

[22] Asterisks (*) at the end of a term were used to include all possible variations in the search e.g. teen, teenage, teenager, teenagehood.

youth suicide, I have prioritised studies from Ireland and other European countries, as well as other Western countries such as North America, Australia and New Zealand. I did not limit the search in terms of time of publication in order to find a large number of relevant studies as possible and the studies reviewed range from 1997 to 2019.

2.8 Key studies and policy strategies seeking to tackle the issue of youth suicide in Ireland

Young people's mental health has been receiving particular attention from researchers and policy makers based on the assumption that it has been deteriorating and, without intervention, will decline further (Cahill, 2015; P. West, 2009). Seemingly not without reason: there has been some indication that young people's mental health has been declining, and that rates of self-harm and suicide have been increasing (P. West, 2009). As outlined in Chapter One, suicide in Ireland accounts for roughly thirty percent of all deaths among young people aged between 15 and 24 years old (Central Statistics Office, 2018b, 2018a, 2019). Ireland's youth suicide rate is the fifth-highest among member states of the European Union (EU), and almost twice as high as the EU average (Eurostat, 2019). Moreover, rates of self-injurious behaviour among young people appears to have been increasing by 22 percent (Griffin et al., 2018), which, as previous research (Bennardi et al., 2016; Carroll et al., 2014; Castellví et al., 2017; Ribeiro et al., 2016) suggested, also elevates young people's risk of suicide**.**

2.8.1 Key studies addressing youth suicide and self-harm

Two international studies in particular have addressed young people's fatal and non-fatal acts of self-injurious behaviour: the *Child and Adolescent Self-harm in Europe* (CASE) study (Madge et al., 2011; Scoliers et al., 2009) and the *Saving and Empowering Young Lives in Europe* (SEYLE) (Carli et al., 2014; McMahon et al., 2017). The CASE study aimed to find out about teenagers' reasons for deliberate self-harm and was carried out in seven countries[23], including Ireland. More than 30,000 pupils between 14 and 17 years old completed a questionnaire on their prior experiences with deliberate self-harm and self-poisoning. According to Scoliers et al. (2009), one key finding from the CASE study was that adolescents may self-harm to express their pain or, to a lesser extent, cry out for help. In other words, the participants in the CASE study framed their self-injurious behaviour as a way of coping with distress. Moreover, Scoliers et al. found that some young people explained that they had injured themselves in order to end their lives. However, the authors presented this finding with the caveat that it was unclear from the

[23] Australia, Belgium, England, Hungary, Ireland, the Netherlands and Norway

questionnaires whether those young people really believed that their method of self-harm was lethal enough to result in death. Although the large sample of the CASE study provided important insight into the reasons for self-injurious behaviour in adolescents across seven Western countries, Scoliers et al. themselves pointed out that interviews with young people would help answer if they regarded their self-destructive behaviour as self-harm, and whether they thought it would result in death. Another publication from the same study (Madge et al., 2011), highlighted the dominant role of "psychological characteristics and stressful life events" (p. 499) appear to play in elevating young people's risk of engaging in self-injurious behaviours. Madge et al. recommended that programmes seeking to reduce self-harm should not assume that patients who only thought of harming themselves or who do not exhibit "signs of depression and mental illness" (p. 507) are not at risk of self-harm.

The SEYLE study (Carli et al., 2014; McMahon et al., 2014), which was carried out in twelve European countries[24] including Ireland, is a programme in European secondary schools seeking to promote positive mental health in students. The study trialled three different interventions with over 12,000 pupils between 14 and 17 years old to find an effective method to reduce risk-taking and suicidal behaviours. One publication from the SEYLE study (Carli et al., 2014) provided an overview of risk factors associated with suicidality and psychopathology. Based on the findings from self-report questionnaires completed by the study participants, Carli et al. claimed that psychopathology (e.g. depression and anxiety) and risk behaviours (e.g. lack of sleep, sedentary lifestyle, drug and alcohol use) are very prevalent among young people in Europe. Carli et al. categorised the participants according to their level of risk of suicide suggesting that 13.2 percent of the participants belonged to the high-risk group, 57.8 percent were at low risk of suicide and 29 percent belonged to the invisible-risk group. Carli et al. suggested that young people in the invisible-risk group have similarly elevated degrees of "depression, anxiety and suicidal ideation" as those in the high-risk group. However, crucially, Carli et al. highlighted that these young people, unlike those in the high-risk group, appear to be less likely to exhibit concerning behaviours and as a result, tend to be overlooked by parents, teachers or health professionals. McMahon et al. (2014), who focussed on the Irish context of self-harm among Irish youth in County Cork and Country Kerry in the south-west of Ireland, found that although self-harm appeared to be much more prevalent among Irish 15 to 17-year-olds[25] than suicide, only six percent are hospitalised. Although self-harm was found to be more common among girls

[24] Sweden, Austria, Estonia, France, Germany, Hungary, Ireland, Israel, Italy, Romania, Slovenia, Spain

[25] 5,551 per 100,0000 per year compared to 10 per 100,000 suicides.

than boys[26], the authors suggested that the gender gap appeared to be getting smaller. Moreover, McMahon et al. highlighted that boys who self-harm may be at greater risk of dying than girls. They concluded that the large number of young people who self-harm without being identified by health services was problematic as it hinders "the development of appropriate prevention programmes and services" (p. 1934).

An Ireland-only study, the *My World Survey* (MWS) (Dooley & Fitzgerald, 2012, 2013) state that the study sought to establish a baseline for both "risk and protective factors of youth mental health in Ireland" (p.4). The MWS included a large sample of more than 14,000 youth between 12 and 25 years old. The survey found that 70 percent of the participants appeared to be doing well. However, the survey also highlighted young people's vulnerability reporting higher levels of mental health difficulties (e.g. depression, anxiety and stress), higher rates of risk behaviours (e.g. excessive drinking behaviour and drug use), decreasing levels of self-esteem and optimism, and greater avoidant coping strategies and help-seeking behaviours. Dooley and Fitzgerald (2012) suggested that early intervention was needed to support young people.

2.8.2 Policy documents seeking to reduce youth suicide and promote well-being

Since 2005, Ireland has had two national strategies for the prevention of suicide: *Reach Out: National Strategy for Action on Suicide Prevention 2005-2014* (Health Service Executive et al., 2005), followed by *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020* (Health Service Executive et al., 2015). Resonating with White's (2012) conceptualisation of suicide as a 'wild' problem, both *Reach Out* (RA) and *Connecting for Life* (CfL) emphasised the multi-factorial complexity of suicide suggesting that prevention will require a multi-faceted approach. The strategy employed by RA focussed on four action areas including the general population, persons at risk of suicide, responses to suicide and lastly, information and research. Regarding the general population, RA aimed to promote positive mental health and well-being, and to destigmatise mental health issues across the private and the public domain involving families, educational institutions, the workplace, youth and sporting organisations, community and religious organisations as well as the media. RA also proposed to take a more targeted approach to reduce the risk of suicidality by enabling health services to better respond to or identify individuals at risk of suicidality, by improving mental health, public and state service provision, by finding ways to better reach marginalised and vulnerable persons and lastly, by

[26] Girls were reported to be twice as likely to be hospitalised for self-injurious behaviour than boys, and four times as likely to engage in self-harm than boys without being hospitalised.

attempting to tackle alcohol and substance use. The third area focussed on improving the responses of professionals involved in the aftermath of suicide, such as the coroner, in order to support the bereaved. Lastly, RA endeavoured to improve the knowledge base relating to suicide in Ireland which is needed to minimise "the gap between research and practice" (Health Service Executive et al., 2005, p. 50).

Connecting for Life (Health Service Executive et al., 2015) followed on from *Reach Out* (Health Service Executive et al., 2005) and sought to reduce rates of suicide and self-harm across the population and among high risk groups. *Connecting for Life* (CfL) outlined seven detailed goals aiming to improve understanding and education surrounding suicidal behaviour and mental health, community-based suicide prevention programmes, promotion of positive mental health, greater accessibility to and quality of support services, reducing access to means of suicidal behaviour and lastly, more research on the subject of suicide. CfL identified young people aged 15 to 24 years old as one of the vulnerable groups at risk of suicide. CfL argued that the implementation of the strategy would require a cross-sectorial, multi-agency approach and pointed out that the ongoing communication and cooperation of all stakeholders was relevant to its success.

Several policy documents presented strategies to improve young people's lives, health and well-being more generally. Briefly, *A Vision for Change* (Department of Health and Children, 2006) aimed to promote positive mental health and to provide accessible and localised professional mental health services. The policy document outlined its vision for a holistic mental health system which is responsive to the needs of the individual and intervenes at an early stage, which seeks to promote the inclusion of people with significant mental health issues as well as promoting positive mental health in communities, and which takes a collaborative approach to the work with service users and their families. *Better Outcomes, Brighter Futures* (BOBF) (Department of Children and Youth Affairs, 2014) proposed that young people's lives would be improved by achieving the following five outcomes: young people who are active and healthy, both physically and psychologically, who are able to realise their full potential academically and developmentally, whose lives are safe and protected from harm, who are economically secure and lastly, who are connected, respected and able to contribute. These outcomes are intended to be achieved through a support system comprised of better support for parents, earlier intervention and prevention, active involvement of children and young people towards achieving these goals, ensuring quality services, strengthened transitions and lastly, cross-government and interagency collaboration and coordination. The *National Youth Strategy 2015-2020* (Department of Children and Youth Affairs, 2015) sets out how the goals of BOBF will be

achieved. Priority actions include the area of mental and physical health, informal education, targeted support of young people at transition points in their lives including better access of marginalised young people to the labour market, online and child safety, and the promotion of "developmental and volunteering opportunities" (p. 4).

Some policies have been translated into action. *Connecting for Life* (CfL) and *A Vision for Change* resulted in the establishment of the *National Youth Mental Health Task Force* in 2016 which focused exclusively on improving young people's[27] mental health. Moreover, CfL resulted in *Little Things*, a national public health campaign initiated by the National Office for Suicide Prevention (Health Service Executive, 2018). *Little Things* prompts people to take care of their mental health and well-being by making small improvements to, for example, their diet, sleep and exercise levels. Moreover, people are encouraged to be more open to discussing problems, socialise and reduce alcohol. Furthermore, the Health Service Executive[28] (HSE) provides general public advice on mental health and well-being management online on issues such as depression, lifestyle, sleep, stress and how to access support (Health Service Executive, n.d.). Other noteworthy campaigns are Pieta House's (2019) *Darkness into Light* candle-lit group walks which seek to prompt conversations about mental health, and the *Cycle Against Suicide* (2019) which encourages people to seek help.

2.9 Young people's understandings of youth suicide: A review of the existing literature

Studies that investigated young people's understandings of youth suicide remain scarce. In these studies, the emphasis tends to be on survivors of suicide (e.g. Cleary, 2005a, 2012; Gair & Camilleri, 2003; Orri et al., 2014) or the bereaved (e.g. Rasmussen et al., 2015; Sweeney, 2011). Only a small number of studies on youth suicide (e.g. Bourke, 2003; Fullagar, Gilchrist, & Sullivan, 2007; Mairtin Mac an Ghaill & Haywood, 2012; McDermott & Roen, 2016; Roen et al., 2008; Stubbing & Gibson, 2019) have explicitly not targeted young people with a history of suicidal ideation and/or self-harm. Even though a small number of participants in these studies disclosed prior experiences with suicidality, these studies provide important insights into the general meanings that 'ordinary' youth (i.e. young people without a history of suicidality) attribute to youth suicide. Inevitably, young people likely draw on local discourses to make sense of youth

[27] The Task Force defines young people as aged zero to 25 years old (Department of Health & National Youth Mental Health Task Force, 2017).

[28] The HSE is Ireland's national health service.

suicide and "these social meanings may influence the likelihood that a person will engage in suicidal behaviour" (Roen et al., 2008, p. 2090).

The existing literature indicates that young people make sense of youth suicide by drawing on the socio-cultural discourses available to them. As stated earlier, understandings of suicide have been dominated by a medicalised discourse of suicidal individuals as depressed or mentally ill (S. Bennett, Coggan, & Adams, 2003; Cavanagh et al., 2003; Marsh, 2010, 2016; Pouliot & De Leo, 2006). Consequently, discourses of depression and mental illness may drastically limit the sources or symbols available to young people to make sense of youth suicide (S. Bennett et al., 2003). Hjelmeland et al. (2014) warned that medical discourses also influence researchers' understandings of suicide resulting in research that may confirm their biases. Yet, once research participants are given the opportunity to explore the meanings of suicide without restrictions (e.g. through structured questionnaires), the picture changes as the limited research on young people's understandings of youth suicide shows. Aside from understanding youth suicide in terms of depression and mental illness, young people also drew on moral or gendered discourses to make sense of suicidal behaviour in young people including themselves, friends, or young people in general.

2.9.1 Depression and mental illness: Drawing on discourses of medicine, morality and normality to make sense of youth suicide

Some of the existing literature suggests that young people are aware of the medicalised discourse of suicide, which their knowledge of common risk factors and warning signs of suicide shows. Bourke (2003) maintained that the association of suicide with depression was a common occurrence. Coggan et al. (1997) found that research participants in their study retrospectively identified signs that a friend might be suicidal, including signs of depression. Studies investigating the motivations of suicide survivors (S. Bennett et al., 2003; Cleary, 2012) found that these young people also drew on a medicalised discourse to explain why they tried to end their lives. Bennett et al. (2003) suggested that "the medicalised depression discourse was a cultural resource" (p. 292) that is so powerful that it drowns out other possible explanations. Cleary (2012) reported that the young Irish men in her study on male suicide survivors had limited knowledge of the medicalised discourse of suicide. However, when they did resort to depression to explain their motivations surrounding their suicide attempt, it "appeared to be the *only* psychological concept they were familiar with" (p. 501, emphasis added). This resonates with a recent study from New Zealand (Stubbing & Gibson, 2019) exploring young people's explanations for youth suicide. Stubbing and Gibson reported that the research participants

tended to associate suicide with mental illness. However, the authors highlighted that the participants only referred to depression as an explanation for suicide and, drawing on White et al. (2016), argued that the present dominance of the depression discourse likely contributed to this view. In other studies, mental illness plays a much more reduced role in young people's constructions of suicide. A qualitative Norwegian psychological autopsy study (Rasmussen et al., 2015) which sought to understand "the psychological mechanisms and processes involved in the suicidal process" (Rasmussen et al., 2015, p. 4) suggested that depression was rarely mentioned in participants' attempts to make sense of a suicide. Similarly, an Australian mixed methods study (Bartik et al., 2015) that investigated how young people in rural Australian communities experience suicide bereavement found that participants rarely associated suicide with depression. Sweeney et al. (2015), who sought to understand how young Irish men bereaved by suicide made sense of suicide also report that mental health issues did not feature strongly in the stories of participants who tried to understand a friend's suicide. Cleary (2012) suggested that it is possible that suicidal individuals lack the vocabulary to recognise the symptoms of psychological distress and instead, attribute their discomfort to physical illness (e.g. worrying about heart attack). Nonetheless, as suggested by a growing number of researchers (e.g. Hjelmeland et al., 2014; McDermott & Roen, 2016; Rasmussen, Dieserud, Dyregrov, & Haavind, 2014; Roen et al., 2008; J. White, 2012; J. White et al., 2016), suicide is too complex a phenomenon to be reduced to mental illness. Instead, as the following sections illustrate, the socio-cultural context in which suicide occurs plays an important role in shaping young people's understandings of youth suicide.

2.9.2 Constructing suicide in relation to concepts of stigma and shame

As several studies reported (e.g. Bartik et al., 2015; Bourke, 2003; Fullagar et al., 2007; Gilchrist & Sullivan, 2006a; Roen et al., 2008), stigma, as well as the related concept of shame, surfaces in young people's constructions of the phenomenon. Before discussing these studies, I will describe these concepts in more detail.

2.9.2.1 Conceptualising stigma and shame

One of the most influential social scientists who developed a theory of stigma was the American sociologist Erving Goffman. Although he was not the first, his definition has continuously been referred to in later works that sought to confirm, advance or redefine the concept of stigma (Link & Phelan, 2001). Goffman (1963) understood stigma as an attribute (e.g. mental illness) or behaviour (e.g. the act of ending one's life) that leaves a tainting and profoundly discrediting mark on that person. However, not all attributes or behaviours result in stigma. Goffman argues

that the process of stigmatisation requires stereotypes: Overly simplistic and generalised beliefs about people's traits or behaviours based on the group they belong to (Callaghan & Lazard, 2011). As Loseke (2003) argued, stereotypes, unlike typifications, will always have negative consequences. Goffman (1963) asserted that if there is a mismatch between characteristic/ behaviour and stereotype (e.g. boys who discuss their feelings), this will result in stigma (e.g. the disparagement of boys who discuss their feelings as weak or gay/feminine). Goffman distinguishes between three types of stigma: Physical impairments, personality traits (e.g. being weak-willed or dishonest which Goffman links to, among others, mental disorder or attempted suicide) and "tribal stigma of race, nation and religion" (Goffman, 1963, p. 4). Some stigmas are much more apparent than others.

Stigmas are social constructs that need to be examined in relation to the social, cultural and historical contexts in which the discredited attribute or behaviour occurs (Becker & Arnold, 1986; Lewis, 1998). Cultural norms, values and beliefs, as well as social, economic and political institutions constitute the structure of society. These dictate which attributes or behaviours are acceptable, and how transgressions are handled. Conformity by the majority is required to ensure social cohesion, and the stigmatisation of transgressions is the tool to enforce conformity (Becker & Arnold, 1986). Stigma divides by creating categories labelled 'us' and 'them'. 'Us' represents conformity and hence, normality, whereas 'them' stands for difference and deviance. Negative labelling leads to a loss in status of the stigmatised person (e.g. within hierarchies within gender, ethnicity, class) which can result in social inequality caused by either individual or structural discrimination (e.g. a white middle/upper-class man is more likely to reach top positions in a hierarchy of power than a black, working-class woman) (Becker & Arnold, 1986; Goffman, 1963; Link & Phelan, 2001). Goffman (1963) argued that a stigmatised person is considered inferior and "not quite human" (p. 5). In his analysis of the concept of 'othering', Brons (2015) expanded on Goffman's notion of the other as inferior suggesting the dehumanisation of the stigmatised person can be over-inflated to the extent where the individual is considered "*radically alien"* (p. 72, emphasis in original) or both inferior *and* radically alien. Goffman (1963) suggests that the dehumanisation, used to justify the often thoughtless discrimination against the stigmatised reduces their "life chances" (p. 5). In the context of suicide, life changes are - quite literally - reduced.

Although the mechanisms of stigma are universal, perceptions about what constitutes a stigma are sensitive to space and time (Becker & Arnold, 1986). Throughout history, different cultures held more or less permissive views of suicide (Cholbi, 2016; Laragy, 2013b). As the historical exploration of suicide in this chapter shows, understandings of self-killing have changed over

time. As illustrated in this chapter, when suicide was condemned as a sin, this often resulted in the desecration of the bodies of suicide victims. Lewis (1998) suggests that stigma is contagious and sullies the reputation of those associated with the stigmatised person. When suicide was condemned as a sin, the relatives of self-murderers faced dispossession if courts found them 'guilty' by association (Healy, 2006; Kelly, 2013; Laragy, 2013a). Scientific advances facilitated a better understanding of suicidality reducing the suicide stigma. In Ireland, this change in attitude is implicit, for example, in the decriminalisation of suicide in 1993 (Irish Statute Book, 1993). However, it would be rash to assume that the stigma of suicide has been erased entirely. As Becker and Arnold (1986) suggested, stigma tends to linger until it loses its value to society.

The stigma of suicide suggests that suicide is a phenomenon that lies outside the parameters of what is considered normal. Sociologists tend to understand normality as either a factual, or as a desired normative state. The former refers to how things presently are, and the latter to how things ought to be: A desire to restore order (Misztal, 2001, 2015). Goffman (1983) argued that our social lives are largely spent in the presence of others. These face-to-face interactions create rules and norms that influence our behaviours, thoughts and feelings, thereby establishing a sense of order, which he termed 'interaction order'. Continuity and sustainability of order depend on a "social contract and social consensus" (Goffman, 1983, p. 5). Social contract means that everyone is constrained by the same rules and norms for the sake of the greater good; the agreed upon rules and norms apply to everyone, including to oneself. Order creates a sense of "predictability, reliability and legibility" (Misztal, 2001, p. 314), which is required for things to be perceived as normal. In other words, in interaction with others, the assumption that everyone will adhere to agreed-upon rules and norms allows us to read situations in such a way that we can reliably predict how someone is going to behave. Normality creates a sense of safety and comfort which, as Misztal (2001) suggested, enables us to better trust others. Suicide causes a disruption to this sense of normality. Life, previously perceived as ordered and hence, legible, predictable and reliable has now become illegible, unpredictable and unreliable, and also feels less safe. This disruption of the social order tends to elicit reactions of shock (Roen et al., 2008).

Shame is a powerful emotion that is caused by stigma. Shame is a profoundly personal, yet socio-cultural phenomenon (Lewis, 1998; Morrison, 1998; Scheff, 2014) and, perhaps, "the most social of all emotions" (Scheff, 2014, p. 208). Shame is a social phenomenon because it is embedded in a normative system of standards, ideals and goals that society sets out for its members. Shame is also personal because it is a product of self-consciousness and self-monitoring that occurs when we have failed to live up to societal expectations (e.g. professional success, heterosexuality, slenderness). However, to feel ashamed, we need to agree with these

expectations and moreover, we need to take responsibility for our failure. Instead of blaming external circumstances, shame occurs when we attribute our failure to a deficiency within ourselves (e.g. being weak-willed) (Goffman, 1963; Lester, 1997; Lewis, 1998; Welz, 2011). The stigmatised person may label themselves as abnormal and tainted or worry about being perceived deficient by others.

2.9.2.2 Stigma and shame in young people's constructions of youth suicide

As stated, stigma and shame are concepts that tend to resurface in existing studies on young people's understandings of suicide (Bourke, 2003; Fullagar et al., 2007; Roen et al., 2008). Their findings show that research participants marked suicidal individuals as 'other' through their perceptions, statements and stories about suicide and suicidal individuals. Young people are aware of the stigma surrounding suicide, and this awareness is expressed, for example, in their categorical rejection of suicide as an option for themselves "as if there was a stigma associated with it" (Bourke, 2003, p. 2361). Bourke (2003) pointed out that the stories of her research participants sounded prescribed. Thus, she concluded that this might be a reflection of local social norms that prohibit the disclosure of suicidality. Several other studies (Bartik et al., 2015; Fullagar et al., 2007; Gilchrist & Sullivan, 2006a; Roen et al., 2008) also argued that young people constructed their understandings of suicide in relation to local discourses of suicide as a taboo subject. This stigma is reflected in young people's constructions of suicide and suicidal individuals. Several studies (Fullagar et al., 2007; McDermott & Roen, 2016; Roen et al., 2008) have reported that research participants may distance themselves from suicide and suicidal individuals as 'Other'. Distancing and othering emerged as a key issue in a UK study by Roen et al. (2008) who interviewed non-suicidal young people aged 16-24 years old for their perceptions of suicide. Participants' stories revealed that local communities respond to suicide with shock and disbelief, because it shakes local belief systems that suicide happens elsewhere and to other people. Suicide poses a threat that the young people confronted by constructing suicide and suicidal individuals as 'other'. Roen et al. suggested that this may be a coping mechanism allowing participants to keep themselves at a safe distance and furthermore, to avoid confronting their own mortality. At the same time, the authors also surmised that othering might be a reflection of reactions by communities to suicidal behaviour and if participants had contemplated suicide before, distancing themselves from suicide serves to protect them from being stigmatised. Furthermore, the shock entailed by suicide leaves a sense of horror and chaos that is difficult to make sense of. Constructing suicide as a rational and reasonable choice in response to challenging life events rather than a consequence of madness helps participants to

bring order into the chaos. Roen et al. (2008) noted that following a suicide, there is a sense of urgency to make sense and to explain the inexplicable.

Discrediting perceptions of suicide as a phenomenon that happens elsewhere, in disreputable places to 'others' was also observed in an Australian study. Fullagar et al. (2007) reported that stigmatising perceptions of suicidal individuals (e.g. as weak, selfish, losers) may be a reflection of local discourses where suicide is constructed as a taboo issue. The authors found that to some degree, these perceptions were influenced by media reports. Like in Roen et al.'s (2008) study, Fullagar et al. (2007) argued that discrediting suicide serves to create a distance between non-suicidal and suicidal individuals. This may allow participants to continue living their lives uninterrupted.

These findings are contrasted by Sweeney's (2011) study investigating the perspectives of young Irish men on depression and peer suicide. Sweeney found that following initial anger with a young man who ended his life, his friends commonly refrained from a moral discourse framing the suicide as something shameful and wrong. Instead, she reported that research participants discussed suicide as a right following "an informed decision" (Sweeney, 2011, p. 239).

2.9.3 Gendered understandings of youth suicide

Suicide is a considered a gendered social phenomenon. In Western cultures, the act of suicide itself is considered masculine whereas non-fatal suicidal behaviour (i.e. attempted suicide) is considered feminine (Canetto, 1997). This gender dimension of suicide is apparent, for example, in suicide statistics revealing that in Western societies, completed suicide is more common in men whereas attempted suicide is more common in women (Canetto & Sakinofsky, 1998; Jaworski, 2010). According to Irish mortality statistics for the time period 2007 to 2015, four times more men than women aged between 15 and 24 years old died by suicide (Central Statistics Office, 2017). On the flipside, Irish figures provided by the National Suicide Research Foundation (Griffin, Arensman, Corcoran, Williamson, & Perry, 2015) indicate that hospitalisation for attempted suicide and intentional self-harm is more common in young women than men. "[C]ultural scripts of gender and suicidal behavior" (Canetto, 1997, p. 347) influence both young people's understandings of suicide and a young person's decision to end their life (Canetto, 1997; Scourfield, Jacob, Smalley, Prior, & Greenland, 2007).

2.9.3.1 Gender: Conceptualisation of masculinity and femininity

Gender has been defined as "the amount of masculinity or femininity found in a person" (Stoller, (Paechter, 2007, p. 10). Whether an individual identifies as man or woman depends on both

physical attributes and on the gender category he or she was assigned at birth. Traditionally, gender categories have been running alongside binary gender lines: One is either considered to be a boy/man or a girl/woman. Despite growing recognition of 'non-binary' gender identities (e.g. gender-fluid, genderqueer, agender, pangender), especially among younger people (Frohard-Dourlent, Dobson, Clark, Doull, & Saewyc, 2017), binary gender identities and norms continue to play an important role in young people's understandings of suicide (e.g. Gilchrist & Sullivan, 2006; Roen, Scourfield, & McDermott, 2007; Scourfield, Jacob, Smalley, Prior, & Greenland, 2007). Therefore, this discussion on gender will focus on binary 'either/or' categories.

2.9.3.1.1 'Doing' gender

Gender (and sex) are taken for granted. Every day, we distinguish between men and women, female or male, masculine or feminine as if these binary gender lines were natural rather than social constructs (Connell, 2009). Yet gender (and sex) are social constructs rather than predetermined facts. At birth, we are assigned a sex based on "socially agreed upon" (C. West & Zimmerman, 1987, p. 127) biological characteristics that are typical either for males or females (e.g. genitalia). Sex also defines what gender category we belong to, based on beliefs that naturally, men and women differ psychologically and behaviourally (C. West & Zimmerman, 1987), despite empirical evidence to the contrary (J. S. Hyde, 2005). Butler (1990), quoting French philosopher Simone de Beauvoir, argued that "one is not born a woman, one becomes one; but further, one is not born female, one *becomes female* (p. 145, emphasis in original). Connell (2009) advances Butler's principle suggesting that likewise, one is neither born a man nor masculine but one becomes both. We learn through social discourses, i.e. "a set of meanings, metaphors, representations, images, stories, statements" (Burr, 2015, p. 74) about what it means to be a boy/man or to be a girl/woman and we act accordingly. Discourses about masculinity or femininity dictate how we 'do gender' "through a *stylized repetition of acts*" (Butler, 1990, p. 140). Over time, these repetitions of gender "consolidate an impression of being a man or being a woman" (Butler & Miller, 2011). In this sense, gender is 'performative'. We 'do' gender within the constraints of the discourses of our socio-cultural milieu, and these discourses dictate what is acceptable for each gender in terms of, for example, personality (e.g. boys are more assertive and aggressive than girls), dress (e.g. skirts for girls, but not for boys), behave (e.g. girls cry but boys don't cry). Gender is always 'done' in the presence of a real or imaginary other (Butler, 2004). Foucault's (1977) illustration of Bentham's panopticon, where prisoners were unable to tell if and when they were watched and as a result, self-regulated their behaviour, is a tale of disciplinary power. Similarly, the suspicion that our behaviour is

monitored, and the likelihood that deviation from established gender norms will be punished ('disciplined'), serves to regulate how we 'do' gender. Foucault called this 'self-discipline'. Butler (2011) argued that we are kept "in our gendered place" through informal kinds of disciplinary practices, such as bullying. Discourses about gender binaries portray being a woman or being a man as something that is a natural determinant rather than a "phenomenon that is being produced all the time and reproduced all the time" (Butler & Miller, 2011). Although different discourses about gender may exist, what is 'normal' and 'acceptable' behaviour for men and women has been dominated by discourses of 'hegemonic masculinity' (Connell & Messerschmidt, 2005) and 'hegemonic femininity' (Schippers, 2007).

2.9.3.2 Gender hegemony: The ideal (wo)man

Connell (2009) maintained that most people are actively and willingly involved in the construction of their binary gendered identities. However, although we tend to accept the male/female, masculine/feminine dichotomy as 'natural facts', gender boundaries can be rather ambiguous and blurred. Men and women possess varying degrees of both masculine and feminine characteristics (Connell, 2009), and, if one chooses, can identify as "neither female nor male, woman nor man" (Butler, 1990, p. 145). Although women's behaviour can be masculine (e.g. tomboy girls), Connell (2011) argued that masculine behaviour is more commonly found in men. While this implies that there are, indeed, multiple masculinities and femininities, gender is organised in a hierarchical, interactive system of power that situates women in a subordinate position relative to men. This power imbalance is a consequence of historical and socio-cultural constructions of gender, as well as of economic (e.g. gender pay gap) and political inequality. While some women will adopt a more combative response to prevailing gender inequality, others will accept or compromise as a strategy to dealing with their subordination (Connell, 1995, 2011). This framework of power is the context in relation to which humans interact with one another, be it through direct negotiations or indirectly through media, markets and technology (Connell, 2009; S. C. White, 2000).

While this hierarchy defines male and female positions of dominance and subordination within the gender system, power hierarchies also exist within groups of men and within groups of women. Some men are more powerful than other men and likewise, some women are more powerful than other women. The most honoured, most powerful masculinity is what Connell (1995) coined 'hegemonic masculinity'. At least in Western cultures, hegemonic masculinity is an *ideal* that generally describes men who are white, middle class and identify as heterosexual: Men who have the ability to exercise power. Men who are financially and professionally

successful. Boys may be expected to strive for and display this ideal of manliness through athleticism, risk taking and the treatment of girls as trophies and sexual conquests rather than equal partners (Connell & Messerschmidt, 2005). Furthermore, some patterns of masculinities produce a willingness and openness to use both physical and economic violence. By contrast, less powerful 'subordinate' masculinities tend to be associated with both femininity and homosexuality, which, for example, younger boys express in disparaging terms like 'fag' or 'fairy' (Connell, 1995, 2011). Aside from sexuality, subordinate masculinities, or, as Schippers (2007) called it 'male femininities', are associated with marginalised men as a consequence of their belonging to subordinate classes (e.g. working class men) or ethnic groups (e.g. Irish Travellers, non-Irish nationals, especially those of Asian or African extraction). This hierarchy of masculinity is also visible in the lack of 'effeminate' men (and women) in leadership roles in the areas of government, military and corporate business (Connell, 1995; J. S. Hyde, 2005; World Bank, 2012).

By contrast, Connell (1987) developed the concept of hegemonic masculinity in relation to what she called 'emphasized femininity' to acknowledge men's domination of women, and women's "compliance with this subordination … oriented to accommodating the interests and desires of men" (p. 184). Schippers (2007) argued that the concept of femininity(ies) was underdeveloped and building on Connell's (1995) work, she developed framework for 'hegemonic femininity' and multiple femininities. Constructions of an *idealised* femininity, complementary to features of masculine dominance, "include physical vulnerability, an inability to use violence effectively, and compliance" (Schippers, 2007, p. 91). Furthermore, women tend to be perceived as more nurturing and empathetic than men (Connell, 1987). Schippers (2007) maintained that women who adopt behaviour conceived of as 'typical' of hegemonic masculinity (e.g. promiscuity, sexual relations with other women, being assertive and willing to use physical violence) will likely be considered a threat to male dominance. Hegemonic femininity is perceived as superior in relation to femininities that exhibit masculine characteristics. Nevertheless, Schippers (2007) argued these femininities are not subordinate in the same way as subordinate masculinities but more accurately defined as 'pariah femininities'. This is because pariah femininities are perceived as "contaminating to the relationship between masculinity and femininity" (Schippers, 2007, p. 95). Social sanctions for those women who do not comply with the perceived virtues of hegemonic femininity include derogatory terms such as 'sluts', 'bitches', 'lesbians'. Like pariah femininities, male femininities are perceived as equally as threatening to hegemonic masculinity, which is located at the top of the gendered pecking order. Hierarchical gender systems are historically and culturally specific and as such, are changeable rather than

static (e.g. the inclusion of marriage equality, including same-sex relationships, in the Irish constitution in 2015). Yet, an understandings of gender in terms of hegemonic masculinity and hegemonic femininity informed how young people in earlier studies made sense of youth suicide (e.g. Cleary, 2005a; Gilchrist, Howarth, & Sullivan, 2007; Gilchrist & Sullivan, 2006; MacLean, Sweeting, & Hunt, 2010; McDermott, Roen, & Scourfield, 2008; Roen et al., 2007).

2.9.3.3 Boys don't cry: Male youth suicide in relation to hegemonic masculinity

In Western societies, youth suicide is a social phenomenon dominated by young men. Although the gap between male and female suicide attempts appears to be narrowing in some countries, including Ireland (Canetto & Sakinofsky, 1998; Griffin et al., 2015; Richardson, Clarke, & Fowler, 2013), young men continue to be more likely to die of suicidal behaviour and less likely to engage in non-fatal suicidal behaviour than young women (Canetto, 1997; Central Statistics Office, 2017). Male suicidal behaviours appear to be influenced by cultural gender scripts whereby certain behaviours are perceived as more compliant with notions of hegemonic masculinity than others (Canetto, 1997; Scourfield et al., 2007).

2.9.3.3.1 Projecting robustness, concealing vulnerability

Several studies (Cleary, 2005a, 2012; Garcia, 2016; Gilchrist et al., 2007; Roen et al., 2007; Sweeney et al., 2015) on young people's interpretations of suicidal behaviour in young men found references to Connell's (1995) concept of 'hegemonic masculinity', revered as the 'gold standard' of manliness (Gilchrist et al., 2007). Traditional gender norms require men to be courageous, independent, rational and competitive, while by contrast, emotional expressions of sadness or distress, and admissions of vulnerability are discouraged, as is asking for help (Payne, Swami, & Stanistreet, 2008; Sweeney et al., 2015).

Several studies found that hiding emotions and problems played a role in male suicidal behaviour. Young men discussing a friend's suicide in a qualitative Irish study had no knowledge of their friend's difficulties (Sweeney et al., 2015). Another Irish study (Cleary, 2012) that investigated the motivations and circumstances relating to young men's suicide attempts by interviewing male suicide survivors found that participants had felt incapable of approaching friends, family members or a mental health professional. On the one hand, this was because some young men were unfamiliar with signs of psychological distress but instead, attributed the symptoms to physical illness. On the other hand, seeking help was stigmatised as feminine or 'gay' and hence, as weak and undesirable. Similarly, an Australian study (Gilchrist et al., 2007) that explored the cultural context of youth suicide from the perspective of young people (as well

as parents and service providers) found that men were required to handle problems autonomously and stoically instead of asking for help.

Generally, families, and fathers in particular, set the parameters of masculine gender norms for young men, and these norms were subsequently, monitored, regulated and reinforced in the home, at school and by peers (Cleary, 2005a, 2012; Garcia, 2016; Mairtin Mac an Ghaill & Haywood, 2012). 'Doing' one's gender wrong (e.g. men disclosing personal problems) will trigger direct and indirect social sanctions (Butler, 1988). Young men may not confide in their fathers to avoid rejection or unresponsiveness. At the same time, the conception of women as weak and in need of male protection prevented men from approaching mothers or girlfriends (Cleary, 2012). Normative conceptions of hegemonic *adult* masculinity may be imposed on boys early on (e.g. in schools) where boys are admonished for crying and instead, taught to stoically bear or ignore signs of distress (Cleary, 2005a; Mairtin Mac an Ghaill & Haywood, 2012; Möller-Leimkühler, 2003). Other forms of social punishments include joking and mockery (Garcia, 2016), teasing (Cleary, 2012), dismissal, anger and disapproval (Sweeney et al., 2015). Some men may 'transgress' gender boundaries by revealing worries and feelings of distress (Cleary, 2012; Sweeney et al., 2015), indirectly or ambiguously, for example, through jokes or when intoxicated. However these cues are likely to be misinterpreted or dismissed as 'drunk-talk' rather than taken seriously and dealt with (Sweeney et al., 2015), and instead, "definitive cues that this communication was unwelcome" (Cleary, 2012, p. 502) will likely stifle further attempts at discussing personal problems (Sweeney et al., 2015).

2.9.3.3.2 Concealing distress: Struggling to maintain appearances

Several studies (Cleary, 2005a; Garcia, 2016; Gilchrist et al., 2007; Scourfield et al., 2007; Sweeney et al., 2015) suggested that men are more likely to hide their emotional struggles (e.g. sadness or anxiety) and to avoid seeking help due to the stigma attached personal disclosure in men. Within the parameters of hegemonic masculinity, there are culturally authorised ways of dealing with personal problems (Connell, 1995; Connell & Messerschmidt, 2005; Möller-Leimkühler, 2003). Male youth may enact an 'excessive' form of masculinity expressed through anger, aggressiveness and violence, drug and alcohol use to verify their status as 'real' men (Möller-Leimkühler, 2003). Young men may start fights and arguments (Garcia, 2016) and use of interpersonal violence to resolve conflicts with other men which Bourke (2003) found was accepted as simply "the way it is" (p. 2361). In Ireland, drinking alcohol has been a culturally accepted marker of conventional masculinity (Cleary, 2012; Garcia, 2016; Payne et al., 2008). While ritualistic 'binge drinking' may enhance acceptance (Bourke, 2003; Payne et al., 2008) and

a sense of connectedness between young men (Garcia, 2016; Sweeney et al., 2015), alcohol and drugs were also used to self-medicate, to alleviate or to mask emotional distress (Cleary, 2005a, 2012; Garcia, 2016; Möller-Leimkühler, 2003; Payne et al., 2008; Sweeney et al., 2015). However, substance use only helped to numb feelings of distress temporarily. Over time, drug and alcohol dependency further compounded unresolved issues (Cleary, 2012; Garcia, 2016).

The existing literature (Möller-Leimkühler, 2003; Payne et al., 2008) indicates that social pressures to maintain appearances (e.g. to be seen to endorse traditional gender roles) may be greater on men than on women. Traditional male gender roles (e.g. as bread-winners) have been challenged by women's increasing participation in the labour market and hence, greater financial independence. Yet, existing research indicates that gender stereotypes have remained stable over time. For some men, particularly for those who endorse traditional masculinity, their identity appears to be strongly linked with their occupation and hence, financial independence (Gilchrist et al., 2007; Möller-Leimkühler, 2003; Payne et al., 2008). In Western cultures, there has been an increasing emphasis on individualism stressing self-determination, self-reliance and self-realisation. This entails fewer social constraints and hence, greater freedom to shape one's life, as well as higher expectations in all areas of life (e.g. work, independent living, family, or quality of life). Yet, in a world of rapid change and uncertainty, weighing up risks and possibilities, and making the right choices to prevent failure can be trying (Möller-Leimkühler, 2003). Of course, contemporary young men and women alike have to navigate these challenges. However, the limited existing research on youth suicide indicates that the discrepancy between cultural and personal expectations and socio-economic reality may have greater adverse effects on men than on women. Several studies (Garcia, 2016; Gilchrist et al., 2007; Rasmussen et al., 2015) on young people's views of youth suicide discuss the discrepancy between the ideal self, cultural pressures and reality. According to (particularly male) participants in an Australian study highlighting the interconnectedness of employment, identity and gender, unemployment and poverty means that men perceive themselves as unable to fulfil their prescribed gender roles. However, due to cultural cues prescribing personal responsibility, young men's unemployment and hence, lower socio-economic status was attributed to personal failure rather than structural inequality (e.g. limited availability of jobs) (Gilchrist et al., 2007). Similarly, Garcia (2016) found that among the young Irish working-class men who took part in her study, their sense of self-worth, male identity and employment were intertwined. The young men derived a sense of pride and identity from their work (e.g. in construction and manufacturing). Jobs in these sectors were among the most affected during the recession that hit Ireland in 2008. Resulting job losses reduced young men's sense of self-worth, identity and independence (e.g. living independently).

A sense of personal inadequacy also played a role in a psychological autopsy study (Rasmussen et al., 2015) evaluating the perceptions that friends, romantic partners and family members had of young Norwegian men who died by suicide. Despite being ambitious and successful both academically and professionally, participants indicated that the deceased perceived themselves as not good enough. Instead, they were striving for greater ideals, both in terms of their careers and romantic relationships with women. Findings from the study suggest that these ideal masculine selves were informed by "the life styles, plans, and values of some "superior" others (friend, father, authorities, and boss)" (Rasmussen et al., 2015, p. 9). Failure to achieve these standards, was associated with personal failure rather than with external factors. Relationship breakdowns were also perceived to have contributed to feelings of failure in men (Cleary, 2005a; Rasmussen et al., 2015; Scourfield & Evans, 2015).

Young men who perceive themselves as failures, may become very distressed (Gilchrist et al., 2007), feel ashamed, disgraced or angry (Cleary, 2005a; Garcia, 2016; Rasmussen et al., 2015), compounded by a sense of being trapped, isolated and in a hopeless situation (Cleary, 2005a; Garcia, 2016; Gilchrist et al., 2007; Rasmussen et al., 2015). Garcia (2016) observed that unemployment lead to a dissolution of routines that structured workdays and workweeks, and instead, gave rise to excessive ('binge') drinking to alleviate frustration, boredom and hopelessness. In some young men, this led to a suicide by stealth. While depression was also identified as a response to this sense of personal failure in some studies (Cleary, 2005a; Garcia, 2016; Gilchrist et al., 2007), Rasmussen et al. (2015) indicated that participants referred to depression and mental illness only infrequently. Despite worsening emotional upheaval, men who endorse traditional gender norms may feel compelled to continue to put up a façade of strength and invulnerability. This growing gap between performative labour and unresolved inner turmoil resulted in a sense of an 'incoherent' or 'false self' (Cleary, 2005a; Rasmussen et al., 2015). Participants in several studies (Cleary, 2005a; Garcia, 2016; Gilchrist et al., 2007; Sweeney et al., 2015) recognised the pitfalls entailed by compliance with the norms of hegemonic masculinity (e.g. negative effects of dealing with problems on one's own health) and suggested that seeking help (e.g. through talking or disclosing problems) was one solution. However, it appears that death by suicide was the more 'desirable' way out of their dilemma than the sense of shame of admitting to have 'failed' at being a 'real' man. Therefore, asking for help may not be perceived as an option (Scourfield et al., 2007).

2.9.3.3.3 'Successful' suicide: Restoring 'real' masculinity

For young men who cannot find another way of dealing with their sense of failure, shame and feelings of being trapped, suicide may be deemed a viable option (Gilchrist et al., 2007). Cleary (2005a) identified concealment of distress from others as a key issue on young men's trajectory to suicidal behaviours. Existing research indicates that suicide, an act perceived as masculine, can serve as a demonstration of conventional masculinity. As non-fatal suicidal behaviour is considered un-masculine and as having failed, men may opt to plan their suicide in such a way that survival is unlikely, as other men might judge them more harshly if they survived the suicidal act (Canetto, 1993, 1995, 1997). Participants in a UK study (Scourfield et al., 2007) that explored *Young People's Gendered Interpretations of Suicide* indicated that they associated 'successful' (completed) suicide with traditionally masculine terms including "strength, courage, honour, impulse and decisiveness" (p. 251). Rasmussen et al. (2015) suggest for the young men discussed in their study, suicide was like a valve allowing them to "release inner tension" (p. 17), increase self-esteem and to restore coherence in their sense of who they are as men.

2.9.3.4 Associations of female suicide with love, sex and shame

While studies on the gendered aspects of suicide have generally focussed on male suicide, fewer studies have explicitly discussed young people's understandings of female suicide. Scourfield et al. (2007) surmised that their participants may have given less consideration to female suicide because of the weight the media attaches to female suicide. As Fullagar et al. (2007) argued, media portrayals of suicide influence young people's understandings of suicide. While understandings of male suicide were dominated by references to hegemonic masculinity (Connell, 1995), female suicide is more commonly understood in terms of hegemonic femininity (Schippers, 2007) (i.e. troubled relationships and sexual reputation) (Canetto & Sakinofsky, 1998; Gilchrist & Sullivan, 2006b; Scourfield et al., 2007). As pointed out by Canetto and Sakinofsky (1998), western cultural beliefs about suicide regard suicide attempts as 'feminine' behaviour whereas completed suicide is considered 'masculine'. Thus, non-fatal suicidal behaviour tends to be considered more permissible for women whereas completed suicide is considered more permissible in men. On the other hand, women who complete suicide are considered 'masculine' and likewise, men who attempt suicide are considered 'feminine'. In other words, they are conceived of as gender non-conforming and thus, will likely be judged more harshly.

2.9.3.4.1 Depending on love: Suicide as a response to relationship breakdown

For centuries, while men's suicides were associated with 'masculine virtues' such as pride and honour, women's suicides were more commonly constructed in relation to the more 'feminine' themes of troubled love or the loss of purity (Canetto, 1993; Jaworski, 2010): "[n]ineteenth-century literature is littered with the corpses of such women" (Kushner, 1991, p. 98). This is despite evidence indicating that following a relationship breakdown, men may be more vulnerable to suicide (Canetto, 1993; Scourfield, Fincham, Langer, & Shiner, 2012). Canetto (1993) argued that women have been perceived as deriving their identities through their romantic relationships with men and are thus, dependent on relationships. Following the loss of a relationship, suicidal ideation appears to be a natural consequence. In a UK study exploring how young people understood suicide in terms of gender, the suicide of a fictional young woman was interpreted as motivated by a recent breakup. The brief discussion of female suicide highlighted that women were constructed as the weaker sex who are overly dependent on (the love of) their partners. Following a breakdown of the relationship, suicide may be perceived as an "understandable reaction" (Scourfield et al., 2007).

2.9.3.4.2 Tainted love: Suicide as an escape from potential humiliation

Female suicide in terms of failed relationships has also been discussed through a moral discourse on femininity, sexual purity and shame. Connell (1995) and Schippers (2007) maintained that within a hierarchical system of idealised gender qualities, femininity is constructed as complementary and subordinate to hegemonic masculinity. Within this gender order, female sexuality is constructed as "sexually passive and submissive in contrast to the ideal masculine role of independence, activity and sexual desire" (Gilchrist & Sullivan, 2006b, p. 196). Schippers (2007) pointed out that girls and women do not conform to the idealised qualities ascribed to hegemonic femininity (e.g. through sexual activity and promiscuity) enact 'pariah femininities'. As these women "are considered socially undesirable and contaminating to social life more generally" (p. 95), they may be subject to verbal humiliation or even physical assault. The desire to escape public shaming may contribute to a suicide decision. Kushner (1993) noted that depictions of women who took their lives following the ending of "an illicit love affair" (p. 469) in nineteenth-century fiction eventually trickled into European and American media discourses on female suicide and sexual morality.

An Australian study by Gilchrist and Sullivan (2006b) explored young people's (and adults') understandings of female youth suicide in relation to constructions of gender, identity and sexual relations based on the scenario of a young woman who slept with her boyfriend and who

takes her life after the ending of the relationship. To their surprise, the researchers found that despite decades of promoting social change towards greater gender equality and sexual liberty, conventional conceptions remained pervasive among participants (Gilchrist & Sullivan, 2006b). Participants perpetuated the double standard regarding sexual relations between young men and women whereby standards of hegemonic femininity require young women to be sexually passive and to protect their sexual reputation. Young men, by contrast, are expected to be sexually active and to actively pursue heterosexual conquests to construct their masculine personae (Connell & Messerschmidt, 2005; Gilchrist & Sullivan, 2006b; Schippers, 2007). Gilchrist and Sullivan (2006b) found that these were the standards by which female sexuality was evaluated, and that those women who deviated from the norm received little sympathy. Female youth suicide was constructed in relation to the humiliation and shame experienced by young women who 'failed' to preserve their virginity after being so naïve to think that sex would lead to a lasting relationship. This feeds into the discourse constructing women as desiring and depending on relationships, and men as pursuing sex only. Gilchrist and Sullivan (2006b) reported that participants, particularly female participants, held young women responsible for 'mistaking' men's sexual desire for love and consequently, they were undeserving of sympathy. Social pressures on women to 'give in' to men's sexual pursuits whilst simultaneously abstaining from sex puts women in a precarious situation where being sexually active may be punished. Although it was suggested that talking to someone could have prevented the young woman's suicide, the authors surmise that punitive attitudes towards female sexuality can help explain why some women who enact 'pariah femininities' "might come to view suicide as an option" (p. 203).

2.9.3.4.3 Non-fatal suicidal behaviour in women: Manipulation and revenge

Female suicidal behaviour is more often understood as manipulative or revengeful rather than as a 'genuine' wish to die (Canetto, 1993, 1997; Jaworski, 2010; Scourfield et al., 2007). Female suicidal behaviour is often interpreted as a 'cry for help' or 'attention-seeking' and higher rates of non-fatal suicidal behaviour in women than in men feeds into this perception. Scourfield et al. (2007) found that the young people in their study most commonly engaged in a moral discourse judging female suicidal behaviour in the context of failing relationships as a means to an end (e.g. to provoke feelings of guilt or to prove a point) rather than as a response to overwhelming feelings of distress. In the same study, the researchers found that participants most commonly dismissed female suicide as a 'cry for help' or 'attention-seeking' as otherwise they would just do it. This is despite studies finding that suicidal individuals more often relate their behaviour to feelings of hopelessness than attempts at manipulation (Canetto, 1997).

Scourfield et al. (2007) identified a discourse among study participants categorising manipulative or revengeful suicidal behaviour as "less morally worthy" (p. 254) than 'genuine' suicidal behaviour.

2.9.4 Suicide as an escape from an intolerable situation

In several studies (Fullagar, 2003; Kidd, 2004; Kidd & Kral, 2002; McDermott et al., 2008; Rasmussen et al., 2015; Stubbing & Gibson, 2019), suicide was interpreted as an escape from an intolerable situation. A Canadian study of homeless youth (Kidd, 2004) identified feeling trapped in an intolerable situation, coupled with the desire to escape, as a key contributor to the development of suicidal ideation. Stubbing and Gibson (2019) even reported that the desire to escape emerged as the most prevalent theme in their study. Kidd (2004) connected feeling or being trapped with feelings of hopelessness, worthlessness, low self-esteem and loneliness. Kidd argued that that these feelings were linked with past experiences of abuse and neglect, and current experiences of stigmatisation and victimisation (e.g. through disparaging remarks or assaults from the public and institutions, such as the police). Hard drugs posed a way of coping with being homeless, a way of entrapping oneself, and a way of slowly and deliberately ending one's life. At the same time, engaging in self-destructive behaviours such as substance abuse is also a gesture of giving up which, as Kidd argued, in an environment as dangerous as the streets, essentially equals suicide. This is contrasted with Stubbing and Gibson's (2019) research indicating that contrary to Kidd's (2004) findings, participants tended to attribute the trap to external factors, particularly the actions of other people, rather than internal ones.

The conceptualisation of suicide through surrender resonates with Fullagar's (2003) conceptualisation of youth suicide as "giving up or throwing away life 'as gift'" (p. 292). Fullagar discussed youth suicide as a gesture of deliberately throwing away one's life in relation to internalised social and cultural expectations of a young person to responsibly and successfully manage the normative tasks associated with becoming adults (e.g. failing academically or at securing employment, being good at sports or at relationships). Failure to live one's life successfully and to cope with life's challenges is associated with the sense of a 'failed identity' (i.e. failing at what one was supposed to be or become). Fullagar suggested that this sense of failure produces intense feelings of shame marked by "feelings of self-hatred, disgust and loathing that are not easily detached from the self" (p. 299). This sense of shame is extremely powerful and results in the desire to become invisible to avoid being found out. Morrison (1998) pointedly illustrated how shame hits us in our core:

> *"[W]e feel shame about the very essence of our selves … It is not the feeling of shame we attempt to conceal but the underlying perception of unworthiness that is generating the shame … There is a sense, a conviction, a belief about the self that we find intolerable and that we try to manage by turning away in one way or another … No other emotion induces concealment as consistently as does shame" (pp. 11-12).*

Unlike studies where suicide was judged harshly (Fullagar et al., 2007; Roen et al., 2008), in this scenario, death by suicide loses its fear factor and is associated with solace or relief. Fullagar (2003) concluded that suicide becomes a "seductive place" (p. 298) one wishes to escape to but also a way of escaping the shamed self.

While Fullagar (2003) highlighted the concept of shame as central in young people's constructions of suicide in more general terms, other studies explore more specific subjects. McDermott et al. (2008) explored the issue of shame and self-destructive behaviours such as suicide in relation to homophobia suggesting that suicide rates among LGBT youth are several times higher than in heterosexual youth. The authors argued that research participants discursively constructed homosexuality as a violation of sexual normality (i.e. heterosexuality) and hence, homophobia becomes legitimised as punishment. This forces young LGBT people to deal with being constructed as "abnormal, dirty and disgusting" (p. 815). Participants identified two possible responses to homophobia, either suicide or defiance. While suicide is a consequence of internalised shame resulting in "extreme distress" (p. 821), defiance is a refusal to be shamed.

Rasmussen et al.'s (2015) exploration of the role of self-esteem in relation to suicidality in young men identified four interconnected factors that appear to be involved in the decision to take one's life. Rasmussen et al. suggested that research participants (e.g. friends, girlfriends, parents) constructed the deceased as having high expectations of themselves in terms of carving out a successful adult life whilst falling short of living up to these self-imposed ideals. This failure (by the deceased's own standards) "created strong unbearable feelings of shame, disgrace, or anger" (p. 12) that the deceased was unable to cope with. Like in Fullagar's (2003) research, the young men in Rasmussen et al.'s (2015) study tried to prevent the exposure of their shamed selves at all costs and desired to be erased from the memories of those close to them. For the deceased, suicide was a way to "restore" their "failing self" (p. 14) and to move away from their worthless self "to an alternative place … where they could be at ease with themselves" (*ibid*). Like in the studies discussed above, suicide becomes a means to escape the shamed self. These themes of shame and the desire to escape an unbearable situation continue to emerge in studies

on the gendered understandings of suicide in the following sections. It is because of the continued importance of gender in relation to suicide that I have chosen to dedicate a considerably longer section to the discussion of gendered understandings of youth suicide.

2.9.5 Help-seeking: A complicated matter

International research suggests that young people may find it difficult to seek help for suicidal ideation or self-harm. A systematic review (Michelmore & Hindley, 2012) of twenty-three community epidemiological studies found that most young people who experience suicidal thoughts or who have deliberately injured themselves are unlikely to access professional help. As the previous section illustrated, stigma and shame may have serious consequences for young people who grapple with a problem yet worry that disclosure might expose them to social sanctions worse than death (Fullagar, 2005). Hence, suicide might be chosen over disclosure when young people feel overwhelmed and unable to cope (Cleary, 2005a). Gilchrist and Sullivan (2006a) found that young people are aware of the stigma present in their local communities that exists in relation to suicide and help-seeking (e.g. the taboo of expressing one's feelings). This awareness of local discourses of help-seeking and suicide creates a sense of suspicion in young people. Fear that one's trust might be betrayed creates a barrier between a young person in distress and potential sources of support (e.g. friends, parents, professional support services). Similarly, Bartik et al. (2015) suggested that the stigma attached to mental disorders and suicide acts as a barrier to young people's readiness and capacity to ask for help. Fullagar (2005) pointed out that the stigma associated with disclosing emotions (i.e. being perceived as abnormal) "intensifies the feelings of shame, humiliation and unworthiness" (p. 39). Furthermore, fears that mental health professionals might not adhere to promises of confidentiality might also prevent young people from seeking help. Gilchrist and Sullivan (2006a) warned that it is not enough to simply encourage young people to seek help if feelings of shame and worries about trust and confidentiality supersede the benefits of expressing one's feelings or disclosing one's problems.

2.10 Conclusion

In this chapter (Chapter Two), I have reviewed how understandings of the concepts of youth and suicide have changed over time. I have outlined how concepts of childhood youth emerged as a distinctive category to adulthood during the Enlightenment and the Industrial Revolution. Moreover, I have described how contemporary notions of youth lean towards constructing young people within discourses of deviance and risk, and how their apparent 'failure' to make

successful transitions to adulthood tends to be associated with personal shortcomings more than with social, cultural and political circumstances. I have then traced how historical understandings of suicide have changed from constructions of suicide as a crime or a sin to suicide as an act of madness. I have illustrated how, depending on the dominant discourse pertaining to suicide, the treatment of the deceased has evolved. While once suicidal individuals were treated as criminals leading to the desecration of their bodies, a more scientific view was to regard the deceased as insane and thus, they cannot be held accountable for their actions. I have then provided an overview of the emergence of contemporary suicidology spanning the arc from the pioneers in suicidology to current trends in suicide studies. I have described and critiqued the current dominance of the medical model for explaining suicide which shapes research, practice and policy strategies, which I subsequently summarised. I then gave an overview of small body of relevant Irish and international studies which have explored young people's perspectives on the issue of youth suicide. I have presented the literature review in five distinctive sections: depression and mental illness, stigma and shame, gender, suicide as an escape and barriers to help-seeking.

2.10.1 Situating the research in relation to the literature reviewed

The present study seeks to explore how young people in Ireland understand youth suicide. This study takes the position that youth suicide is a complex multifactorial phenomenon with multiple causes and moreover, that the meanings young people attribute to youth suicide are highly subjective. This research is underpinned by a symbolic interactionist theoretical perspective (Blumer, 1969) which asserts that humans live in a world of symbolic meaning and that these meanings shape our interactions with the world. Symbolic interactionism suggests that meanings are socially constructed through one's responses (i.e. thoughts, feelings and actions) towards social phenomena, such as suicide. I take the view that the meanings young people attribute to youth suicide are shaped by local norms, values and beliefs. These understandings are likely modified based on young people's own experiences and observations in relation to suicide.

In line with the constructivist grounded theory (CGT) method (Charmaz, 2014) (described in Chapter Three), this thesis takes the view that the conceptual framework for understanding youth suicide which - despite emerging from the data - is my interpretation of participants' interpretations of youth suicide, which is influenced by my own philosophical (interpretivist) positioning, my prior knowledge and beliefs about suicide.

Despite its critique of the dominance of the medical model, this study does not claim that mental health issues do not play a role in a young person's decision to end their life. Nonetheless, this study recognises that the dominance of the medical model is problematic as it limits alternative understandings of suicide. Hence, this research takes the position that youth suicide is a multifactorial phenomenon and that mental health may be one factor among many, as highlighted in Section 9.2. The theoretical perspectives described in this chapter (Chapter Two) – particularly gender, shame and stigma - have provided a useful framework for interpreting young people's constructions of youth suicide. In keeping with CGT (Charmaz, 2014), the relationships between the emerging conceptual framework, the existing literature and theory emerged from the data, rather than vice versa. As Charmaz (2014) pointed out, although different researchers may have developed similar categories to the ones that I have created, their theoretical interpretations may differ. Previous research on young people's understandings of youth suicide have interpreted their data using a Foucauldian – discursive – approach. However, as described in Chapter Three and Chapter Ten, gender, shame and stigma emerged across the data and hence, I have chosen to interpret the findings drawing heavily on theories of stigma (Goffman, 1963) and shame (Morrison, 1998; Scheff, 2014; Welz, 2011, 2014) which I describe in the findings chapters and in more detail in Chapter Nine (Discussion). Moreover, where appropriate, I use the theory of hegemonic masculinity (Connell & Messerschmidt, 2005) and gender performativity (Butler, 1990, 2004) to illustrate how social expectations of gender may provoke a sense of failure in young men who feel that they have failed to live up to the ideal of masculinity, which may provoke a sense of deep shame.

2.10.2 Research question, aims and objectives

As stated, this study seeks to address the following core question: what does youth suicide mean to young people in Ireland? The present study aims to gain a better understanding of the meanings young people attribute to youth suicide, and to build a conceptual framework of these meanings. This will be achieved by exploring both participants' individual understandings of youth suicide, and how these are embedded in local community discourses, norms, values and beliefs.

2.10.3 The present study's contribution to extending the knowledge base

As emphasised in Irish policy frameworks pertaining to young people's general well-being, such as *Better Outcomes, Brighter Futures* (Department of Children and Youth Affairs, 2014) and the subsequent *National Youth Strategy 2015 - 2020* (Department of Children and Youth Affairs,

2015), young people need to play an active part in research and policy making on issues that matter to them. Although large-scale national and international studies on youth suicide, self-harm and youth mental health (Carli et al., 2014; Dooley & Fitzgerald, 2012; Madge et al., 2011; McMahon et al., 2014; Scoliers et al., 2009) demonstrate, young people are being asked to give their input on these issues. However, these studies, despite noting the complexity of youth suicidality, self-harm and mental health issues, tend to focus on the individual (Chambers, 2017). The current study approaches suicide from a social constructivist philosophical position which emphasises the multiplicity of perspectives on any one phenomenon (Burr, 2015; Charmaz, 2006; Lincoln & Guba, 2016).

As the literature reviewed in Section 2.9 of this chapter (Chapter Two) suggests, despite repeated appeals for more qualitative studies that creatively approach suicide as a multifaceted issue, responses to date have been sluggish. As outlined above, suicide continues to be framed predominantly as a mental health issue which has been criticised as too reductive (e.g. Boldt, 1988; Douglas, 1967; Hjelmeland, 2016; Marsh, 2016; Stubbing & Gibson, 2019; J. White, 2012). As the scarce body of studies reviewed in Section 2.9 demonstrates, young people's general understandings of youth suicide remain a largely under-researched field within suicidology, particularly in Ireland. I argue that the present study makes an original contribution to the existing field of youth suicide by exploring the phenomenon from the perspective of young people in Ireland. In so doing, the study will provide greater conceptual clarity about the meanings of suicide to young people. Moreover, I suggest that an exploration of young people's own constructions of suicide may offer an alternative reading of suicidality in addition to the dominant bio-psycho-medical model which emphasises the role of mental illness in suicidality which is perceived as an issue that originates from within the individual (Hjelmeland et al., 2014; Hjelmeland & Knizek, 2017; Marsh, 2016; J. White et al., 2016). An alternative understanding of youth suicide may encourage new approaches to suicide prevention (J. White, 2012; J. White & Kral, 2014). In the following chapter (Chapter Three: Methodology), I outline in detail the approach I have taken to explore how young people in Ireland understand youth suicide.

Chapter Three Methodology

3.1 Introduction

As stated, this study seeks to address the following key question: what does youth suicide mean to young people in Ireland? The present study aims to gain a better understanding of the meanings young people attribute to youth suicide, and to build a conceptual framework of these meanings. This will be achieved by exploring both participants' individual understandings of

youth suicide as well as how these are embedded in local community norms, values and beliefs. In this chapter (Chapter Three), I describe in detail the methodology (theoretical framework and research design) employed in the present study. For the sake of keeping this chapter at a manageable length, I provide a detailed critique of Constructivist Grounded Theory in Chapter Ten.

3.2 Qualitative methodology

Research strategies of social inquiry are commonly categorised as either quantitative or qualitative. While the appropriateness of a strict quantitative/qualitative divide has been subject to debate (Bryman, 2015; Denscombe, 2003; Flick, 2009; Silverman, 2011), I will for the purpose of this study revert to this dichotomy to explain my rationale for choosing a purely qualitative methodology.

The choice of a qualitative research strategy was informed by the research question (Charmaz, 2014; Flick, 2009; Silverman, 2011): What does youth suicide mean to young people? Very few studies have investigated the social meanings that young people attribute to youth suicide and thus, this was a poorly understood topic. Studies investigating suicide commonly have two goals: to add to the knowledge base about suicide, and to use that information to develop or improve suicide intervention strategies. To meet these goals, contemporary suicidology has relied heavily on quantitative strategies. Quantitative research is a suitable choice for studies seeking to determine, for example, the causes and effects of social phenomena (e.g. the association between mental disorders and suicide), where and how often a phenomenon occurs (e.g. comparing frequency of suicide in rural and urban areas) and lastly, how generalizable findings are across populations (e.g. men are more likely to die by suicide than women). Explanatory models of social phenomena are commonly established through the testing theories for their validity and reliability. Aiming to ensure objectivity, quantitative research designs commonly limit contact between researchers and participants through, for example, the use of questionnaires (Bryman, 2015; Flick, 2009). Contemporary suicidologists have been studying the phenomenon of suicide predominantly through the lenses of psychiatry, psychology and neurobiology. This approach has resulted in an abundance of studies providing deterministic (cause-and-effect) models correlating suicide with, for example, mental disorders or genetic predispositions. However, while these findings are undoubtedly valuable for the advancement of our knowledge about the possible causes of suicide, there are several limitations to the adequacy of quantitative strategies to explore the meanings of suicidal behaviour.

Although one of the strengths of quantitative research lies in the testing of existing theories (Bryman, 2015), there still is no comprehensive theory of young people's understandings of youth suicide (Boldt, 1988; Colucci, 2006; Douglas, 1967; Hjelmeland, 2013, 2016; Hjelmeland & Knizek, 2010; Kral, 1998). Qualitative research strategies are useful for the generation of theories from data that occur "naturally" (Silverman, 2011, p. 17). Unlike in quantitative research, hypotheses are not stated from the outset but rather, are generated through a process of abstraction of qualitative data. Qualitative researchers scrutinise the data for processes. Process refers to how individuals act, interact or feel in response to a situation or problem (Corbin & Strauss, 2008). Understanding how young people act, interact or feel in response to youth suicide will help to develop a conceptual framework of the meanings young people attribute to youth suicide. It is anticipated that the findings from this study will inform future qualitative and quantitative research. This may help frame suicide intervention strategies.

Most social phenomena are too complex to be explained without reference to the socio-cultural context in which they occur (Flick, 2009; Silverman, 2011) and suicide is a multidimensional phenomenon that "takes place in a powerful social context" (Kral, 1998, p. 221). Quantitative studies that present the underlying risk factors (e.g. depression) of suicide in isolation cannot adequately explain *why* suicidal individuals become depressed in the first place (Hjelmeland, 2016; Hjelmeland et al., 2014; McDermott & Roen, 2016). As Boldt (1988) argued, "meaning precedes ideation and action, and … individuals who commit suicide do so with reference to cultural-normative specific values and attitudes" (p. 95). Yet, McDermott and Roen (2016) criticised the predominant understanding of suicide as an individualised and pathologized issue as problematic. McDermott and Roen (2016) argued that this narrow focus risks precluding the development of new conceptualisations of the complex web of a range of other factors – social, cultural and economic - which may prompt young people to end their lives or injure themselves and prevent them from seeking help.

The meanings young people attribute to youth suicide can neither be measured, nor tested even though, as argued by McDermott and Roen (2016), the current research approach "reduces young people's emotions to scales and measures and 'contains' them within a psychomedical rationalist paradigm" (p. 6). As a result, young people's emotional distress is pathologized which necessitates being diagnosed and treated as a mental illness. Yet, meanings are social constructs and thus, young people's interpretations of suicidal behaviour will likely differ from person to person (Douglas, 1967; Hjelmeland, 2013; Lincoln & Guba, 2016). Moreover, young people's emotions which may give rise to suicidal ideation are likely a shaped by young people's social, cultural, economic and political contexts (McDermott & Roen, 2016; J. White & Kral, 2014).

Some young people may long to escape their situation which they experience as intolerable and thus, suicide changes from an individual issue to a relational, sociocultural, economic and political phenomenon (McDermott & Roen, 2016; J. White & Kral, 2014). Therefore, the meanings young people attribute to youth suicide can be much more fruitfully investigated through qualitative research, such as the frequently used in-depth interview, as it allows the researcher to *understand* complex social phenomena from the viewpoint of the individual (Charmaz, 2014; Corbin & Strauss, 2008; Hjelmeland, 2013; Silverman, 2011).

3.2.1 Symbolic interactionism

The grounded theory method is commonly associated with symbolic interactionism (Blumer, 1969). Symbolic interactionism is a theoretical perspective that has evolved from the pragmatist philosophy of knowledge (Corbin & Strauss, 2008). Pragmatism perceives knowledge as the product of action and interaction. Pragmatism acknowledges the human capacity for reflection, which refers to a process that is concerned with the "consequences of practical action" (Turner, 2009, p. 200). Reflection is prompted by a problematic situation that pauses habitual or automatic action. The meaning of the situation is evaluated in terms of the contingencies and consequences of future action. Consequently, a change in action may be required (Dewey, 1929) (e.g. I am in the process of crossing the street and a bus approaches fast. I need to evaluate whether I have enough time to proceed or if it is better to stop than risking being run over).

Symbolic interactionism advances pragmatist thought beyond its focus on the consequences of practical action. Like pragmatism, symbolic interactionism is concerned with the interplay between meaning and action. Symbolic interactionism asserts that humans live in a world of symbolic meaning and that these meanings shape actions. All aspects of the social world – identities, social situations, and the norms, values and attitudes that prevail in societies – are actively constructed through social interaction. Meanings are created through one's responses (i.e. thoughts, feelings and actions) towards social phenomena. These meanings are communicated through symbols (e.g. written and spoken language, objects and actions), and modified through an a process of interpretation that in turn, shapes subsequent responses towards the phenomenon (Blumer, 1969; Charmaz, 2014; Hall, Griffiths, & McKenna, 2013). White (2012) called this 'to language a phenomenon into being' (p. 44).

Symbolic interactionism as a broad social theory, underpins the application of the grounded theory method in this study. Symbolic interactionism provides a theoretical perspective that helps understand the processes that inform young people's constructions of youth suicide. It was assumed that participants' understandings of youth suicide were likely shaped by the

norms, values and attitudes that prevail in their communities. Moreover, it was assumed rather than simply adopting pre-existing meanings of suicide, participants likely modify these in the process of making sense of suicide, and that these altered understandings may shape young people's behaviour in relation to suicide and suicidal individuals. Furthermore, young people's understandings of youth suicide may provide useful insights that can help frame suicide prevention strategies (Bourke, 2003; Hjelmeland, 2013; Roen et al., 2008). While symbolic interactionism offers a perspective to understand the processes underlying the meanings of youth suicide, GT provides the analytic tools to explore these meanings in an interactive process between researcher and participants (Charmaz, 2014).

3.3 Theoretical framework: Making sense of suicide through social constructivism

Besides the research question, research methodology is also informed by a researcher's philosophical view of the social world regarding the questions: 'What do we know?' (ontology) and 'how do we come to know what we know?' (epistemology) (King & Horrocks, 2010). Researchers' views of the world situate them within the ontological traditions of either objectivism or constructivism, which are commonly described in opposition to each other. Objectivism presumes the existence of a concrete, ultimate reality that is independent of social actors and that can be measured and tested (Bryman, 2012; Lincoln & Guba, 2016). By contrast, constructivism challenges the notion that an ultimate, objective truth that can be established with absolute certainty exists. Instead, the constructivist premise asserts that our knowledge of the social world, both common sense and scientific knowledge, is a social construct of the mind. This means that there are as many social constructs as there are individuals and thus, reality is relative. In researching and in writing about the topics under study, researchers are part of the construction of the world they live in (Charmaz, 2006, 2014; Flick, 2009; Lincoln & Guba, 2016).

It could be argued that statistics prove that youth suicide is a 'real' phenomenon in Ireland (Central Statistics Office, 2017). However, how the reality of the phenomenon of suicide is understood depends on the meanings produced through social interaction between individuals (e.g. how suicide is talked about in a community). These interactions are informed by "particular historical and social conditions that shape our views, actions, and collective practices" (Charmaz, 2008a, p. 409). Historically, suicide was considered a crime in Ireland and elsewhere, which is indicated in the phrase '*commit* suicide' or the German word for suicide: *Selbstmord* (self-murder). Despite the decriminalisation of suicide in Ireland through the *Criminal Law (Suicide) Act, 1993* (Irish Statute Book, 1993), the phrase 'commit suicide' is still used in public discourse

which is shaped by, for example, media reports on suicide. In a joint effort to change the language and hence, perceptions of suicide, the Irish Association of Suicidology and Samaritans Ireland (2016) published the *Guidelines for Media Reporting Suicide and Self-harm* suggesting the alternative phrasing 'to die by suicide' (p. 16).

How one makes sense of a social phenomenon depends on how these meanings are dealt with and modified (e.g. disagreeing with the perception of suicide as selfish and offering an alternative interpretation) (Blumer, 1969; Charmaz, 2014; Flick, 2009; Fullagar et al., 2007; Gilchrist et al., 2007; Roen et al., 2008). Interpretations of the meanings of suicide likely differ across groups and across individuals within those groups (Hjelmeland, 2013) and thus, whether the picture an individual paints of a social phenomenon is true or not cannot be determined (Flick, 2009). This is especially difficult in the case of suicide: The answer to the question *why* someone decided to end their life ultimately lies with the deceased who can no longer illuminate their decision. However, a generalizable 'truth' of suicide is not as important as how individuals make sense of suicide. As stated before, the meanings attributed to suicide play a role in both suicidal ideation and action (Boldt, 1988; Bourke, 2003; Roen et al., 2008). Therefore, assuming that the meanings of suicide are multifaceted, this complexity must be reflected in suicide prevention strategies (Hjelmeland, 2013).

3.4 Grounded theory

Grounded theory (GT) is a research approach frequently used in qualitative studies that aim to build theory/conceptual frameworks from the data. This study aimed to develop a conceptual framework of young people's understandings of youth suicide. Grounded theory seeks to understand psychosocial processes – thoughts, actions and emotions in response to situations or problems (Charmaz, 2014; Corbin & Strauss, 2008; Foley & Timonen, 2015; Timmermans & Tavory, 2012; Timonen, Foley, & Conlon, 2018). As indicated previously, suicide takes place with reference to the "normative standards, values and attitudes" (Boldt, 1988, p. 97) that prevail in society. Thus, it was assumed that young people's understandings of suicide are shaped by their interpretations of the standards, norms and attitudes in their communities (e.g. 'boys don't cry' as a prevailing norm of traditional masculinity preventing boys from disclosing problems and thus, suicide becomes a viable option to escape an increasingly intolerable situation) (Cleary, 2005a; Connell & Messerschmidt, 2005; Haywood & Mac an Ghaill, 2012; Sweeney, 2011). Hence, grounded theory was a particularly well-suited approach to this topic.

3.4.1 Key principles of the grounded theory method

Since the introduction of the grounded theory method in the 1960s, somewhat divergent traditions have developed within GT. While much debate exists about a clear definition of GT and how it should be deployed (Birks & Mills, 2015; Bryman, 2012; Charmaz, 2008a; Kenny & Fourie, 2015; Walsh et al., 2015), all variants of the method employ the following key principles: Ideally, sampling, data gathering and analysis occur simultaneously and iteratively. Data is coded for psychosocial processes (thoughts, actions, emotions). Groups of related codes constitute the building blocks of concepts/categories. Categories are abstract ideas about the data that have descriptive properties (characteristics of a category) and dimensions (range of variation of properties within a category). Through a process of 'constant comparison' of data with data, concepts/categories become more refined and relationships between concepts/categories are identified. Another key step involved in the theory building process is that of 'theoretical sampling' which begins early in the research process. Participants are sampled based on emerging concepts and additional data is collected until categories are 'saturated.' Saturation means that categories show sufficient depth and breadth necessary to understand a phenomenon, and that additional data will not lead to any new properties or theoretical insights (Charmaz, 2014; Corbin & Strauss, 2014; Foley & Timonen, 2015). Grounded theory involves a combination of inductive, deductive and abductive reasoning. The GT process begins inductively meaning that specific observations lead to broad generalisations. Researchers ask critical questions about processes in the data. Considering all possible theoretical explanations, researchers form hypotheses for each explanation. Through testing each hypothesis against the data, researchers can identify the most probable explanation (Charmaz, 2006, 2017; Foley & Timonen, 2015).

3.5 Research design

3.5.1 Selecting participants: Initial, theoretical and convenience sampling

Sampling in grounded theory is typically comprised of two phases: 'Initial sampling' (commonly known as purposeful sampling) and 'theoretical sampling' (Charmaz, 2006, 2014). Initial sampling takes place before the researcher enters the field and involves the definition of criteria for participants, situations and settings. By contrast, theoretical sampling is employed during data collection and is directed by data analysis. Analysis leads to tentative ideas and concepts which prompt questions. Consequently, researchers continue to collect more data from additional participants who they think can provide information that will help further develop concepts and categories in terms of their properties and dimensions. Sampling ceases at the

point of theoretical saturation meaning that additional participants will not provide any further insights about the categories. Unlike other forms of sampling where the number of participants is pre-determined, sample size in grounded theory is determined by theoretical saturation (Charmaz, 2006, 2014; Corbin & Strauss, 2014).

3.5.1.1 Initial sampling: Defining participant inclusion criteria

Inclusion criteria. Research was carried out in three adjacent neighbourhoods in Dublin. Twenty-five young people (male: n=13; female: n=12) aged between 18 and 22 years (average age: 19.6 years) participated in this study. Participants were sourced through nine local organisations (see Table 1). Choice of sites for data collection was informed by consultations with the informal

Participating organisations		
Organisations	Code	Number of participants
Football club	Org 1	2
Further education & training centre 1	Org 2	6
Further education & training centre 2	Org 3	2
Youth centre	Org 4	1
GAA club 1	Org 5	1
Further education & training centre 3	Org 6	7
GAA club 2	Org 7	4
Mosque	Org 8	1
Martial arts club	Org 9	1

Table 1: Participating organisations

advisory panel. It was suggested that the research should be carried out in an area sufficiently covered by youth support services, particularly *Jigsaw*[29], that could offer emotional support to participants if necessary. As a general support feature, each young person involved in any stage of the research process was given information material regarding free and confidential support services in the area. This decision was informed by practices in related studies on youth suicide (Forbes, Sibbett, Miller, & Emerson, 2012) and youth mental health (Chambers, Murphy, & Keeley, 2015), as well as a recent evaluation of youth mental health service provision in Ireland (Coughlan & Doyle, 2015). Furthermore, these neighbourhoods were chosen for their greater coverage of organisations dealing with young people.

Youth suicide in Ireland accounts for approximately 30% of all deaths among young people between the ages 15-24 years old (Central Statistics Office, 2018b). Increasingly, young people

[29] Jigsaw which is part of Headstrong, the National Centre for Youth Mental Health, is a network of programmes across Ireland designed to make sure every young person has somewhere to turn to and someone to talk to (www.headstrong.ie).

are treated as the experts in the details of their lives (Kirk, 2007). While youth suicide tends to be viewed as a problem located within the individual, an alternative understanding renders suicide as a psychosocial phenomenon (Boldt, 1988; Douglas, 1967; Hjelmeland, 2013; Kral, 1998; Roen et al., 2008). Therefore, to understand the psychosocial processes that inform a young person's decision to end their life, it was not necessary to talk to individuals at risk of suicide but rather, to individuals belonging to the same age group as those most at risk of suicide.

Despite figures showing a sharp rise in youth suicide, the limited qualitative literature on youth suicide in Ireland (Cleary, 2005a, 2005b, 2012; Sweeney, 2011) largely excludes minors from studies that have investigated people's understandings of suicide. Initially, I had chosen to investigate the experiences of people who were between 15 and 19 years old, thus mirroring standard statistical practice that divides youth into five-year age brackets. This will also allow for comparisons of relevant existing and future studies. Furthermore, given the small sample size and the gender subdivision, a five-year age bracket allowed for diversity without 'diluting' the sample. However, the initial plan of including minor participants posed too many ethical and practical obstacles to be feasible for the realm of this project. The revised age range (i.e. 18-22 years of age) retained the five-year age band albeit excluding people under 18 years of age.

Exclusion criteria. As the study focussed on the *meanings* rather than individual experiences of youth suicide, I aimed to exclude young people who, within a period of 12 months prior to the field work, experienced suicidal ideation or lost someone close to them to suicide. This is because elevated risk of suicide following a suicide attempt (Cedereke & Öjehagen, 2005; Corcoran & Keeley, 2004; Corcoran, Keeley, O'Sullivan, & Perry, 2003; Goldston et al., 1999; Hultén et al., 2001; Vajda & Steinbeck, 2000) or loss of a friend or family member to suicide (Abrutyn & Mueller, 2014; Crepeau-Hobson & Leech, 2014; Feigelman & Gorman, 2008; Nanayakkara, Misch, Chang, & Henry, 2013; Poijula, Wahlberg, & Dyregrov, 2001; Swanson & Colman, 2013) appears to be most pronounced in the first year[30], especially in the immediate months[31]. The procedure of minimising the risk of including very vulnerable young people is discussed further in the following sections.

[30] Although this effect likely varies in length from individual to individual, and from study to study, there appears to be consensus that the period immediately following a suicide attempt or exposure to a suicide event is particularly important. Yet, the impact of having been exposed to a suicide is likely to decrease in significance over time. It has also been suggested that "[t]eens who survive the first year (or so) following a friend's suicide attempt may be, or become, emotionally resilient" (Abrutyn & Mueller, 2014, p. 223).

[31] Jones et al. (2013) examined the statistical nature of a "*possible* [youth] suicide cluster" (p. 1, emphasis added) in Bridgend in Wales which at the time received a great deal of media attention. According to the authors, the 10 deaths constituting this suicide cluster occurred over the period of **two** months (December 2007 - February 2008). However,

3.5.1.2 Theoretical and convenience sampling

As stated, participants were sampled from nine organisations through a combination of initial, theoretical and convenience sampling. Participating organisations included one local youth centre, three further education and training centres, four local sports clubs (one football club, two GAA[32] clubs, one martial arts club), and one mosque. Choice of these organisations was directed by both emerging concept and categories and by availability/suitability of potential participants.

Theoretical sampling is directed by the concepts and categories that emerge during the iterative data collection and analysis cycle. Therefore, theoretical sampling cannot be used until researchers can identify tentative concepts or categories (Charmaz, 2014). Leads for tentative concepts (e.g. 'suicide is selfish') and categories (e.g. 'explanations for suicide') emerged from the first five interviews and revealed some possible variation. For example, while Lucca (P01M18) and Sean (P02M19) strongly criticised suicide as selfish, Anna (P03F18) rejected this perception suggesting that to be able to comprehend the decision to end one's life, one needs to have experienced suicidal ideation. In this study, theoretical sampling started after interview #9. For example, Finn (P10M22) was sampled for further information for the concept 'fear of…' which provides contextual information for the concept 'concealing of problems.' Both concepts are part of the category 'explanations for suicide.' While previous participants had indicated that suicide victims were too afraid to seek help, it was unclear what precisely they were afraid of. So, when the concept of fear occurred in subsequent interviews, I asked: "What do you think young people are afraid would happen if they told someone they had a problem?" This led participants to distinguish between different kinds of fear, such as 'fear of gossip' or 'fear of being ridiculed.' While there was a gendered dimension (e.g. boys being afraid of being ridiculed), this aspect was not as pronounced as I first thought and was not strong enough to become a stand-alone concept. Instead, gender-related fears were incorporated into a general concept called 'bullying.'

Although the use of theoretical sampling in grounded theory studies is ideal, obstacles encountered during the research process may lead researchers to use a combination of theoretical and convenience sampling (Foley & Timonen, 2015). In this study, a combination of theoretical and convenience sampling was used. Following discussions with both my primary

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the researchers also stress that the cluster was "smaller, shorter in duration, and predominantly later than the phenomenon that was reported in national and international print media" (p. 1).

[32] Gaelic Athletic Association

supervisor and the advisory panel, I anticipated challenges to arise primarily from the sensitivity of the topic, expecting gatekeepers to be reluctant to facilitate interviews relating to young people's understandings of suicide. Yet, contrary to expectations, main problems were caused by the age range of the sample (18-22 years of age) and the specifications of participant exclusion criteria. The target age range of participants excluded secondary schools as convenient hubs for locating participants and thus, participating organisations were the next plausible choice. However, while most gatekeepers, such as youth workers and sports coaches, were supportive of the study, they informed me that many of the young people who attended their organisations were either younger than 18 years of age or older than 22 years of age.

Finding suitable participants posed another challenge. Sampling participants through youth mental health services such as Jigsaw was ruled out following discussions with members of the advisory panel who suggested that young people who attended these services were more likely to self-select based on personal experience with suicidal ideation. Regardless, on several occasions, gatekeepers identified young people who fit the exclusion criteria and whom I could not include. Therefore, several organisations (Table 1: Participating organisations) only rendered access to a maximum of two participants. Consequently, the majority of participants (n=15) were recruited through Further Education Centres. The decision to include GAA clubs in the sample was informed by both theoretical and convenience sampling. One the one hand, I needed more contextual information on the relationship between gender norms, bullying and suicide, as well as the relationship between celebrities and suicide prevention. On the other hand, I aimed to sample for diversity (Charmaz, 2014; Gilchrist et al., 2007; Gilchrist & Sullivan, 2006a) and both GAA clubs had a sufficient number of young people who both fit the inclusion criteria and were interested in participating.

In theoretical sampling, theoretical saturation determines the number of participants in a study (Charmaz, 2014; Corbin & Strauss, 2014). As part of the research proposal, I was required to specify the sample size. Based on qualitative research guidelines (Guest, Bunce, & Johnson, 2006; Mason, 2010), I anticipated to carry out interviews with approximately to 40 participants. However, I stopped sampling after 25 interviews as the primary concepts and categories derived from the data became sufficiently well developed to provide a conceptual framework of young people's understandings of suicide.

3.5.2 Constructivist grounded theory

Like other qualitative research approaches, grounded theory (GT) is neither neutral nor value-free, and Constructivist GT in particular emphasises the active involvement of researchers,

including their biases, in the development of theory (Charmaz, 2014). This study aligns itself with constructivist GT (Charmaz, 2006, 2014). While symbolic interactionism offered the theoretical perspective on how young people construct their understandings of youth suicide, constructivist GT provided the strategies to interrogate participants' interpretations of suicide. Constructivist GT has evolved from classic GT (Glaser, 1978; Glaser & Strauss, 1967) and Straussian GT (Corbin & Strauss, 2014, 2008; Strauss, 1987). Although all three variants share the same core principles summarised above, they differ in terms of underlying philosophical assumptions, coding frameworks, and engagement with the literature (Kenny & Fourie, 2015; Mills, Bonner, & Francis, 2008).

Social constructivism and symbolic interactionism form the theoretical basis for constructivist GT, which puts it in stark contrast with the positivist orientation of classic GT. Unlike classic GT, which adheres to the notion of an external, single reality, constructivist GT assumes the existence of multiple realities. These realities, i.e. the meanings of social phenomena, arise out of social interaction. Therefore, reality is a social construct dependent on an individual's "positions, perspectives, and experiences" (Charmaz, 2006, p. 127), which are located in "historical, social, and situational conditions" (Charmaz, 2017, p. 34).

Unlike classic GT, which strives to adopt a neutral, detached research approach, constructivist grounded theorists perceive the research process itself as socially constructed through 'methodological self-consciousness' (Charmaz, 2017), also known as 'reflexivity' (Charmaz, 2006, 2014). Methodological self-consciousness refers to researchers' ability to imagine the research process and project from the standpoint of research participants. Based on this interpretation, researchers examine how their worldviews, privileges, roles and language influence the relationship with participants. Based on this examination, the researcher may re-evaluate and redirect the research process. Furthermore, researchers consider how their biases influence analysis of the data. In this study, my reflections on participants' accounts were influenced by my previous research experiences with young people from a similar socio-cultural background, and moreover, through my familiarity with the topic of suicide through dealing with several suicidal individuals in the past. Throughout this chapter, I will give examples of how these experiences influenced my relationship with research participants, and how these reflections consequently informed both research process and data analysis.

Classic grounded theorists emphasise the *discovery* of an *emergent* theory from 'objective' data. Researchers pursue objectivity and neutrality by abstaining from the literature until the analysis is complete (Kenny & Fourie, 2015). By contrast, constructivist GT contends that the meanings of social phenomena and hence, the resulting theory are subjectively *co-constructed* through

interaction between researcher and participants. Consequently, the resulting theory "presented in the form of a 'story' [is] the researcher's interpretive understanding" (Kenny & Fourie, 2015, p. 1279) of participants' constructions of social phenomena (Charmaz, 2008a; Kenny & Fourie, 2015). Unlike classic grounded theorists, constructivists familiarise themselves with literature throughout the data collection/analysis process, taking into account how their knowledge of the existing literature shapes data analysis. However, to safeguard against immersion in the literature to the point where creativity is stifled, a complete review is delayed until data analysis is complete (Charmaz, 2006, 2014; Kenny & Fourie, 2015). With respect to this study, a review of the literature was required as part of research proposal, ethics application and internal review which made it impossible to disregard the literature prior to data collection and analysis.

3.5.3 Sourcing the sample

3.5.3.1 Negotiating access to participants

Gatekeepers, such as youth workers, teachers and sports coaches, played a crucial role in the identification and recruitment of suitable participants, provision of a venue to conduct the interviews and, if necessary, in the provision post-interview support. Suitable organisations and their hierarchical structures were identified via the internet, through referral and personal contacts. The procedure for securing gatekeeper support involved the following steps: A senior contact within the organisation (e.g. youth liaison officer, student affairs management officer, head youth worker or head principal) was identified and contacted either via telephone or email to secure support for the study. The senior contact referred me to a gatekeeper (i.e. member of staff) that they deemed suitable and whom I contacted via telephone to introduce myself and explain the study. I then sent information material including a participant invitation leaflet, participant information and consent forms via email or post to each gatekeeper. After expressing interest in getting involved, I arranged a meeting with the gatekeeper to discuss in more detail the nature of the study and the parameters of the organisation's involvement. Once gatekeepers decided to get involved in the study, they agreed to identify suitable participants and to give them the invitation leaflet. I then telephoned the gatekeeper on an agreed date to arrange an information meeting with young people who expressed interest in participating in the study.

Although I followed the procedure outlined in Section 3.5.3.1.1 as closely as possible, some adjustments had to be made to accommodate gatekeepers' preferences or availability. Three of the sports coaches had very limited time due to regular day jobs and thus, declined to meet me face-to-face. Instead, we discussed the details of the study on the phone and I forwarded the

information material via email or post. Information meetings with the young people were arranged during follow-up phone calls with gatekeepers.

3.5.3.1.1 Challenges encountered in the process of negotiating access to young people

The process of negotiating access to young people was both time consuming and challenging at times due to occasional misunderstandings. Given the sensitivity of the topic, I anticipated gatekeepers to be reluctant to get involved in the study. Yet, their involvement was crucial with regards to facilitating both access to young people and the fieldwork within the ethical parameters of the study. Ethical requirements (Section 3.7) specified that information meetings and interviews were held at the organisation and that a member of staff needed to be nearby. Thus, establishing a positive relationship with gatekeepers was an important step in the recruitment process to secure their support.

Gatekeepers were far less reluctant than expected to get involved in the study despite, or perhaps *because of* the fact that several organisations had been affected by youth suicides in recent years. Several gatekeepers stated that research pertaining to suicide was important. They suggested that while they perceived youth suicide as a serious issue in their communities, they did not know how young people understood the phenomenon. As one gatekeeper summarised: despite mental health initiatives at the organisation, "we don't know whether we're barking up the wrong tree" (Caitlín, Org 2). Another gatekeeper pointed out that in her opinion, it would be important to interview minors as well. Some gatekeepers explicitly stated of their own volition that they were interested in hearing about my findings hoping that this would provide them with some insight into young people's understandings of youth suicide. Although these conversations were time consuming, they were also necessary not least to build rapport with gatekeepers but also with regards to contextual information.

Seven out of nine organisations agreed to support the research following either an initial meeting or phone call with me. However, two organisations (Org2 and Org7) were required to obtain the approval of their respective boards of management before sampling could proceed. Moreover, a third organisation required ethical approval from their own research ethics committee which resulted in a lengthy process. Unfortunately, no participants were recruited through this organisation.

Occasionally, there were misunderstandings in relation to the nature of the research or my role as a researcher. Despite carefully explaining the inclusion and exclusion criteria both on the gatekeeper information form and in person/via telephone, a small number of gatekeepers suggested young people who were still minors, whose mental health they were concerned about

or who had been suicidal within the 12 months prior to the research. In those cases, I explained that due to both the focus of the study and ethical commitments, I would not be able to include these young people in the study.

3.5.3.2 Obtaining participant consent

Obtaining participant consent involved the following steps. Each interview was preceded by an information meeting with young people who had expressed interest in taking part in the study. Participants attended either as individuals or in small groups. Acknowledging the sensitivity of the topic, these meetings took place during operating hours of the organisation to ensure that a gatekeeper or other member of staff was nearby. The purpose of the information meeting was to both to ensure that "the young people were carefully informed and understood the nature of the research" (Roen et al., 2007, p. 4) before agreeing to be interviewed and to build some rapport with them.

Each person was given an information form (Appendix VI). I explained each section of the information form and encouraged the young people to interrupt at any time should they have questions or concerns. I asked again at the end if any of the steps were unclear (Jorm et al., 2007, Table 7). Furthermore, each young person who decided to take part in the research was asked to sign a consent form (Appendix VI) that required them to answer seven questions affirming that they understood what participation involved. Following consent, interviews were arranged with participant in consultation with the relevant gatekeeper to ensure that a quiet space was available at the given organisation to conduct the interviews.

3.5.4 Sample characteristics

Participants were 25 young men (n=13) and women (n=12) from three socio-economically diverse neighbourhoods in Dublin. The sample was comprised of mostly white Irish (n=21) participants. One participant (Sean, P02M19) self-identified as Irish Traveller during the interview. Two other participants self-identified as 'Arab' (Saoirse, P20F18 and Chris, P24M18). Lastly, one participant (Alison, P06F19) was described as Eastern European by her principal. As the table in Appendix III shows, all participants had encountered incidents of suicidality in some form, including suicide bereavement (outside of the exclusion period), exposure to attempted suicide or prior suicidal ideation.

3.6 Generating the data

3.6.1 Qualitative interviews

The choice of research methods is derived from the research question, not vice versa (Charmaz, 2014). In this study, the core research question – what does youth suicide mean to young people? – directed me towards qualitative interviews rather than focus groups or observation. "We interview people to find out from them those things we cannot directly observe … and we cannot observe feelings, thoughts, and intentions" (Patton, 2002, pp. 340–341). Drawing on symbolic interactionism, language is one means we use to communicate our interpretations of our social worlds (Blumer, 1969; Charmaz, 2014; Hall et al., 2013). In grounded theory, data is understood to be both collected *and* generated. This means that while researchers collect data, both informant and researcher are actively involved in the generation of data (Birks & Mills, 2015; Charmaz, 2014). Interviews allow respondents to construct and continuously modify knowledge in interaction with the researcher rather than being mere "repositories of knowledge … awaiting excavation" (Gubrium & Holstein, 1997, p. 114). In this study, data was generated through qualitative interviews as well as memos, a pivotal step in grounded theory. What 'memoing' is and how it was used will be discussed in Section 3.8.4 (Writing Memos) of this Chapter.

3.6.1.1 Conducting the interviews

Twenty-five semi-structured, in-depth interviews were carried out (male: n=13; female: n=12) between 4th November 2015 and 7th November 2016. Participants were aged between 18 and 22 years old. Duration of interviews ranged between 23 minutes and 2hrs and 56 minutes. The average duration of interviews was 1 hour and 20 minutes. With the permission of research participants, all interviews were audio-recorded. I transcribed 12 interviews and the remainder were transcribed by a professional transcriber.

Ethical requirements specified that all interviews had to be conducted on the premise of participants' organisations and at a time where a member of staff was nearby. Interviews were arranged with participants and in consultation with gatekeepers to ensure that the venue was accessible, and that a member of staff was presents. Interview dates were either agreed on during the information meeting or via text message as this was participants' preferred form of communication.

In grounded theory, as for other qualitative methods, researchers seek to understand their topic of inquiry through the experiences of the research participants, and qualitative interviewing allows researchers to do that (Charmaz, 2014). The qualitative interview generates data through interaction between

researcher and participant. "[T]he imagined subject behind the respondent emerges as part of the project, not beforehand. Within the interview itself, the subject is fleshed out – rationally, emotionally, in combination, or otherwise" (Gubrium & Holstein, 1997, p. 114). This involves researchers asking broad, open-ended questions inviting participants to describe and reflect on their experiences. Participants construct and modify their experiences, expand on existing concepts and introduce new ones prompting the researcher to follow their lead. In return, participants are prompted by the researcher to elaborate and clarify. The back and forth between researcher and participant shapes and paces the data flow without being prescriptive or restrictive. In grounded theory, researchers pursue emerging themes while remaining open to the emergence of unanticipated ideas or meanings (Charmaz, 2014). For example, in an early interview with Anna (P03F18), the participant talked about her experience with anxiety. While at first, I did not fully understand how this related to young people's understandings of youth suicide, I did not interrupt her. However, as concepts and categories became more refined, it became clear that this interview provided contextual information relating to young people's help-seeking behaviour.

Grounded theorists can employ semi-structured or unstructured interviews for data collection (Charmaz, 2014). Unstructured interviews are a better fit for under-researched topics (Foley & Timonen, 2015). Furthermore, less structured interviews may better facilitate researchers to follow participants' leads (Birks & Mills, 2015). A thorough review of the literature revealed that young people's understandings of youth suicide have indeed been under-researched and are poorly understood and thus, unstructured interviews appeared to be the most plausible choice. Although I had developed a topic guide, I only used it for the first interview as I found myself too reliant on the topics thereby running the risk of "preconceiving the content" (Charmaz, 2014, p. 93). Charmaz (2014) pointed out that one question may suffice to generate a substantial response. I tried to elicit young people's understandings of youth suicide by beginning most interviews by asking what it was like to be a young person in their neighbourhood, what they did and did not like about it and what they enjoyed doing. I chose this approach for the following reasons: to build rapport with the young person, to gain insights into young people's socio-cultural contexts that they drew on to construct their understandings of youth suicide and to provide a gentle way into the subject of suicide.

Some researchers have used individual interviews in combination with focus group interviews to study young people's understandings of suicide (Mac an Ghaill & Haywood, 2012; Roen et al., 2008; Scourfield et al., 2007; Sweeney, 2011). I decided against using group interviews even though this method would have allowed me to observe how young people construct meaning in interaction with one another, and

how perceptions become modified in the process as participants support or challenge each other (Bryman, 2008; Kitzinger, 1994; Punch, 2002). However, based on the observations of other researchers (Bryman, 2008; Cleary, 2005b; Punch, 2002; Raby, 2010; Sweeney, 2011), focus group interviews were deemed unsuitable for this study. One problem with focus groups are so-called response dominance and 'normative censure' meaning that more dominant focus group participants can take over the discussion and dictate overriding views (A. Hyde, Howlett, Brady, & Drennan, 2005; Raby, 2010; Robinson, 1999). This issue was encountered by Sweeney (2011) as she did not have control over the composition of her focus groups. This resulted in groups where individuals came up against small friendship clusters that lead the discussion. It was alluded in the Irish research that some young men would rather end their lives than disclose personal difficulties (Cleary, 2005a) and that they were be reluctant to discuss suicide even in a face-to-face interview (Sweeney, 2011). Similarly, Bourke (2003) suggested that an awareness of stigmatising community discourses of youth suicide resulted in participants discussing suicide as a 'non-issue'. I concluded that if this was the case in individual settings, it might be that young people may be even more reluctant to discuss youth suicide in a group setting. In discussing difficult issues, there may be a 'social risk' for participants who "must later interact within mandatory environments such as schools" (Raby, 2010, p. 3). To elude embarrassment, participants may chose not to contribute to the discussion by exaggerating, showing off or fabricating in order to maintain their place (A. Hyde et al., 2005). Lastly, individual interviews may be more appropriate in circumstances where there is potential for focus group interviews to cause discomfort to participants (Bryman, 2008).

3.6.1.2 Interviewing Alison

As stated, interviews lasted, on average, 1 hour and 20 minutes. However, one interview (Alison, P06F19) was almost three hours long. Aside from researcher inexperience, the key reason was the lack of trust and rapport. Although I had some interviewing experience, I was still relatively inexperienced when I interviewed Alison (this was Interview Number Six). Interviewing, as Corbin and Morse (2003) have pointed out, is a skill that requires both practice and the ability to learn from one's mistakes. Moreover, suicide is a difficult topic for both participants and researcher alike. Despite a very careful research design and a lack of evidence in existing research that talking about suicide in a research setting may evoke suicidal ideation or cause distress (see Section 3.5 and Section 3.6 for detail), there was some remaining concern about being faced with a crisis situation. Even very seasoned researchers, such as Corbin and Morse (2003) who have accrued several decades of experience in researching sensitive issues without any

"untoward incidents" (p. 336), have not cast off their concern about the potential harm caused by participation in research on sensitive topics.

However, the key issue in Alison's case was related to rapport and trust. Participants' willingness to share information on sensitive topics depends on the quality of the relationship between participant and researcher (Clarke, 2006; Corbin & Morse, 2003; Dickson-Swift, James, Kippen, & Liamputtong, 2009). Although Alison had given informed consent, she was guarded and stated early in the interview that she found it difficult to trust people. The initial interview phase is extremely important as it is the point where participant and researcher "assess each other and begin to establish a degree of comfort and trust" (Corbin & Morse, 2003, p. 341). In Alison's case, this meant repeated reassurances of anonymity and confidentiality, and a slow unfolding of the interview, starting with questions unrelated to suicide. Following the interview guide (**Appendix V**), I asked about Alison's education, hobbies and people in her life, waiting for her to broach the topic of suicide.

As the interview transcript demonstrates (**excerpt included in Appendix VI**), Alison gradually gave lengthier, more detailed and personal answers indicating a degree of rapport and trust. However, trust also requires a degree of reciprocity. Researcher self-disclosure is not unusual and it can minimise the power differential between interviewee and researcher, thereby enhancing rapport (Dickson-Swift, James, Kippen, & Liamputtong, 2007). At various stages, Alison asked me questions about myself which also meant that intermittently, the interview veered off topic. Sometimes, participants test how much they can disclose (Corbin & Morse, 2003). In one instance, we talked about the finality of suicide and Alison asked me if I believed in heaven. I guessed that this was a probing question and that my answer would shape the rest of the interview. Was Alison religious? If she was and I answered honestly (i.e. not religious), Alison might censor herself. Yet, there had been no indication that Alison was particularly religious, so I decided to answer her question truthfully. Promptly, Alison admitted that she did not believe in heaven, either. This suggests that her question may have been a test to see whether I was religious and if it would be controversial to say that she did not believe in heaven.

Admittedly, some parts of Alison's interview were less relevant than others but, as outlined above, the purpose of my cautious approach was to build rapport. It is unlikely that Alison would have contributed so much useful material if I had rushed her. The conversation I had with the head principal, following the interview affirms my assumption. He remarked that he "didn't think you'd get more than 20 minutes with her" as Alison is a very private person who "doesn't talk much." Moreover, going off topic intermittently allowed her to take a break from discussing suicide (in addition to an actual break of thirty minutes

midway through the interview). At the end, Alison asked if I could stay with her and talk for another ten minutes as this meant that she did not have to go back to class. Researchers are not the only ones who have an agenda. Participants, too, have their own reasons for participating in a study or for prolonging the interview (Corbin & Morse, 2003; Warren, 2012). Although I felt exhausted and wanted to end the interview, I was happy to indulge her. Alison had been extremely generous with her time and I wanted to reciprocate. In summary, under the circumstances described above, the length of the interview was unusual, yet appropriate.

3.7 Ethics pertaining to this study

In the present section (Section 3.7), I outline ethical considerations prior to data collection which involved the consultation with an informal advisory panel for their views of conducting a study like this. Moreover, I discuss the literature in relation to the risk of participants experiencing a detriment to their well-being as a result of participating in this study, including the risk of suicidality. Furthermore, I discuss ethics pertaining to sampling and I outline the steps taken to minimise the risk of including very vulnerable young people. I then outline the steps taken to manage the data to ensure that participants' private and sensitive information will be kept safe. Lastly, I describe ethics in relation to the fieldwork, with particular focus on the safeguards in place to respond to any ethical issues which might arise.

3.7.1 Ethical considerations prior to data collection

Youth suicide is a sensitive topic and research involving interviews with young people about youth suicide raised ethical concerns. In this study, the term 'young' refers to those individuals aged between 18 and 22 years old. Incidentally, this definition tallies with commonly used definitions of 'youth', i.e. individuals aged between 15 and 24 years, as described in Chapter Two. As part of my ethics application, I considered to what extent discussing suicide in a research setting can negatively impact the well-being of research participants or even induce suicidal ideation. These questions were addressed in supervision, through consultations with an informal advisory panel as well as through a thorough review of relevant studies on the impact for participants in participating in suicide-related research.

3.7.1.1 Consulting with an informal advisory panel

Prior to the start of field work, I informally consulted with experts in the field of youth mental health for their views on ethical and practical issues in conducting a study like this. I have met with Ms Helen

Coughlan who is a research fellow with the Royal College of Surgeons Ireland, Ms Fidelma Beirne, senior social worker at CrossCare Teen Counselling and Ms Jeanne Forde, clinical coordinator at Jigsaw.

Furthermore, I sought advice from two international researchers who conducted research relevant to this study. I spoke with Canadian scholar Dr Sean Kidd who carried out a grounded theory study exploring how Canadian street youth made sense of youth suicide. I also met Ms Trisha Forbes who was part of a research team that investigated young people's perceptions of the formation of youth suicide clusters in Belfast, Northern Ireland. I have incorporated some of their suggestions in my research design and will refer to these throughout this chapter.

3.7.1.2 The impact of participating in suicide-relation research

Regarding the question whether participation in my study could lead to suicide, existing research to date has found no evidence that this may be the case (Dazzi, Gribble, Wessely, & Fear, 2014; Gould, Marrocco, Kleinman, & et al, 2005; Kalafat, 2003; Mann, Apter, Bertolote, & et al., 2005; Mathias et al., 2012; Tatarelli, Pompili, & Lester, 2005). To find out whether discussing suicide in a research setting could have negative effects on participants, I turned to studies with clinical samples with very vulnerable participants with personal experience of suicidality (Biddle et al., 2013; Deeley & Love, 2010; Smith, Poindexter, & Cukrowicz, 2010) or who were exposed to a suicide event (Dyregrov et al., 2011; Hawton, Houston, Malmberg, & Simkin, 2003). Furthermore, I reviewed a meta-analysis of 46 studies investigated distress caused as a result of participating in psychiatric research related to suicide and other sensitive issues (Jorm et al., 2007). These studies were selected as qualitative research investigating 'ordinary' young people's understandings of youth suicide are limited and hence, so is research on the impact of participating in such studies. The above studies are nevertheless relevant as they included individuals considered *more vulnerable* than the young people who took part in my study.

Informants in previous studies have reported experiencing participation as mostly positive (Biddle et al., 2013; Deeley & Love, 2010; Dyregrov et al., 2011; Gibson, Boden, Benson, & Brand, 2014; Hawton et al., 2003; Jorm et al., 2007; Lakeman, McAndrew, MacGabhann, & Warne, 2013; Smith et al., 2010). Being interviewed was experienced as therapeutic (Biddle et al., 2013; Deeley & Love, 2010; Dyregrov et al., 2011; Gibson et al., 2014; Hawton et al., 2003; Lakeman et al., 2013) and led to a reported "sense of increased well-being" (Biddle et al., 2013, p. 358). Participants welcomed the "opportunity to speak freely" (Biddle et al., 2013, p. 359), to make sense of suicide and to contribute to suicide prevention efforts (Dyregrov et al., 2011; Gibson et al., 2014). Some participants felt momentary discomfort indicating that

participation was a good but sometimes challenging experience. Any distress was short-lived and transient (Biddle et al., 2013; Deeley & Love, 2010; Lakeman et al., 2013). Yet, distress was neither associated with a decrease in well-being (Biddle et al., 2013; Jorm et al., 2007), nor experienced as negative, "over-whelming [or] harmful" (Lakeman et al., 2013, p. 77). Based on the studies reviewed above, it did not seem likely that participation in this study would compromise the well-being and safety of the young people who took part in my study.

However, taking into consideration the possibility that a "small minority of participants" (Jorm et al., 2007, p. 924) may have a negative experience, I introduced the following 'safety' mechanisms:

- Careful selection of participants.
- Ethical conduct in research procedures.
- Ethical engagement with the participants.

These mechanisms are discussed in more detail in the following sections.

3.7.2 Ethical considerations pertaining to sampling

In accordance with the principles of ethical research as set out by the University (Trinity College Dublin, 2009), each individual was fully informed about both the purpose and potential risks of this study. Participants were informed about the principles of ethical research, such as voluntary participation, estimated duration of the interview, anonymity and confidentiality, including limitations to confidentiality. I clarified that if the participant disclosed suicidal ideation or were worried about someone else, I would not be able to keep this information to myself but instead, I would have to discuss with the young person whom they would like to tell (e.g. parent, gatekeeper, someone else). Furthermore, I discussed how findings from the study would be disseminated and how both electronic and hard copies would be stored. Questions asked by participants highlighted the importance of confidentiality and anonymity to them. Although participants seemed to understand the implications of disclosing suicidal ideation, they asked for reassurance that anything said during the interview was 'really' just between them and me and that I would not share the interview via the internet. Thus, I reiterated how I would use the data and how the data would be kept safe.

To ensure that participants did not feel pressured into participating, each young person who agreed to be interviewed was offered a period of consideration of between three and five days during which they could give participation some more thought. However, each participant decided to sign the informed consent form (**Appendix VI**) on the same day.

3.7.2.1 Minimising the risk of including very vulnerable young people

As mentioned earlier, the research question was concerned with young people's general understandings of youth suicide instead of their experiences of suicide or suicide bereavement. Therefore, I decided that I would not interview young people who within the 12 months preceding the field work had lost someone close to suicide; had experienced suicidal ideation; had felt depressed (criterion included both a clinical diagnosis of depression or participants' own identification of feeling unwell); or who had self-harmed. Existing research as well as the experienced youth mental health practitioners on my advisory panel indicated that it is rare for suicidal or recently bereaved individuals to volunteer to participate in suicide-related research (Bourke, 2003; Fullagar et al., 2007; Gilchrist et al., 2007; Roen et al., 2007). Furthermore, a sense of self-preservation generally prevents individuals from volunteering to be interviewed about topics that are too painful for them (Corbin & Morse, 2003). However, I needed to acknowledge the possibility that some young people may elect to participate as a result of personal experience of suicidality or loss of someone close to suicide at some point in their lives (Coggan et al., 1997; Sweeney, 2011). Regardless, I acknowledged the possibility that some young people might elect to be interviewed *because* of such an experience (Coggan et al., 1997; Sweeney, 2011).

To some extent, I relied on gatekeepers' knowledge of the circumstances of the young people in their care to minimise the risk of including participants to whom the exclusion criteria applied. However, I needed to take into consideration the possibility that due to the stigma that still surrounds suicide and mental illness (Bourke, 2003), a sense of shame may prevent participants from disclosing suicidality, mental health problems, self-harm behaviour or bereavement through suicide. To avoid embarrassing potential participants, following consultation with my supervisor, I decided that I would not ask young people directly if any of the above criteria applied to them.

Following advice from the informal advisory panel, I considered using a screening tool called the Paykel Suicide Scale (PSS), developed to detect young people at immediate risk of suicide. The PSS and was used in the recent international *Saving and Empowering Young Lives (SEYLE)* study that also included a cohort of Irish pupils (Kaess et al., 2014; Paykel, Myers, Lindenthal, & Tanner, 1974). However, following discussion with both my primary supervisor and the advisory panel, this strategy was deemed unworkable and was therefore discarded.

Eventually, following advice from the advisory panel, I decided on an approach that required individuals to actively 'opt in' to participate in the study. This decision was informed by existing research indicating that individuals who experience an active crisis will be able to identify themselves that they should not

participate (Bourke, 2003; Corbin & Morse, 2003; Fullagar et al., 2007; Gilchrist et al., 2007; Roen et al., 2007).

Both invitation leaflet (Appendix II) and information form (Appendix III) included a disclaimer informing participants that if they lost someone close to them to suicide, experienced suicidal thoughts, felt depressed or self-harmed in the last twelve months, it would not be advisable to take part in the study. Both documents also included a list of organisations that could offer confidential and non-judgmental support to the young person.

Several young people who attended the information meetings decided against participating in the study. While I did not ask for their reasons, it is possible that their decision was partially informed by the disclaimer. All participants were familiar with individuals who died by suicide (n=20) or attempted suicide (n=6), and in some cases, participants had lost someone close to them (e.g. a friend or family member) to suicide. Three participants had experienced suicidal ideation, depression or self-harm in the past. However, all except one participant (see the table Sample Characteristics, Appendix III) reassured me that these experiences had taken place outside of the 12-months exclusion period. While these measures were designed to minimise the possibility of including very vulnerable young people, I needed to be prepared for the possibility of a participants disclosing suicidal ideation during the interview. The strategy employed in such a case is outlined in Section 3.7.4.

3.7.3 Ethics pertaining to data management

Regarding the safe storage of the data, electronic files were stored on a password-protected computer and hard copies (e.g. signed participant consent forms) were locked in a filing cabinet in the university. Only I had access to the raw data (e.g. interview recordings). Interviews were recorded through a digital audio recorder, transferred to the password-protected computer and deleted from the audio recorder. Interviews were transcribed and anonymised. Participant and place names were replaced by pseudonyms, and any other identifying characteristics were removed (Irish Qualitative Data Archive, 2008).

3.7.3.1 Ethical approval to conduct the research

Ethical approval for my study (REAC Reference No 552) was granted from the Research Ethics Committee of the School of Social Work and Social Policy, Trinity College Dublin, on 3rd July 2015.

3.7.4 Ethics and qualitative interviewing

Suicide is a sensitive topic that affects many people in Ireland. I anticipated that talking about suicide was likely to elicit some discomfort and less likely, distress in research participants. Hence, it was important that the research design accommodated any ethical issues that could arise in the course of the interview. Great care was taken to minimise discomfort by engaging with participants in a respectful and caring manner. Deeley and Love (2010) point out that a supportive environment was an important aspect in preventing distress from occurring in the first place.

Despite the care taken to minimise the risk of including young people in active crisis, it was possible that a young person might elect to be interviewed *because* of prior experience of suicidality, or loss of a loved one to suicide (Coggan et al., 1997; Sweeney, 2011). While none of the participants indicated that they contemplated suicide, it emerged during the interviews that each of the research participants knew (of) someone who died by suicide. Eight participants had lost at least one friend through suicide. Sophia (P15F20) had lost two friends. Finn (P10M22) as many as five. Three participants indicated that they had experienced suicidal ideation, attempted suicide or self-harmed in the past. Three participants stated during the course of the interview that they suffered with mental health issues, such as anxiety or bi-polar disorder. However, none of these experiences disqualified participants from the study as their decision to participate was based on full disclosure about the nature of the study.

Each participant was reminded at the start and during each interview that they could take breaks or withdraw from the study at any time, and without penalty. While the offer to take breaks was accepted by a limited number of participants (Emily, P05F20, Alison, P06F19, Sophia, P15F20), this was not due to any visible distress (e.g. crying). Instead, breaks coincided with an organisation's breakfast break or the need for a cigarette. Most participants highlighted the importance of discussing suicide and elected to continue with the interview when asked if they wanted to stop. Only Aidan (P7M19), who discussed the recent suicide of a former fellow student, accepted the third offer of a break and requested for the interview to end. Attributing higher priority to the well-being of research participants, I followed his request, however, not without checking if he was okay (Charmaz & Belgrave, 2012).

Prior to the fieldwork, to be prepared for all eventualities, I had adapted Haigh and Witham's (2015) care protocol which was developed for the management of visible distress, such as crying, in the context of a research interview. This would involve taking a break and finding out what is going on for the participant, if they feel that they are able to go on about their day and if they feel safe. If the young person feels able to carry on, the interview would resume, otherwise I would ask the young person to identify an adult they

trust and would be able to confide in, or if they would be prepared to contact a youth mental health service. I would offer the young person to make contact with the trusted adult identified by the young person, or with the youth mental health service on behalf of the young person if they felt unable to do so themselves. I would follow up with a phone call on the following day to see how the young person was doing. In addition, I repeated a two-day Applied Suicide Intervention Skills Training (ASIST) workshop[33]. Skills learned at this workshop were an extremely valuable resource that helped me feel more confident at the thought of responding to a young person's disclosure of suicidal ideation.

All participants were informed that their personal information would be treated strictly confidential unless they disclose that they were a danger either to themselves or others (Whyte, 2006). I was advised by a youth mental health practitioner that it is common practice to suspend confidentiality even if the young person was over 18 years old. Therefore, if a young person disclosed a serious risk issue such as deliberate self-harm, active suicidal ideation including a suicide plan, best practice would involve contacting either their guardian(s), A&E or a support service, such as *Pieta House*. However, I would ensure that any such steps will – as far as possible – happen with the young person's consent.

However, consistent with existing studies (Biddle et al., 2013; Deeley & Love, 2010; Dyregrov et al., 2011; Gibson, Boden, Benson, & Brand, 2014; Hawton et al., 2003; Jorm et al., 2007; Lakeman, McAndrew, MacGabhann, & Warne, 2013; Smith et al., 2010) that explored the phenomenon of suicide, the young people who took part in this study did not exhibit any visible signs of distress. I checked with each participant a couple of times during the course of the interview, especially when they talked about their experience of finding out about the suicide of a loved one. participants' experiences of discussing suicide varied. Some found it 'easy' or even enjoyable while others felt uncomfortable and described their experience as 'not nice', 'weird' or 'difficult'. However, this did not affect participants' overall well-being. Instead, some participants reported that they benefited from the interview directly saying that they felt better afterwards. Any initial discomfort was outweighed by the young person's desire to play a role in

[33] Workshop attendees were taught to recognise warning signs displayed by individuals at risk of suicide and how to respond to such a situation in an appropriate manner. Although such a case is highly unlikely to arise in a research situation, these acquired skills contribute to the competency of the researcher to confidently deal with a suicidal individual. Steps from the ASIST model are incorporated in the overall care protocol of the research process. The workshop took place at the Oasis Counselling Centre, St Laurence's Place East, Seville Place, Dublin 1.

advancing our understanding of youth suicide. All participants reported feeling 'okay' or 'grand' when asked during or at the end of the interview.

Consistent with previous studies (Kidd, 2004; Scourfield et al., 2007), each interview was followed by a debriefing. As Charmaz (2006) stressed, "[n]o interview should end abruptly after an interviewer has asked the most searching questions or when the participant is distressed" (p. 30). I asked participants how they were feeling and what their plans were for the remainder of the day. The purpose of the debriefing was to ensure that participants did not leave feeling upset, and to end the interview on a lighter note. Moreover, all participants had my contact number to contact me afterwards if they had any further questions or concerns. However, nobody availed of this option.

3.8 Data analysis

3.8.1 Initial coding

In grounded theory, data gathering, and data analysis occur in tandem. However, I did not start to analyse the data until after completing the fourth interview, for two reasons. As stated earlier, I transcribed approximately half of the interviews myself, which is a time-consuming process. Second, the availability of research participants meant that delaying interviews would have likely resulted in the loss of participants. In constructivist GT, there are at least two coding phases: 'Initial coding' and 'focused coding'. Invariably, grounded theory researchers also employ a third phase of coding - 'theoretical coding' (Charmaz, 2006, 2014; Kenny & Fourie, 2015). In this study, all three coding phases were employed.

Initial coding constitutes the first step in the process of making sense of the data. This involves the fracturing of the data into meaningful segments. Depending on the researcher and the data collected, meaningful segments can be words, lines, or larger chunks of data (Charmaz, 2014). While I started out with a line-by-line approach, from *interview #5* onwards, I broke the data up into larger, meaningful chunks of text as the line-by-line approach fractured the data too much. The data was analysed for psychosocial processes and as far as possible, coded as action. Whilst coding, I continuously asked myself: "What is the participant feeling, thinking or doing when saying …" This resulted in codes such as 'perceiving suicide as selfish', 'feeling shocked', 'perceiving concealing of problems as worse than talking.' These early codes were organised into provisional categories that were labelled, for example, 'perceptions of suicide', 'responses to suicide' and 'help-seeking and suicide prevention.' I have included an example of codes produced during the initial coding phase in Appendix X. Codes and categories were deliberately kept provisional to allow new ideas to emerge and to prevent forcing categories based on one's

knowledge of existing theories. However, Charmaz (2006, 2014, 2017) suggests that it is impossible for researchers to completely separate themselves from their existing knowledge. Thus, rather than trying to eliminate one's preconceptions, she suggests that researchers need to acknowledge how prior ideas shape the data. In this study, knowledge of the existing literature was needed for several proposals and grant applications and thus, it was impossible to 'unknow', for example, existing theories on how 'hegemonic masculinity' (Connell & Messerschmidt, 2005; Máirtín Mac an Ghaill, 1996) may prevent young men from disclosing personal problems and choose suicide to cope to escape an increasingly intolerable situation (Cleary, 2005a; Gilchrist et al., 2007). Noticing how this knowledge led to codes labelled 'traditional masculinity', I recoded some of the earlier interviews and if appropriate, I also used so-called *in vivo* codes. *In vivo* codes refer to codes that are adopted directly from the data and which contain, for example, insider language (e.g. 'chilling' means 'relaxing') (Charmaz, 2006, 2014).

3.8.2 Focused coding

The second phase, 'focused coding', involved identifying most significant and/or recurring codes developed during the initial coding phase and which will "carry the weight of the analysis" (Charmaz, 2006, 2008b, p. 164; Kenny & Fourie, 2015). For example, the codes 'experiencing suicide as shock' and 'perceiving suicide victim as always so happy' recurred frequently and were deemed significant to the development of a conceptual framework of young people's understandings of suicide.

Focused codes are developed through comparison of data with data. To refine these codes in terms of their properties and dimensions, they are then compared with data. For example, 'seeking/receiving help' was a category developed from initial codes such as 'appealing to suicidal individuals to seek help/talk.' This code and similar ones were grouped. Groups of codes were compared to data with information about 'facilitators of help-seeking' and 'barriers to help-seeking' which were eventually collapsed to form the final category 'Help-seeking behaviour: Barriers and facilitators' (described in Chapter Eight). These concepts were refined by identifying the specifics pertaining to facilitators of/barriers to help-seeking. For example, participants referred to different kinds of fear (e.g. 'fear in general' or more specific 'fear of being ridiculed by other boys') that in their eyes prevented young people from seeking help. The same process led to other categories, such as 'explanations for suicide', responses to suicide, or 'prevention.'

3.8.3 Theoretical coding

The third phase, theoretical coding, involves the identification of possible relationships between the concepts and categories that were developed during focused coding (Charmaz, 2006, 2014). Theoretical coding is used to "weave the fractured story back together"(Glaser, 1978, p. 72). In the present study, this required several iterations. During the first iteration of this phase, three conceptual categories ('perceptions and knowledge of youth suicide and suicidal individuals', 'explanations for suicide' and 'participants' understandings of the barriers to help-seeking') were identified through the grouping of similar concepts. For example, the first category 'perceptions' was developed from the following concepts: 'suicide is a serious issue' which included the sub-concepts 'suicide is unpredictable' and 'suicide is a novel phenomenon'. Further concepts belonging to the 'perceptions' category were suicide is sad, brave and wrong. The concept 'suicide is wrong' also consisted of the sub-concepts 'suicide is a waste of life', 'a coward's way out?' and 'selfish'. The composition of the 'perceptions' category is illustrated in Figure 2 below. The other two categories ('explanations' and 'barriers') were developed in the same way.

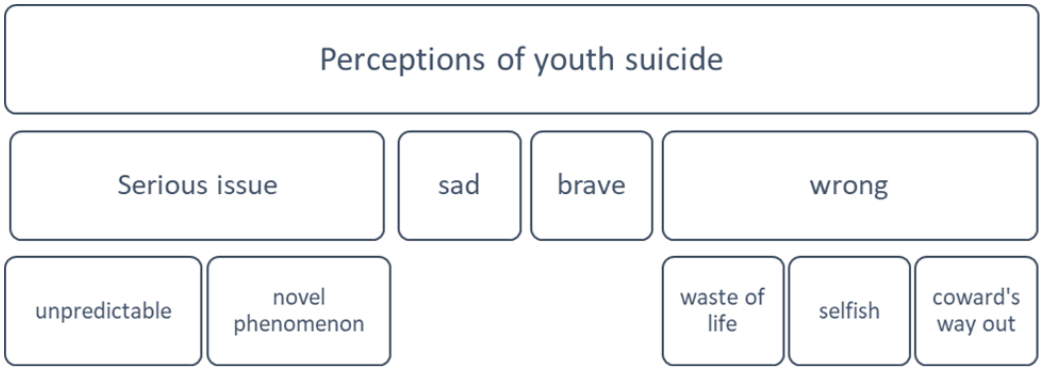

Figure 2: Example of an early category

However, the analytic process extended well beyond the initial phase of theoretical coding and into the write-up phase. Conceptual clarity may require several drafts and hence, the final conceptual framework may not emerge until the end (Charmaz, 2006) as was the case in the present study. Upon further engagement with the findings, I realised that some concepts might fit better in a different grouping. For example, I noticed that the concepts 'sad', 'waste of life', 'selfish' and 'cowardly' were all sub-concepts of the concept 'suicide is wrong' as all these concepts have in common a moralistic, stigmatising understanding of suicide. I grouped 'brave' with 'cowardly' because both denote opposing ends of a spectrum. 'Suicide is wrong' became part of the category 'Stigmatisation of suicide' (see Figure 3) which I discuss in Chapter Five. Similarly, the concept 'suicide is a serious issue' was redeveloped to include the

sub-concepts suicide is ‘ubiquitous’, ‘novel’ and ‘unpredictable’ as they fit neatly with Loseke’s (2003) definition of a social problem or White’s (2012) conceptualisation of suicide as a ‘wild problem’. The concept ‘serious issue’ remained part of the category ‘perceptions of suicide’ (Figure 4) which I discuss in Chapter Four.

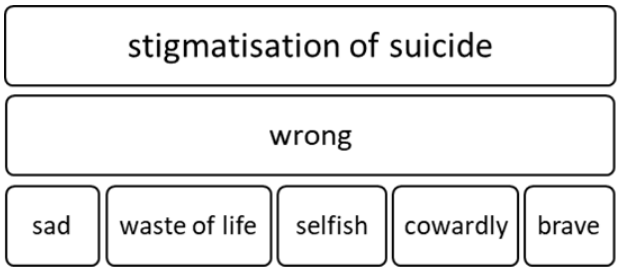

Figure 3: Example of the category 'stigmatisation of suicide'

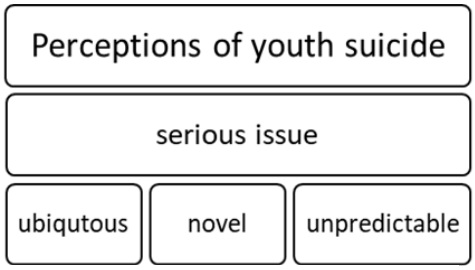

Figure 4: Example of the category 'perceptions of suicide'

On several occasions the writing and re-writing process, I constructed stronger categories by collapsing several concepts that lacked substance (Charmaz, 2006). The collapsing of less substantive concepts into categories was also a means towards achieving greater ‘theoretical saturation’ - the point at which additional data would not have changed existing categories in any meaningful way (Charmaz, 2006; Corbin & Strauss, 2008; Timonen et al., 2018).

As part of the analytical process, I noticed when emerging findings resonated with the results of other studies. For example, reactions of suicide were commonly described as ‘shock’, which echoed the results of a UK study (Roen et al., 2008). The authors discussed their finding in relation to the concept of ‘othering’ which seemed to fit my emerging concepts. Yet, it was too early in the analytical process to locate the developing framework within other relevant studies (Charmaz, 2006). In the current study, the possibility that stigma and shame play an important role in young people’s decision to suicide emerged across the data. Stigma and shame were implied, for example, in the connections that some participants drew between unattainable gender norms and suicide. Men who disclose personal struggles run the risk of being perceived as ‘unmanly’ which may result in public shaming and humiliation. In such cases, concealing personal problems and, if the situation becomes unbearable, suicide may be considered the ‘safer’ option. Familiarity with relevant studies (e.g. Cleary, 2005a; Fullagar, 2003; Rasmussen et al., 2015), and theories of stigma (Goffman, 1963) and shame (Lewis, 1998; Morrison, 1998; Scheff, 2014) helped explain how emerging concepts fit with the existing literature and theory.

The final conceptual framework (illustrated in Figure 5) is comprised of five categories discussed in the five findings chapters: Perceptions of youth suicide (Chapter Four), Stigmatisation of youth suicide (Chapter Five), Problems associated with youth suicide (Chapter Six), Explanations of youth suicide (Chapter Seven) and lastly, Help-seeking behaviour: Barriers and facilitators (Chapter Eight).

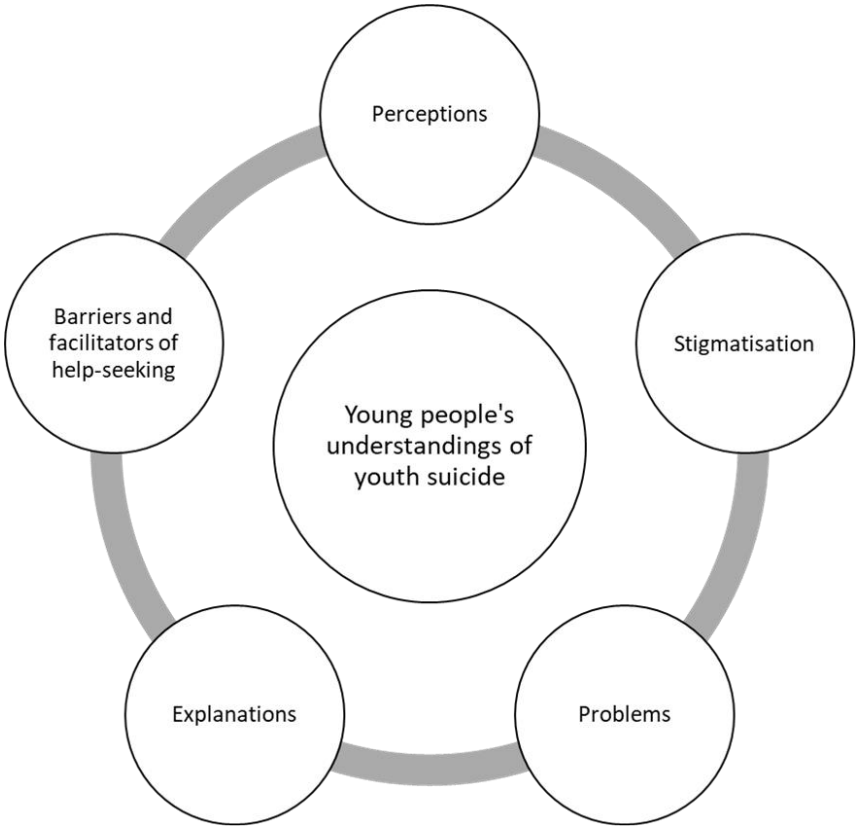

Figure 4: Conceptual framework of young people's understandings of youth suicide

3.8.4 Writing memos

All phases of the analytical process were accompanied by memo writing, a pivotal component between data gathering and analysis (Charmaz, 2006). Memos are "records of thoughts, feelings, insights and ideas in relation to a research project" (Birks & Mills, 2015, p. 39). The purpose of 'memoing' is to keep researchers engaged with the data. Memos assist researchers to make sense of the data by articulating ideas, exploring interpretations and by asking questions of the data. Memoing helps researchers to abstract concepts and categories, and to establish relationships. I wrote early memos as part of the initial coding process. Early memos comprised my thoughts that occurred while developing a code,

observations/ reflections on course of interviews and research participants, and questions about the data. I used memos to highlight recurring codes and leads to be pursued in subsequent interviews. During focused coding, memos helped me to identify the most salient codes and concepts that were emerging from the data. The memos I kept varied in length ranging from short sentences or paragraphs during the coding process where I noted observations and potential directions of the research to longer accounts about my feelings about a particular interview (see Appendix XI for an example of a memo where I reflect my thoughts about my interview with Finn, P10M22).

Moreover, memos also helped me to identify potential relationships between emerging concepts and categories, and existing studies and theories. Constructivist grounded theory does not require researchers to take a 'blank slate' approach (Charmaz, 2014; Corbin & Strauss, 2008; Timonen et al., 2018) and hence, as stated in Chapter Two, I had already carried out a preliminary literature review prior to the data collection. Thus, I noticed when emerging findings resonated with the results of other studies. For example, reactions of suicide were commonly described as 'shock', which echoed the results of a UK study (Roen et al., 2008). The authors discussed their finding in relation to the concept of 'othering' which seemed to fit my emerging concepts. Similarly, I was familiar with theories of stigma (Goffman, 1963) and shame (Lewis, 1998; Morrison, 1998; Scheff, 2014), which helped explain how emerging concepts fit with the existing literature and theory. Stigma and shame were implied, for example, in the connections that some participants drew between unattainable gender norms and suicide. Men who disclose personal struggles run the risk of being perceived as 'unmanly' which may result in public shaming and humiliation.

3.8.4.1 Memos pertaining to data collection issues

As a novice researcher using the grounded theory method, I felt nervous during the first few interviews. I was worried not only about the quality of the interviews, but also about participants' well-being, despite the safeguards I had put in place (as described in Section 3.7.4). Therefore, following the first five interviews, I wrote an assessment reflecting on the recruitment process, participants' responses during the interviews and the quality. I noted, for example, that participants seemed nervous which, as Mack et al. (2009) pointed out, might be due the novelty of the interview situation, power imbalances between respondents and researcher or difficulties in understanding interview questions. I then outlined the solution for future interviews as a note to myself such as engaging participants in a conversation about their interests before directing the interview towards the subject of suicide, as well as the use of self-disclosure if appropriate (Bassett, Beagan, Ristovski-Slijepcevic, & Chapman, 2008; Mack et al., 2009; Warren, 2012). I describe the use of self-disclosure in more detail in the following section (Section 3.9).

Another example relates to missed leads due to a) not wanting to interrupt the flow of an interview and failing to revisit a particularly interesting point later and b) not listening closely enough to what the participant was saying and as a solution, I noted the possibility to either invite the participate to a second interview or, more fruitfully, to practice active listening (Mack et al., 2009). For logistic reasons (e.g. availability of research participants) and time constraints, I did not pursue the first solution but, as the depth of subsequent interviews demonstrates, the practice of active listening resulted in better quality data. Lastly, I noticed that some responses lacked in depth which, as I realised, was due to closed-ended questions, and due to participants not fully understanding the meaning of a question. In keeping with best practice guidance pertaining to qualitative interviewing (Charmaz, 2014; Kvale, 2009) I made a note to remind myself to be mindful of keeping the questions open-ended and to rephrase questions when participants were unsure about what I was asking. Heeding my own advice significantly improved the quality of subsequent interviews in terms of depth and richness of the data generated.

3.9 Methodological self-consciousness: Researcher reflexivity

Constructivist grounded theory (CGT) requires researchers to continuously reflect on and account for the role of their previous knowledge, experiences and biases in shaping their research (Charmaz, 2014). The importance of this type of self-awareness, commonly referred to as reflexivity, has been increasingly documented in qualitative research in general (Berger, 2015). In 2017, Charmaz outlined a form of researcher reflexivity to be deployed in constructivist grounded theory which she named 'methodological self-consciousness'. Charmaz argued that in CGT, researchers need to reflect in depth on the influence of their "worldviews, language, and meanings" (p. 36), and moreover, of our behaviours within the research process. Furthermore, Charmaz reasoned that researchers need to develop an awareness of our positions of power, derived from our "unearned [and] taken-for-granted privileges (*ibid.*) which will influence the data. Brackenridge (1999) clarified that this assessment of one's own positionality within the research process was not a narcissistic endeavour but rather, a process of developing self-awareness. Reflexivity Berger (2015) argued, is a crucial tool in balancing "the personal and the universal" (p. 220) which also contributes towards ensuring the quality of qualitative research (see Chapter Ten for a critique of the quality of this research). In the following sections, I describe my own role in shaping this dissertation.

In the preface of this dissertation (Chapter One), I described how my own personal history of exposure to suicidality played a role in my decision to explore young people's understandings of suicide. Resonating with Broom, Hand and Tovey (2009), it was impossible to separate this experience from the research

process. However, the role Jan's suicide attempt played in the present study varied. Crucially, my own story did not take centre-stage during the data collection and analysis processes but nonetheless, it would be inaccurate to deny its influence. As Berger (2015) pointed out, researching familiar topics is fraught with benefits and challenges. On the one hand, prior familiarity with the subject under investigation equips researchers with 'insider' knowledge which may facilitate access, insights and mutual understanding that 'outsiders' do not have or may find more difficult to obtain. Yet, insiders also run the risk of blurring the boundaries between one's own biography, and the biographies of participants.

In the present study, Jan's suicide attempt played the most noticeable role in relation to several findings categories: participants' constructions of suicide as a serious issue (Chapter Four), suicide as a stigmatised problem (Chapter Five) and lastly, participants' interpretations of suicide as an escape from an intolerable situation (Chapter Seven).

I would like to note that I used the practice of self-disclosure sparingly, accidentally and situationally (Dickson-Swift et al., 2007). For example, I did not tell participants or gatekeepers that I almost lost someone to suicide and thus, unlike in Berger's (2015) research, my prior experience did not facilitate easier access to participants. This decision was partially informed by my desire to avoid running the risk of conflating my own biography with participants' encounters with suicide. However, it was impossible not to notice similarities which to some degree sparked my interest in certain emerging concepts which played a role in the focussed coding process (Charmaz, 2014) (as described in Section 3.8.2). For example, participants' reports of feeling helpless in the aftermath of a suicide (as described in Chapter Four) resonated with me because they reminded me of my own feelings of helplessness after Jan tried to end his life. Moreover, some participants' accounts of attempting to prevent further suicides by monitoring their friends' moods and behaviours, ready to intervene, resonated with my own experience of trying to help Jan. Likewise, participants' interpretations of suicide as an escape from an intolerable situation made sense to me, especially in light of Jan's previous explanations of his own motivations. Boden et al. (2015) suggested that these shared emotional connections may help researchers to feel more attuned to participants' experiences contributing to a better understanding of participants' constructions of suicide. However, as previous researchers (1999; Charmaz, 2014, 2017) have stressed, it was impossible for me to provide an accurate rendering of participants' experiences. My presentations of their interpretations of suicide (see findings Chapters Four – Eight) are my active and co-constructed interpretations of their accounts of suicide which were inevitably shaped by own feelings, experiences, and prior knowledge of suicide.

Nonetheless, in line with Berger's (2015) warnings and the principles of grounded theory (Charmaz, 2014; Corbin & Strauss, 2014), it was important to ensure that my own experiences remained separate from participants' experiences of suicide to allow concepts to emerge from the data. Separating my own story from the stories of participants was easier with regards to participants' moral judgements of suicide as wrong (described in Chapter Five). From the start, their perceptions of suicide as, for example, selfish or cowardly felt uncomfortable and this discomfort prompted me to define (for myself) my own position in relation to suicide as an individual right or as a moral wrongdoing. Defining my own positionality in relation to suicide was an important task. Charmaz (2017) stressed that it is crucial for researchers to examine their own biases and preconceptions which will inevitably colour their interpretations of the meanings and actions that underly the stories of research participants. Through a process of introspection, talking about and reading, I feel most 'at ease' (albeit not comfortably so) with the relativist mindset on suicide. As described by Mishara and Weisstub (2010), proponents of the relativist perspective evaluate the need for suicide prevention based on context suggesting that there are certain situations in which suicide is permissible whereas in others, a death by suicide should be prevented if at all possible. I continue to feel uncomfortable with both libertarian and moral attitudes towards suicide. The former suggests that suicide must be a choice and by contrast, the latter, also favoured by the young people in the present study, prohibits suicide under any circumstances (*ibid.*). Yet, both my discomfort with participants' judgement of suicide as wrong, selfish and cowardly, and the frequency at which suicide as a moral wrongdoing appeared in participants' constructions of suicide, prompted me to pursue this emerging concept further. I was particularly interested in exploring the backdrop to participants' categorical judgement of suicide as wrong which I describe in the second half of Chapter Five.

The previous paragraphs outlined how I reflexively dealt with the role of my personal story on this research. In addition, Charmaz (2017) highlighted the importance of researchers examining the influence of their privileged positions, their language and worldviews, and the power imbalances these factors may create. As stated in Section 3.6.1.2, the relationship between researcher and participants is a crucial aspect influencing the quality of the data (Clarke, 2006; Corbin & Morse, 2003; Dickson-Swift et al., 2009). Aside from ethical considerations (Section 3.7), one way of establishing trust is by minimising power imbalances. In the present study, I was aware of the influence of my position as a PhD student at Trinity College Dublin (TCD). My involvement in a previous research project with similar young people, conversations with gatekeepers and participants' remarks during the research made it clear that TCD was considered a 'posh' university. Many of the young people I met in the course of this and previous research will not even consider the possibility that they might be admitted to TCD and thus, they will not even

apply. To minimise potential power imbalances, I made several adjustments. For example, one of the head teachers demonstrated how he would slouch down in his chair to be at eye level with the young person. Thus, when interviews were conducted in the teacher's office rather than the classroom, I sat in the student's chair leaving the teacher's chair to the participant. Similarly, when participants dismissed their own knowledge, I highlighted their expertise in the details of their lives pointing out that they knew more than I did about issues affecting young people.

Although researchers' disclosing private information about themselves in interviews has been subject to debate (Warren, 2012), I used this practice occasionally, albeit sparingly and situationally (Dickson-Swift et al., 2007). Keith (P12M20) for instance presumed that counsellors live in Blackrock (one of the more affluent neighbourhoods in Dublin) and thus, were too different to understand the problems facing young people from his area. Keith looked at me and speculated: "You're probably from there [Blackrock]." In that moment I interpreted Keith's statement in that moment to mean that I, too, might be too different to understand the problems facing young people. Spontaneously, I replied that I lived in [neighbourhood] to which Keith responded: "Ah yeah, [neighbourhood] can be bad as well."

Sometimes participants censored themselves, either as a consequence of being recorded (Alison, P06F19), or because they were about to express "impolite or unacceptable views or actions" (Charmaz & Belgrave, 2012, p. 353). In the first instance, I reassured Alison that all information was treated strictly confidential and as a result, she felt more comfortable to talk openly on the topic. To illustrate the second point, one participant Saoirse (P20F18) asked: "Can I use bad language here?" I replied: "Of course you can." This allowed Saoirse to explore her views of 'bitchiness' and bullying in her own words. A related issue is that interviewees may try to "please the interviewer by saying what seems to be expected" (Warren, 2012, p. 137). Alison (P06F19) for example asked me: "Do you believe there's a heaven?" while developing her understanding of the finality of death. Earlier in the interview Alison had implied that she was not particularly religious, so I interpreted her question as assessment as to whether or not she could openly communicate her lack of faith. Therefore, I decided to answer her question honestly to which she promptly responded: "Yeah, I don't either" before further dismissing the possibility of an afterlife.

3.10 Conclusion

This study aims to develop a conceptual framework of young people's understandings of youth suicide taking into consideration their local community beliefs, values and norms in relation to which suicide occurs. While most suicide-related research tries to establish causal explanations for suicide and to

develop suicide prevention strategies based on these explanations, young people's own interpretations of youth suicide have rarely been explored. Thus, this topic had previously been poorly understood. However, meanings precede suicidal ideation and thus, the meanings young people attribute to suicide will provide valuable insights that can help frame suicide prevention strategies.

Constructivist GT was an appropriate method to employ in this study. Participants' thoughts, feelings and actions in relation to suicide were explored through qualitative interviews as this allowed both researcher and participants to co-construct the meanings of youth suicide. Interviews were analysed following coding procedures consistent with constructivist GT. Findings are based on interviews with 25 participants and as such, are not representative of all young people in Ireland. However, findings can be used for further research in this area and possibly help frame suicide intervention strategies.

In the following four chapters, I will present the main findings that resulted from the GT process. In Chapter Four, I outline participants' perceptions of youth suicide as a serious issue. In Chapter Five, I describe participants' constructions of suicide as a stigmatised issue. Chapter Six details participants' interpretations of the problems associated with suicide. Chapter Seven provides an overview of participants' explanations of youth suicide and lastly, in Chapter Eight I describe participants' views of the barriers and facilitators to help-seeking. Each chapter represents a deeper layer of a very complex issue.

Chapter Four Participants' perceptions of youth suicide

4.1 Introduction

Chapter Four is the first of five findings which forms the basis for the four subsequent findings chapters (Chapters Five, Six, Seven and Eight). In the first half of this chapter (Chapter Four), I describe participants' perceptions of youth suicide as a serious issue in both their personal lives and in their communities. In the second half, I contextualise these understandings in participants' reports of prior exposure to suicide. Blumer (1969/1998) suggested that we interact with social phenomena based on the meanings these have for us. In this chapter, I explore suicide as an extraordinary phenomenon which disrupts the expected sequence of life events. The drastic nature of suicide demands attention. It tends to evoke complicated emotions in those exposed to suicide that need to be dealt with before life can continue as usual. The extraordinariness of suicide as experienced by participants constitutes a starting point which will facilitate a better understanding of participants' reactions to someone's decision to end their life.

4.2 Participants' constructions of youth suicide as a serious, extraordinary phenomenon

In this section, I describe participants' constructions of suicide as a serious issue which they perceived as ubiquitous, novel and unpredictable. This understanding was influenced by both exposure to suicidality (e.g. loss of a friend or attempted suicide) and stories about suicide (e.g. local gossip, stories on the news and on social media). These contributed to an uneasy feeling that suicide is everywhere, and that rates are high. Moreover, suicide was constructed as a novel issue which was tied to the feeling that suddenly, suicide and stories about suicide had surfaced everywhere. Yet, some participants suggested that perhaps they simply paid more attention to the phenomenon. The perceived ubiquity and novelty of suicide were accompanied by the view that suicide is unpredictable, which further cements the seriousness of the issue. I explore these perceptions in detail in the following sections before situating these within participants' accounts of prior exposure to suicidality, which includes personal encounters with suicidal behaviours and participants' experiences of finding out about incidents of suicide.

4.2.1 Youth suicide as a ubiquitous problem

In this study, participants frequently constructed youth suicide as a serious problem. The seriousness of suicide was reflected in its perceived ubiquity, both in participants' local communities, and in Ireland in general. Some participants suggested that suicide happens so frequently that they felt surrounded by it.

This view was grounded in the perception that overall, suicide rates are on the increase. There were a range of factors that appear to contribute to a heightened awareness of the phenomenon. Among these were reports on mainstream and social media outlets (e.g. TV, radio or Facebook), local gossip about someone's suicide and lastly, having known someone who died by suicide. The continued presence of suicide on the news made it difficult for participants to be in charge of their level of engagement with the phenomenon. Consequently, this created an issue that needed to be dealt with. The ubiquity of suicide on participants' radar was illustrated in Alison's example where she linked her heightened awareness of the phenomenon predominantly to media reports:

> *Everywhere. On the news and all like. Suicide is nearly everywhere (Alison, P06F19).*

Similarly, Lucca also suggested that suicide was now more common which he linked to both the news and the internet:

> *[Suicide is] happening more and more now and it's sad. Well, like you hear it on the news like and stuff and like .... you see things on the internet, 'Aw, a young person has taken their life' (Lucca, P01M18).*

Like Alison and Lucca, Ben also felt that the news and social media contributed to his understanding that suicide, which he linked to *slagging*, a form of teasing which some people might interpret as bullying, was common. He feels that *slagging* "happens constantly" resulting in youth suicide. Like several other participants, Ben reported that Facebook was one platform through which he received information, including information about teasing/bullying and resulting suicides:

> *Ben: Some people just get slagged [teased] on Facebook or whatever, and that happens constantly and all you hear is 15-year olds and all dying. Killing themselves, all that stuff.*
>
> *Melanie: Where do you hear that?*
>
> *Ben: It's sometimes on Facebook, the news, everything. The youngest I've heard was 12 I think.*

Participants tended to tie the gravity of suicide to the frequency of exposure to stories about suicide. The more often they heard about someone's suicide, the more serious an issue they perceived suicide to be. Yet, there was significant variation within participants' definition of the term 'frequent'. For some, frequent means several times a week, whereas for others, several times a year is frequent. The following

two examples constitute opposing ends of the frequency scale. For Saoirse, frequent meant two youth suicides per year:

> *There is a lot of kids who do take their own lives. I think two last year. One of my friends did try to take her own life, but she never succeeded (Saoirse, P20F18).*

By contrast, Aven's example represented the other end of the spectrum. She claimed that she heard about suicide within her immediate social network as often as once or twice a week which was based on two very recent incidents. However, she implied that the real number might be even higher than that because she suspects that there might be suicides taking place without her knowing about them:

> *At least every week you'd hear about someone. At least, and that was two people last week and that's only people that you're hearing about. There's people doing it and you wouldn't even hear about [them] because they wouldn't be around. I wouldn't know anyone that they know (Aven, P23F18).*

A rate of one or two suicides every week could amount to a potential fifty suicides a year within a relatively small community. Aven's assumption was likely amplified by the recency of the incidents on which she based her assessment. As stated in Chapter Three, small-area statistics were not available for Aven's community and thus, it was difficult to assess the accuracy of her claim. Yet, for the purpose of this thesis – to investigate what suicide means to young people in Ireland – the accuracy of the participants' claims was less important than their *perceptions* of suicidality as these meanings will influence how young people interact with suicide and suicidal friends or peers. Aven's example – as well as those of other participants - captured the sense of disquiet arising from the frequency with which suicide is perceived to take place consolidating the construction of suicide as an extraordinary phenomenon. Exposure to one or two suicides within a person's a lifetime could, perhaps, be dismissed as an anomaly; however, this is much more difficult to do with possibly fifty suicides per year, especially if they occur within a relatively small community.

The seriousness of suicide was not just described in specific numbers but illustrated in participants' use of vague quantifiers, such as 'a lot more' or 'so many'. This indicated that for them, single incidents of suicide have become a blurred, indistinguishable mass. Anna's example below illustrated both the perceived frequency and strangeness of suicide. For Anna, news reports on incidents of suicide were a source of information about the meaning and occurrence of incidents of suicide. She employed repetition (i.e. "so many times") to corroborate her claim that suicide takes place so frequently that she is unable to

distinguish between single incidents. Anna's usage of the word 'ridiculous' was interesting. It was an expression of bewilderment and powerlessness, rather than mockery. Echoing other participants, she constructed the rate at which she believed young people die by suicide as absurd and overwhelming:

> *I found out what it [suicide] meant … because of the word 'suicide' being mentioned so many times in the papers and then ... on the news like. Just people killing themselves. It's ridiculous … I've heard it that many times, I can't remember any of them … Literally, I've heard it so many times (Anna, P03F18).*

It may seem like an oxymoron to assume that a phenomenon could take place frequently without losing its special status as something extraordinary. Indeed, I wondered whether any of the participants would normalise suicidality as simply being a part of young people's lives, a rite of passage. However, this was not the case. Across the data, participants insisted that suicide was both preventable and wrong, but never normal. Yet, despite their unanimous agreement that suicide was never an answer to any problem, possibilities for prevention were complicated by its perceived novelty and unpredictability, which I describe in the sections below.

4.2.2 Youth suicide as a novel phenomenon

Some participants regarded suicide as a novel phenomenon that suddenly, without warning, appeared among them. Coupled with the feeling that suicide rates were unusually high, this suddenness was accompanied by the unsettling sense that this was something out of the ordinary. Some participants dealt with this anomaly by dismissing suicide as an impulsive reaction to life's many challenges. In so doing, they trivialised the distress the suicidal young person might have experienced. Phoebe for example treated suicide as a new, fashionable pastime that young people engage in, seemingly on a whim. She interpreted suicide as a way of coping when feeling overwhelmed. Like many of the participants, Phoebe criticised suicide as the wrong answer to a problem. She suggested that instead, suicidal young people should seek help:

> *Suicide around here for young people is like a new thing that they do … When they think it's too much, they think that, "Aw yeah, I'll just kill meself." I don't think it's right though … There should be someone around here, that they'd be able to go and talk to (Phoebe, P09F21).*

Phoebe associated the novelty of suicide with youth's impulsivity, which translated into a suicidal young person's failure to make the right choice, i.e. to seek help. Although she noted that suicidal young people

might not have anyone to turn to, she implies that in the end, it is the young person's responsibility to find a way to deal with their problem. This resonated with Kral's (1998) notion of the 'great origin myth' which holds that regardless of circumstances, suicidality ultimately originates from within the individual and hence, that person's well-being is their responsibility.

The novelty of suicide was also implicit in participants' frequent use of terms like 'now' and 'nowadays'. They compared the present with the past, which in most cases meant a very short time period: a couple of years at the most. The participants constructed the past as a point in time where suicide was rare compared to the present, which is marked by a sharp increase in suicide rates. The short interval between the past and the present made it seem as if suicide was indeed a sudden and novel phenomenon. Only one participant, Amie (P19F21), separated the past and the present by a generation claiming that unlike today, suicide was virtually unheard of when her parents were young. However, this did not mean that suicide did not happen in the past. Instead, as the participants often asserted, nowadays, suicide seems to be talked about more frequently. This resonated with Fullagar et al.'s (2007) finding that frequent communication about suicide, formal or informal, creates a heightened awareness of suicide as illustrated in Finn's example below. He asserted that while suicide was virtually unheard of until very recently, he feels that nowadays, it is talked about everywhere:

> *Like, up to three years ago, you didn't hear anything about suicide. Anywhere. You didn't really hear anything about suicide … So, you know, nowadays, you hear people left, right and centre being after hanging themselves (Finn, P10M22).*

Finn's example combined both the perceived ubiquity and novelty of suicide. The way Finn used language here to construct suicide as an extraordinary phenomenon was interesting. White (2012) suggests that different ways of using language create different social realities or images of a phenomenon. She calls this "languaging problems into being" (p. 44). Like Anna in the previous section (Section 4.2.1), Finn used repetition ("you didn't hear" and "you didn't really hear") to emphasise the absence of suicide in the past. He then contrasted the past with the present where suicide happens "left, right and centre" which evoked a mental image of a youth suicide epidemic. It is likely that Finn was especially sensitised to the presence of suicide. During the interview, he told me that by the age of 22, he had already lost nine friends, five of whom died by suicide.

However, not all participants equated hearing about suicide more frequently with increased suicide rates. A minority of participants were unsure whether suicide rates had risen suddenly. Offering alternative explanations, these participants wondered if the perceived suddenness was a result of a heightened

awareness about the news of a suicide, or a change in recording practices. In the following example, Alana associated an increase in stories about suicide with a rise in suicide rates. However, she took a more cautious approach contemplating whether the perceived increase in suicide rates was a result of her own growing maturity. Alana considered that her young adult self might simply pay more attention to stories about suicide than her child self, creating the impression of an increase in suicide rates in recent years:

> *It's more common I think now. You hear of it a lot more. I don't know if it's because I'm growing up, I don't know if it's because I'm getting older, I don't know if that could be it, too (Alana, P11F22).*

Valentin (P08M18) also noted an increase in talk about suicide but unlike other participants, he did not consider suicide to be a new phenomenon. Deliberating whether the increase in stories about suicide meant an increase in suicide rates, he suggested that incidents of suicide might simply be documented differently leading to the perception that suicide was on the rise. Yet, he did not rule out the possibility that suicide happens more often which is implied in his use of the word 'scary':

> *Obviously, suicide's always been there but you do hear a lot more about it nowadays like? So, that's kinda scary? … I'm not sure if it's increased but it's just kinda become … more … documented (Valentin, P08M18).*

Valentin's example illustrated the perceived threat of suicide, which was also highlighted in participants' constructions of youth suicide as an unpredictable phenomenon. It is worth exploring the threat of suicide further. How the realities of youth suicide are constructed will shape how the issue will be dealt with (J. White, 2012). I describe the unpredictability of suicide in Section 4.2.3.

4.2.3 Powerlessness: Youth suicide as an unpredictable issue

Unpredictability implies a lack of control and a threat, which was indicated in participants' constructions of suicide that 'happens to' young people, rather than suicide being a decision made by a young person. This unpredictability of suicide entailed a feeling of vulnerability, the perception that nobody was safe from, or immune to, suicide. The possibility of suicide contagion was implied by Aidan:

> *See, it [suicide] can happen to anyone (Aidan, P07M19).*

Participants identified several factors that contributed to that sense of vulnerability and threat caused by the unpredictability of suicide. These included the fear that talking about suicide might induce suicidal ideation, the view that a suicidal young person had 'gone mad' (see Chapter Seven) and lastly,

participants' perceived similarity with someone who had ended their life. All these narratives shared a sense of powerlessness or defencelessness against suicide. In the example below, Valentin addressed this sense of latent danger. He was one those participants who strongly rejected suicide as an option, especially for himself. I describe participants' criticism of suicide as wrong in more detail in Chapter Five. Valentin recognised elements of himself in the deceased whom he regarded as a very unlikely candidate for suicide. Identification with someone who died by suicide is linked to a narrative of 'us' and 'them'. The participants assumed that young people similar to them do not end their life. Hence, when suicide occurred despite perceived agreement on the wrongness of suicide, the participants tended to describe the incident as unexpected and shocking (see Chapter Seven for details). Reflecting on the suicide of a former schoolmate, Valentin painted the picture of an accomplished young woman who did well academically, socially and romantically. Identifying with the deceased girl, he had difficulty to comprehend why she ended her life which is reflected in his struggle for words. As a result, he perceived young people's lives as precarious regardless of their stance on suicide. Here, the act of ending one's life was constructed less as a rational decision but as something akin to an illness which happens to someone:

> *And she would have been the last person you'd expect, because like, she had like two jobs, she was going to college doing exactly what she wanted to do. She'd always good grades in school, lots of friends, she has … she had a boyfriend. Like, you just … you just don't expect it to such like, involved people like? And like, she'd always be helping other people out? And then you hear like, she's killed herself, you think: Oh God, like. Anyone … anyone … could … it's kinda more scary when someone who's almost the same as yourself like … y'know, they go and kill themselves (Valentin, P08M18).*

Another example of the 'us' and 'them' discourse which contributes to the perception that suicide is unpredictable was provided by Cillian who reflects on his friend's suicide. Cillian created suicidal (them) and non-suicidal (us) identities and he clearly placed himself and his friends in the non-suicidal category:

> *Personally, I don't know why anyone would do it … Cause no matter how bad I was feeling I wouldn't do something like that … I wasn't expecting any of my friends ever doing anything like that (Cillian, P04M20).*

The fact that one of his friends, despite being one of 'us', transitioned to the 'other' side created a conflict that Cillian found difficult to reconcile. His friend's death disrupted Cillian's core belief, i.e. the certainty that none of his friends would die by suicide. Like Valentin, Cillian tried to come to terms with the

perceived precariousness of their lives and recognised that his friends might be more vulnerable than he thought. He cannot predict further suicides among his friends, but he needs to face the fact that it is a possibility which left him in a powerless position:

> *I was going to say that not any of me [my] friends would do that [suicide] but one of them already did. So, you never know (Cillian, P04M20).*

The powerlessness to prevent suicide was a common theme for many participants. Some participants described practical challenges to suicide prevention, such as the impossibility to continuously monitor a vulnerable person (e.g. in their own home). Furthermore, keeping someone safe was further complicated by the perceived unpredictability of someone's actions, captured in Alison's scenario below. She described how suicidal individuals stymie their family members by ending their lives at night, i.e. when they are least likely to be disturbed. Alison likened the impact of someone's suicide to an explosion. Having lost her own father as a child, she sympathised with the bereaved who are left to deal with the aftermath:

> *Like, you could be asleep. Boom. Next minute on the news somebody hung theirself … Just, some people walk out of the house when everyone's asleep, they won't hear them go, and they're gone (Alison, P06F19).*

This section outlined participants' perceptions of suicide as a serious issue that is everywhere, novel and unpredictable. The unpredictability of suicide meant that it is a phenomenon that is difficult to control. Suicide was interpreted as something that could potentially happen to anyone and hence, that nobody was immune to it - similar to acquiring a virus. In the following section, I outline participants' prior exposure to suicide which influenced their constructions of suicide as a serious, extraordinary phenomenon.

4.3 Participants' prior exposure to suicidality

4.3.1 Participants' personal encounters with fatal and non-fatal suicidal behaviour

In this section, I describe the relationships participants had with individuals who had engaged in fatal or non-fatal self-injurious behaviours (e.g. cutting, self-strangulation and drug overdoses). In most cases, participants discussed the suicides and suicide attempts of young people (e.g. friends or acquaintances). A minority of participants also referred to the suicidal acts of adults (e.g. a friend's parent, a sports coach, or a neighbour). Relationships with suicidal individuals involved varying degrees of separation, as depicted below in **Error! Reference source not found.**. The distance of each circle from the central circle represents the degree of closeness between the participants and the deceased. The first circle includes close friends and family members, such as cousins and parents. The second circle encompasses schoolmates, siblings' friends and the siblings of boyfriends and girlfriends. Lastly, the third circle is comprised of the relatives

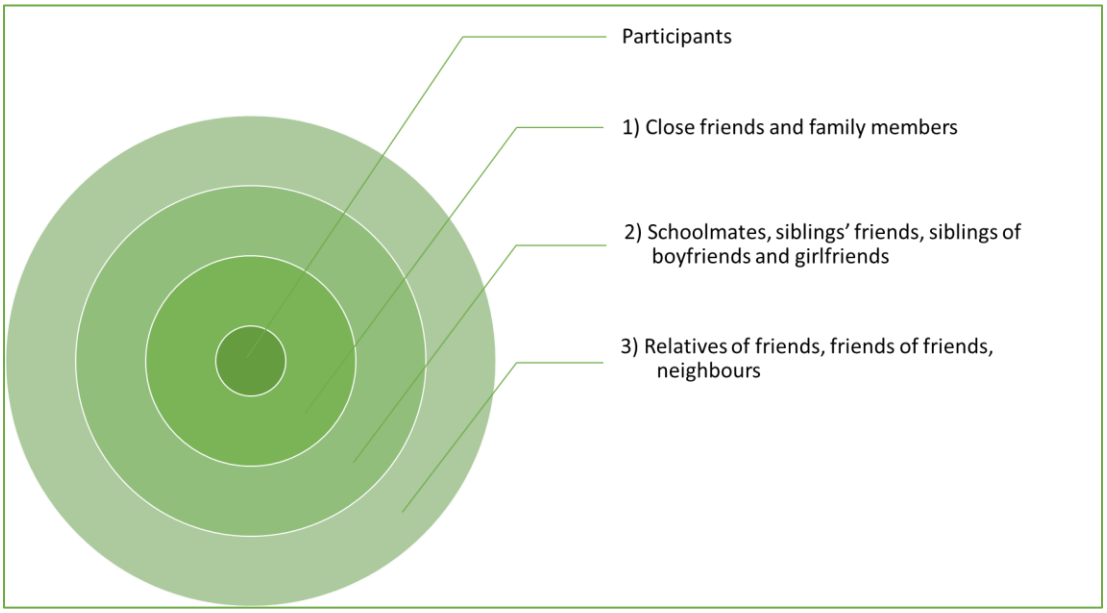

Figure 5: Degrees of separation between participants and the deceased

of friends, friends of friends and neighbours. Yet, participants indicated that regardless of their connection with the deceased, their suicide seems to have affected most of them to some degree. However, I would like to stress here that none of the participants reported any suicide bereavement within the twelve months preceding the fieldwork. The present section is dedicated to the relationships between the participants and the deceased, and I illustrate the impact of suicide in Chapter Five.

Among the participants who were exposed to the suicides of friends, five reported several incidents. One of them, Finn (P10M22), was an outlier as he had lost five friends to suicide. Some participants described the deceased as very close or best friends, as illustrated in Lilia's (P25F20) example below. Reflecting on her best friend's suicide, she described their friendship as enviably close. She repeated several times how good their friendship was before describing an episode of radio silence which lasted several months in the run up to her friend's suicide. Lilia struggled with feelings of guilt as she thinks that she could have prevented his suicide, if she had responded to his call for help[34]. Both Lilia's use of repetition and her assertion that they did not lose touch over a fight sounded like reassurances to herself that even though she was unable to prevent her friend's suicide, ultimately, it was not her fault:

> *I have a very, very close friend, me and him we were very close, we were the two best friends everyone wanted to be, but we had a great relationship with each other, and we stopped palling around with each other for a while … We didn't have a falling out, we just lost contact for a while, but that was only two or three months … I then found out that he had committed suicide. He was 16. [On the day of his suicide], he was asking could I come out and talk to him and I couldn't … and it still haunts me that I probably could have talked … him around it (Lilia, P25F20).*

By contrast, other participants had more distant connections with the deceased. Nevertheless, these suicides still affected participants enough to discuss them. Most participants knew of youth suicides that had happened in their neighbourhoods and in some instances, they remembered multiple suicides in the area. Often, these included the suicides of young people that participants had merely 'known to see' and participants tended in these instances to refer to the deceased simply as 'a boy' or 'a girl'. Emily's example involves the suicides of two teenage 'fellas' [fellows] who used to live in her neighbourhood. Emily said that while she knew the two deceased, they had not been close. She used repetition to highlight important details, such as the young age of the deceased, and the method of suicide by hanging. Emily sounded bewildered when she described how a teenage boy could resort to such a violent method of ending his life:

> *I knew them from the area like and he used to grow up here and he committed suicide, and I know another little young fella. It was only last year I think it was? It was last*

[34] Lilia was the only participant who reported having been approached for help.

> *year ... He hung heself [sic] and he was only like 16 or 17, and he hung heself [sic]. He was just another little young fella from around the area (Emily, P05F20).*

As stated earlier, not all suicidal behaviours participants discussed resulted in death. Some described self-harm behaviour (e.g. self-strangulation, cutting, and drug overdoses) in siblings, friends, romantic partners and relatives (e.g. cousin). A small number of participants reported that they too had felt suicidal or harmed themselves in the past. In a minority of cases, they reported having intervened in potentially fatal self-harm behaviour. However, the participants sometimes doubted that these self-injuries were intended to be fatal. The suggested that instead, it was attention-seeking behaviour, which is sometimes referred to as a 'cry for help' or 'cry of pain' (Farberow & Shneidman, 1961), as discussed in Chapter Seven.

Some of the participants who dealt with friends who deliberately injured themselves felt responsible for their safety. In some cases, participants reported that they had involved parents in their efforts to keep suicidal young people safe, sometimes resorting to blackmailing their friends. In one instance, the young person threatened to tell the friend's parents unless she did it herself. In other instances, participants believed that it was their responsibility to intervene and keep their friends safe. In the following example, Chris (P24M18), a young immigrant from a Middle Eastern country, described how he intervened when his girlfriend cut her wrists. The scars indicated that this was not the first time that she had cut herself. Chris said that he *"didn't want to lose her"* which suggested that he was aware that her injuries could be fatal. He felt that keeping her safe was his responsibility:

> *Slitting her wrists and she just had scars there and I just made her stop and then that was it. I don't think she did it after, not that I know … I had feelings for her so, it was hurting me as well and she didn't want me getting hurt, so she stopped … I didn't want to lose her, and I didn't (Chris, P24M18).*

In this section, I have described the relationships participants had with individuals who engaged in fatal and non-fatal suicidal behaviours. In the next section, I describe how participants found out about a suicide.

4.3.2 Participants' experiences of finding out about someone's suicide

Participants learned about someone's suicide through a variety of channels. The news of a suicide within their communities (e.g. among friends, in the neighbourhood or in school), was often transmitted via 'word of mouth'. Suicide appears to be such an extraordinary and drastic event (see Chapter Seven) that it prompted the informal, localised transmission of news, i.e. gossip. Some participants only vaguely

described how they heard about a suicide without going into detail. By contrast, others remembered being told by friends, parents or relatives of the deceased. Regardless, there appeared to be a sense of urgency to tell others about it. Lucca's example below demonstrated how the news of a suicide travels from person to person through word of mouth. This ensures that "everyone" will know about it even before it is broadcast on the news. Before moderating his statement, Lucca used the description "breaking out in the news" which conveyed the exceptionality of suicide forcing onlookers to take note:

> *Just word of mouth really … everyone just saying, 'Oh, did you hear about this and that?' … And then ... it just breaks out then in the news … well, it didn't break out to the news but everyone in [the area] sort of knew about it. But sure, that's how everyone found out (Lucca, P01M18).*

Cian used the similarly forceful metaphor of a "wildfire" when describing how rapidly the news of a suicide will travel from person to person until "everybody" knows. He suggested that this need to tell other people is fuelled by a sense of disbelief (see Chapter Seven):

> *[The news about a suicide] Spreads like wildfire. Once one person knows, everybody would be telling everybody. 'Did you hear? Can't believe that, blah, blah, blah' (Cian, P17M21).*

Participants frequently mentioned disbelief, bewilderment and shock as common reactions to someone's suicide. As stated earlier, it is such an unexpected occurrence that it prompted people to talk about it. Reflecting on a former schoolmate's suicide, Aidan remembered that he was told about her death by two friends. Although they no longer attended the same school, the student's suicide was unusual enough that it prompted the young men to talk. It was common for participants to describe the deceased as happy, cheerful, popular and successful which contrasted with their perceptions of suicidal individuals as unhappy, sad and depressed. It was confusing for a seemingly happy young woman to take her own life contributing to her former schoolmates' need to talk about her death:

> *Two of me close friends that were in the same school told me. I was with them one night and they said, "You're never gonna guess what happened." And I said, "What?" They said, "Remember Eimear, from school?" I says, "Yeah. Real happy girl, yeah." And he was just like, "Yeah, she's dead." I said, "What?!" … When he said she was dead like I said, "Alright, what happened?" And he said, "Suicide", and me face just dropped (Aidan, P07M19).*

This urgency to make sense of someone's suicide is even more pronounced in the quote below. Valentin remembered that the news of his former schoolmate's suicide dominated conversations with people trying to find an answer to the question 'why'. However, his example also demonstrated that after a relatively short period of time, the need to discuss someone's suicide was superseded by a desire to move on. Talking about someone's decision to end their life seemed to lead to the recognition that death is final, and that further conversations would be pointless:

> *When that girl did it [suicide], it was kinda the topic of that week, in terms of the whole area, kind of people just trying to figure out like, why and stuff like that ... And then, after that … people don't wanna talk about it anymore, because it's just … kinda sad and depressing and it's over and done with (Valentin, P08M18).*

'Word of mouth' appeared to be one of the most important means through which information about a suicide is spread, followed by social media. Although a minority of participants stated that they had heard about a suicide via formal news sources (e.g. newspapers and radio), it was more commonly reported that they found out about a suicide via social media, especially Facebook, a popular US American online social networking website. The more reactions (e.g. likes or comments) a post receives, the more likely it is that a user's friends or friends of friends will see that post (Christensson, 2008; Facebook.com, 2018; Rouse, 2014). Social media use was perceived as very common among young people, as Emily's quote below suggested:

> *Everyone just writes everything on Facebook (Emily, P05F20).*

Discussing Facebook use in the context of youth suicide, participants attributed several functions to the platform. It allows its users to circulate the news about a suicide, to express one's feelings in relation to a suicide, to console grieving users, and to foster a sense of connectedness with the deceased. In the following example, Valentin described two posts that capture several different functions of Facebook. He indicates that it is common to find out about someone's suicide via Facebook. In Valentin's example, one post was both a medium to inform others about the suicide, and a platform allowing users to share their feelings of sadness or sympathy. The second post that Valentin described read like an entry to commemorate the second anniversary of someone's suicide. In this example, the poster addressed the deceased directly expressing regret about their departure as if the deceased was able to read the words. Facebook also acted as an online memorial allowing the user to maintain a sense of connectedness with the deceased:

> *You'd usually hear about of … you'd see it on Facebook or something, like, 'Sad to hear about such and such a person' … You'd see it on Facebook, someone would put up a status about like, 'You're gone like, two years now' or something and it is a suicide (Valentin, P08M18).*

As stated, participants appear to use Facebook to console their friends. In the example below, Quinn remembered finding out about someone's suicide through Facebook posts where users sought to console friends bereaved by a suicide. The function of these posts is similar to condolence cards, and it is possible that the online world allows young people to express sympathy without the awkwardness of face-to-face encounters:

> *How I heard about it [a suicide]? Well, I saw it on Facebook, that's how I saw it. You notice the people that are closer friends. I saw posts and all that stuff, love hearts and hope you're alright and all this stuff (Quinn, P12M20).*

As stated, Facebook promotes posts depending on the number of reactions a status update receives. The more 'likes' or comments, the more likely it is that users will see the post in the News Feed. According to Facebook, News Feed refers to "the constantly updating list of stories in the middle of your home page" (Facebook.com, 2018). That way, the news of someone's suicide has the potential to reach individuals that did not know the deceased. Indeed, participants indicated that suicide-related posts they saw on Facebook involved suicides of friends, suicides of friends' friends as well as suicides of individuals the participants did not know. Participants perceived comments and 'likes' as a very common reaction to Facebook posts about a young person's suicide. Cillian suggested that posts about someone's suicide are likely to attract many reactions from fellow Facebook users:

> *<u>Melanie:</u> Do you ever notice how many people would 'like' such a post or a page [about suicide]?*
>
> *<u>Cillian:</u> A lot I'd say… a good hundred people I'd say, at least (Cillian, P04M20).*

Aside from word of mouth, news and social media, a minority of participants found out about a suicide when they came across the body of the deceased. Two participants found the bodies of young people that they knew, and one participant saw the body of an unknown person. Sophia (P15F20) found her best friend after receiving a phone call from her friend's worried mother. Archie (P22M19) and an acquaintance who were on their way home after a night out, came across the body of his sister's friend who had died by hanging. Lastly, Olivia (P21F19) saw the body of a woman floating in Dublin's River Liffey. Olivia said

that she felt startled because for a moment she thought that the body was her mother. At times, I found the graphic detail of participants' harrowing experiences difficult to process. I remember feeling a sense of disbelief and discomfort when participant Archie (P22M19) told me about finding a young man from his neighbourhood hanging from a tree. Archie described in a very sober and dispassionate manner how he walked home with a friend after a night out and how they happened on the spot where the deceased had ended his life:

> *Archie: We were just walking around the corner and he was there.*
>
> *Melanie: You found him?*
>
> *Archie: No. I didn't find him, another fellow found him, but I saw it as well. Called the Gardaí [Irish police], and he cut him down. The fellow who found him first, he cut him down and that was it.*
>
> *Melanie: Did your friend say anything about that?*
>
> *Archie: No. He [the deceased] was at a house party one night and he did that [hang himself]. The next morning I found him like that. That was it (Archie, P22M19).*

My conversation with Archie was one of the shortest only lasting approximately 23 minutes and yet, his recollection of the suicide has stayed with me because I felt upset on his behalf. I decided to include this quote because it is one of the most graphic accounts of a participants' exposure to suicide. Archie was only 16 years old at the time he and his friend found the body of the deceased. He also had a strong sense of awareness of social norms requiring men to deal with their feelings in isolation. Hence, I wondered to what extent the brevity of his story was an attempt to replicate social norms of masculinity, or perhaps a coping mechanism. Several studies on young people's understandings of youth suicide have found that some participants might distance themselves from suicide and suicidal individuals in order to cope with the horror of suicide (Fullagar, 2003; Roen et al., 2008). Lastly, it is of course also possible that the suicide did not have a lasting impact on Archie who generally was a young man of few words.

4.4 Conclusion

This chapter dealt with participants' perceptions of youth suicide. I have described their constructions of suicide as a serious, extraordinary phenomenon which seems to be everywhere, novel and unpredictable. I have also contextualised participants' perceptions with their reports of prior exposure to fatal and non-fatal suicidal behaviour, as such experiences shape how they make sense of suicide. In this chapter, I

sought to convey participants' sense of disquiet surrounding the ubiquity, novelty and unpredictability of suicide. In particular, I have illustrated how participants' perceptions pertaining to the volatility of suicide can make young people's lives seem more precarious than before. This is because they realise that regardless of their view of suicide, they may be unable to prevent future deaths. Perceived similarity between a participant and a deceased young person seemed to be particularly problematic. The more participants identified with the deceased, the more aware they seemed of their own vulnerability. In the next chapter (Chapter Five), I describe how young people's constructions of suicide as a serious issue function as a gateway to illustrating their understandings of suicide as wrong. I contextualise how participants constructed suicide as a stigmatised issue with their own feelings about suicide, and with their observations of other people' reactions when someone had taken their own life. This context, together with the findings presented in the current chapter (Chapter Four) help to illustrate why participants so vehemently opposed suicide as wrong, regardless of the deceased's circumstances.

Chapter Five Constructing suicide: The stigmatisation of suicidality

5.1 Introduction

In the present study, it was very common for participants to suggest that suicide is wrong. Despite varying degrees of empathy with the deceased, none of them defended suicide as a choice, regardless of circumstances. In the first half of this chapter, I describe participants' views that suicide is wrong before outlining related sub-concepts, i.e. suicide is sad, a waste of life and selfish). Somewhat more nuanced were their deliberations of suicide as brave and courageous, or a coward's way out. These perspectives were influenced by participants' exposure to suicide or attempted suicide, which I have already dealt with in Chapter Four. In the second half of the present chapter, I expand on the impact of suicide on young people and their communities. In Chapter Four, I have explored participants assertions that suicide is such a forceful event that it be talked about. In the second half of this chapter, I go into more depth illustrating how suicide is talked about, which influenced participants' understandings of suicide as wrong. Another contributor to participants' judgements of suicide were their own, complex feelings they grappled with in the aftermath of a suicidal act[35]. Moreover, participants observed other people's (e.g. family and friends of the deceased) grief following a loved one's suicide. As a result, they tended to feel more empathetic towards the bereaved than the deceased and suggested that a more appropriate response to one's problems would have been to seek help.

5.2 Judging youth suicide as wrong

As stated, it was very common for the young people to judge suicide as wrong. This was often discussed in moral terms as something that should never be an option - especially not for young people. Participants constructed life as a precious gift that should be lived to the full rather than wasted by ending it prematurely. Generally, participants rejected suicide as the right answer or solution to a young person's problems. They tended to disagree that suicide was the only option arguing that no reason could be bad enough to justify suicide. Death closes off alternative ways of resolving a problem, and it denies other people a chance to support a struggling young person. By constructing suicide as the wrong choice, the young people took a moral stance which allowed them to distance themselves from the issue, and from suicidal individuals. In so doing, they continued the 'us' and 'them' discourse (described in Chapter Four) through which suicidal young people become stigmatised because they engage in an act which in many

[35] Suicidal act includes both completed and attempted suicides.

ways still seems to be taboo. In the example below, Quinn criticised suicidal individuals for making the wrong choice. He argued that since suicide cannot be reversed, the deceased removes any chance of resolving the problem facing the suicidal person:

> *It's not going to be the right answer no matter what the situation is. It won't help because you won't be able to fix it when you're dead, if you know what I mean (Quinn, P12M20).*

Likewise, Archie too arguedin favour of resolving one's problems by seeking help rather than ending one's life. Archie based his critique of suicide on the fact that it harms the suicidal young person. This view was rare among the participants who more commonly criticised suicide as wrong because of the harm done to others. Archie however restricted his criticism to the individual:

> *Archie: It's not right, but obviously-, I don't know.*
>
> *Melanie: Why do you think it's not right?*
>
> *Archie: I don't know, just because it's somebody hurting themselves. They should just go to someone and talk about it, talk about their problems instead of harming themselves.*

Several participants criticised suicide as wrong because they could not imagine either wanting to or being able to end their lives. Hence, they firmly rejected suicide as being an option, regardless of circumstances. In so doing, participants discursively drew a line in the sand which separates them from suicidal individuals. By choosing suicide over making the right choice (i.e. seek help), suicidal young people are crossing this line which renders them as bearers of stigma. Cillian's example below reflects this stigma as he struggles to put himself in the shoes of suicidal people. Suicide to him is wrong because it is inconceivable:

> *Personally, I don't know why anyone would do it, because not matter how bad I was feeling I wouldn't do something like that (Cillian, P04M20).*

I tease out the 'wrongness' of suicide further in the next section where I describe young people's constructions of suicide as sad, wasteful and selfish, as well as giving an account of their more nuanced deliberations of suicide as brave or cowardly.

5.2.1 Perceiving suicide as sad

Several participants perceived suicide as sad and relatedly, as tragic or unfortunate. Suicide as sad had different meanings for different participants. For some young people, suicide was simply a topic that made them feel sad when they heard about a suicide, for example, in the media. Others reported feeling sad when they realised that the deceased had felt unable to continue living. This kind of sadness is rooted in the view that suicide is unnecessary as there are other, better options, as many participants continuously pointed out. They felt that any suicide could be prevented if only suicidal individuals asked for help. In this context, suicide is an unnecessary tragedy, which evokes feelings of sadness. Like in the previous section (Section 5.2), suicide is constructed as a taboo and suicidal young people are stigmatised in the process. Anna's example reflects the tragedy of suicide which she argued was unnecessary and hence, sad. This is yet another illustration of the stigma of suicide:

> *I just think it's very sad, the way people actually do take their lives, when there's no need for them to do it (Anna, P03F18).*

Another dimension was participants' perceptions that even though suicide is a sad and unfortunate event, it is unhelpful to dwell on the tragedy. It is impossible to reverse death and hence, they stressed that it was important to move on and to live one's own life. In the following example, Alison reflected on her father's suicide whom she lost as a young child. She contrasted her desire to turn back the clock with her understanding of the irreversibility of death. The sadness, or tragedy, of her father's suicide was embedded in Alison's almost stoic recognition that she is powerless to change the past, and that she has to live her own life:

> *It's sad but you can't really bring them back, can you? … you'd hope to bring that time back and just change it all … But you can't do anything like. You can't go back in time … You have to live with what you can (Alison, P06F19).*

The construction of suicide as a sad, tragic and unfortunate adds an emotional dimension to the wrongness of suicide. As stated, all participants were firmly convinced that there are better ways of dealing with one's problems and hence, it is unnecessary yet irreversible. Young people's view that suicide is sad because it is unnecessary feeds into the perception that suicide is a waste of life, which is described in the following section.

5.2.2 Perceiving youth suicide as a waste and failure to live one's life

Constructions of suicide as wrong resonate with the notion of failure, i.e. the failure to live up to societal expectations. This was well reflected in participants' understandings of suicide as a waste of life, especially involving the death of a young person. It appears that there are some deaths that are acceptable and some that are not. The former category includes fatal accidents or illnesses which the deceased was unable to prevent; the latter category was reserved for preventable and hence, wasteful deaths, such as suicide. The young people constructed life as precious and by ending it deliberately, the deceased failed to meet this expectation. The wastefulness and immorality of suicide was illustrated in Alison's example below. She constructed youth suicide as a young person's failure to meet societal expectations to live their lives and not to end them prematurely. Furthermore, her quote also reflects the difference between an active and a passive kind of death. In her view, it is acceptable to *passively* die of a disease, but it is unacceptable to *actively* end one's life:

> *Young people, they haven't lived their life as much and they take away their life. Which I don't think is right. At least die of something else. Die of a disease or something, don't take your life away (Alison, P06F19).*

The perception of suicide as wasteful was tied to the assumption that most young people will, under normal circumstances, enjoy a long and healthy life and that they will ultimately die of natural causes. Any untimely death is likely to disrupt our sense of normality, or order. Yet suicide, as well as other sudden and violent deaths, tends to cause a more pronounced rupture in the order of things (Jordan & McIntosh, 2011; Sands, Jordan, & Neimeyer, 2011). The intentionality surrounding suicide seemed especially difficult for young people to come to terms with. Deliberate or other immoral deaths (e.g. due to drugs) appeared less forgivable than passive ones. Some participants, despite expressing some degree of empathy with the deceased, also grappled with an array of feelings, such as confusion, disappointment, anger or horror. I will discuss young people's emotions in response to suicide in more detail in Section 5.3.2 in this chapter.

Below, Phoebe provides another example of youth suicide as wasteful which she firmly rejects as an option for "kids" (i.e. young people). She indicates the existence of an unwritten societal contract which lays out a young person's transition from childhood to adulthood, comprised of finishing secondary school, higher education and employment. Suicide disrupts the expected sequence and constitutes a transgression of societal norms. Phoebe's quote conveys a degree of understanding of the deceased's situation which might have facilitated the suicide, which is demonstrated in her assumption that the

deceased might have felt left out. Yet, ultimately, Phoebe concludes that the wrongness of suicide outweighs any problem encountered by the deceased:

> *It's horrible! It's terrible reading things like that! Like, they're only kids and they still have the rest of their lives to live. Like, the rest of the school to go through, college, get a job and they didn't do that … probably because they thought other people didn't give them a chance (Phoebe, P09F21).*

Perceptions of suicide as a youthful life wasted were also related to young people's apparent inability to endure difficulties. Moreover, participants criticised young people's perceived failure to recognise that unlike suicide, personal problems (discussed in Chapter Six) were temporary. Like Phoebe, Valentin again discusses his former schoolmate's suicide in the example below. Like Phoebe, he insists that she made a mistake in throwing her life away. He criticises her for giving up, and for being short-sighted, implied in her perceived failure to anticipate how much her life was bound to improve in the near future. Valentin dismisses the problems that he believes to be the catalyst for his former schoolmate's suicide as too insignificant to justify her untimely death. By juxtaposing the deceased's youthfulness with the prospect of living seventy more years, Valentin emphasises the perceived wastefulness of her death. Moreover, he criticises her for her failure to endure short-term difficulties and to evaluate her situation objectively. This distinction enables Valentin to construct the deceased as 'other', thereby distancing himself from the possibility of suicide which may entail a greater sense of safety:

> *She didn't realise what she had and didn't think about it as whole, thought about it more short-term? Like, about her problems now rather than what she would get in pushing past her problems … So, if she had kept going for two more years. Y'know, she's out of college, she just need to do her job that she doesn't like. Just two years? Get past that and you can do anything after that ... You've 70 years left or whatever, bla. Whatever! Y'know, you just get on with it but that's the thing like: Some people just don't think like that and those are the ones that will think suicide (Valentin, P08M18).*

5.2.3 Perceiving suicide as selfish

It was common for the young people to discuss suicide as a selfish act, although not everyone agreed with this accusation. Constructions of suicide as selfish tended to be associated with the impact of suicide on family and friends, such as pain, distress or grief, described in more detail in Section 5.3.3. Unlike other

forms of death, suicide seems to have an especially powerful effect on the bereaved. As participants' stories indicate, rumination about the reasons behind someone's suicide makes it difficult for the bereaved to find peace. This is reflected in Lucca's example below. In his view, suicide is selfish because the deceased failed to consider how their suicide would affect loved ones, who will have to deal with unanswered questions. Lucca leans towards viewing suicide as an active death which means that he assigns greater responsibility to the deceased whom he perceives as having failed to make the right choice, i.e. to talk to someone:

> *I feel personally, suicide would be selfish because ... people are thinking about themselves. They're not thinking about others they're after leaving behind. So, the others they left behind have to go through all this grief, of why this person didn't talk, why this person didn't say anything (Lucca, P01M18).*

Likewise, Elias also argues that suicide is selfish because of the hurt inflicted on loved ones and like Lucca, Elias also constructs suicide as a choice. He defends his view even though he suspects that it may not be popular. As described in previous examples, many of the participants tended to empathise more with the bereaved than with the deceased. Suicide is constructed as immoral because of the harm caused to others:

> *Well, if I'm being perfectly honest, I think suicide is a bit of a selfish act ... I know a lot of people won't agree with that, but I think it affects more than just the person. The family and the friends they leave behind, they're left with questions as well (Elias, P16M22).*

Elias is right in assuming that not everyone agrees with his view. Some participants argued that people with no prior personal experience of suicide (e.g. bereavement or suicidal ideation) were more likely to view suicide as selfish. However, only a minority disagreed that suicide was selfish. Anna for example levels criticism at people who view suicide as selfish arguing that their inexperienced means that they lack the ability to understand what a suicidal person goes through. Moreover, she contends that without understanding the nature of suicidality, one has no right to judge suicidal individuals. However, as stated, Anna's is a minority view:

> *I hate when people say that [suicide is selfish] … it really annoys me … because obviously, the person who said that ... has never been in a position like that before to*

want to actually go and kill themselves … Just keep your mouth shut if you don't actually understand like (Anna, P03F18).

5.2.4 Deliberating whether suicide is courageous, or cowardly?

A minority of participants deliberated whether youth suicide was brave and courageous or merely a coward's way out. I was curious whether the young people would at any stage glorify suicide or view the deceased as heroes. However, this was never the case. Regardless of much participants admired the courage involved in taking one's own life, suicide was still considered wrong. A minority of young people visualised different methods of suicide, and the pain involved in, for example, cutting one's wrist of jumping from a tall structure. Presumably, this helped them to put themselves in the shoes of a suicidal person. However, a mental barrier prevented the young people from taking their visualisations too far; they did not allow themselves to imagine their actual death from jumping or cutting. Bauman (1992) argues that while the thought of our own mortality fills us with horror, we are also incapable of truly grasping death, because it cannot be experienced beforehand. The fear induced by suicide, and the inability to visualise one's own death are illustrated in Alison's imagination of standing on a bridge where she watches the traffic flow underneath her. The thought of jumping, whilst terrifying, enables her to visualise the courage involved in jumping to one's death. However, the acknowledgement that courage is needed is not an endorsement of suicide:

I don't know anyone who jumped off a bridge … That'd be terrifying! Cars and all going. How do people have the guts to do that like?! (Alison, P06F19).

Some people referred to their own experiences of suicidality when discussing suicide as courageous without, however, condoning it as an option. In the following example, Lilia admits that she contemplated suicide in the past. Although she suggests that taking one's own life requires valour, she concedes that she lacks that courage and hence, maintains that suicide is not an option for herself:

"I'd never have the-, I suppose you could say, courage, I would never actually have the courage to harm myself in that way, but I've thought about it so many times, but I could never bring myself to do it. There's no way I could, as I said before, I'm far too much of a wuss" (Lilia, P25F20).

Both examples suggest that the fear of pain may prevent suicide, which was perceived to require courage. Valentin disagrees arguing that suicidal young people have lost the ability to be afraid which means to him that suicide does not require courage. In his view, people who function normally will refrain from

ending their lives because of the pain inflicted on themselves and on others. The notion of normality also implies a lack of rationality and clear thinking. Suicide is constructed as a result of the inability to think and feel 'normally' which I describe in more detail in Chapter Six:

> *It's not brave, because they don't care … if I was to do something stupid … like, a knife game or something: That's brave, because you know yourself that you could get hurt. But … a suicidal person … they don't care? So, they've lost that kind of aspect in their mind of … this could hurt me, this could hurt people. They're just like, 'I just want to go like, I don't care.' Like, they've lost the feelings that normal people would have (Valentin, P08M18).*

Although 'suicide as courageous' and 'suicide as a coward's way out' are oppositional concepts, participants' perceptions were not as black and white. Some participants stated that they had overheard someone else say that suicide was cowardly, they either agreed or disagreed, or fell somewhere in between. Adrian for example suggests that suicide is cowardly because it inflicts pain on loved ones, which he considers to be greater than for the suicidal person:

> *Like, 'cause obviously like, suicide hurts the people that you know more than yourself. So, I would consider it more of a … cowardly kinda thing to do (Adrian, P08M18)*

By contrast, Aidan firmly disagrees with the notion of suicide as cowardly but thinks of it as courageous and brave. He sees suggests that for some suicidal people, suicide is a way of dealing with their problems. Aidan paints a heroic picture of a person who encounters a problem and deals with it head on. Yet, he is quick to point out that it is not the best way to resolve one's issues:

> *You always get the odd few that'd just say: "No, it's selfish to take their own life. It's the coward's way and all", they say. … I've heard a few people say that to me and all. It's what I think it's not … I think it takes courage to go and take your own life … I think they're brave like. Like, to go and take their problems in their own hands. They think it's the best way to deal with it. But obviously … not, not the best way to do it (Aidan, P07M19).*

In this section, I have described young people's constructions of suicide as wrong and its related concepts. In the next section, I outline in more detail participants' observations of how suicide is talked about, their feelings when someone died by suicide and lastly, their observations of how suicide affected loved ones.

These encounters influenced young people's understandings of suicide and help illustrate why they rejected suicide as the wrong approach to resolving one's problems.

5.3 Young people's reports on the impact of suicide

Suicide appears to have had a profound effect on the participants in this study who were exposed to it, on the bereaved and on young people's communities.

5.3.1 Talking and not talking about suicide

In this section, I will describe young people's reports on how a suicide was talked about. As outlined in Chapter Four, participants reported that a suicide was experienced as such a momentous event that young people and the people around them felt compelled to talk about it. This likely sensitised participants to the presence of suicide which they interpreted as a serious issue. In some cases, talk about someone's suicide was short-lived while in others, conversations flared up from time to time. By contrast, in some cases, the absence of talk about suicide highlighted its impact. For a variety of reasons, suicide was understood as a phenomenon that should be talked about as little as possible, or not at all: not because it does not matter but because its effects are felt so profoundly that it is difficult to talk about. Some participants indicated that suicide was shrouded in silence because of the associated stigma. Others pointed out that death is irreversible and thus, discussing someone's suicide will not bring them back. Lastly, some young people chose not to discuss suicide either to protect themselves or others from the emotional or psychological effects.

In the quote below, Valentin describes the aftermath of his former schoolmate's suicide. He illustrates how the shock entailed by her death prompted an intense, short-lived urgency in her community to talk and make sense of it. After a week, the topic is exhausted and the need to discuss it has faded away. Valentin describes how the community seems to reach a state where they came to terms with the suicide accepting that the young woman's death is an irreversible tragedy. Moreover, he suggests that ceasing to dwell on the suicide might protect community members from being adversely affected:

> *Valentin: When that girl [former schoolmate] did it, it was kinda the topic of that week, in terms of the whole area, kind of people just trying to figure out why and stuff like that.*
>
> *Melanie: Topic of that week.*

> *<u>Valentin:</u> Yeah. And then, after that … people don't wanna talk about it anymore, because … it's kinda sad and depressing and it's over and done with. It's not a shock factor anymore. It's just something … that's sad but, y'know, let's not talk about it, because it's only gonna bring everyone down (Valentin, P08M18)*

Some participants suggested that suicide is an event that can leave a lasting impression. As a result, it may still be talked about or even commemorated years later. The memories might be triggered by particular reminders, such as the deceased's name, places or events. Moreover, milestone events, such as birthdays or anniversaries, may also initiate conversations about the suicide. Cian's example below illustrates how profoundly his former schoolmate's suicide affected him and his friends, even though they did not have a very close relationship with the deceased. Cian describes how the young man's name, school or other events prompt him and his friends to talk about the young man, even though the suicide was several years ago and they had not been friends:

> *Some people still talk about it. Every now and then my group bring it up. It's weird … at this stage [the suicide happened] three or four years ago and we're still bringing it up just in conversation when something happens, or his name is mentioned. Just when we're talking back about school or something that happened with him, then we'll just bring it up, 'Jesus, do you remember that?' (Cian, P17M21).*

Likewise, Alva relates how a scene in a music video reminds her of a close friend who ended his life which prompts her and her friends to talk about their shared lives with the deceased. Reminiscing with friends is part of the grieving process which allows Alva and her friends to forge an on-going adaptive relationship with her friend. However, this bond is not with the actual person but with "a transformed reconstructed mental representation of the deceased" (Sands et al., 2011, p. 262):

> *Like, you know that song "Blurryface" by Twenty-One Pilots? There's a bloke that reminds everyone of Marius in it … he does a handshake … it reminds us of one of our other … friends, because he had a handshake like that. So, whenever we see it, they're like: 'Oh, there's Marius!' Because it was just something so similar that … he had with another friend of ours. We always talk about stuff that we used to make fun of with him. We still do and we still talk about all the fun times that we'd have with him … Like, how much of a good person he was (Alva, P14F18).*

Conversations about someone's suicide appear to be subject to an unwritten code of conduct that guides what may and may not be said. Some participants indicated that talking about someone's suicide is acceptable, as long as conversations remain benign or factual. By contrast, speaking ill of the dead was perceived as inappropriate. Sean's example indicates that this rule is commonly known and adhered to, regardless of the popularity of the deceased:

> *No one would comment anything bad when someone's after doing away with themselves. Even if they didn't like the person, 'Ah yeah, lovely person.' And they might [be] lying through their teeth but they'd still gonna say it (Sean, P02M19).*

Facebook appears to play a crucial role in terms of commemorating a young person's suicide. Participants indicated that the social networking site serves several purposes. It acts as a book of condolences, an online memorial, and as a tool to exchange information. Generally, participants suggested that conversations about a suicide or the deceased involved either facts or platitudes. It appears that insincere comments are also acceptable, as long as they are good-natured. According to participants, a suicide was commonly discussed in terms of facts. This information included the fact that there was a death, the identity of the deceased and how they died. However, some participants perceived conversations about the details of a suicide as inappropriate. Sean explains how Facebook contributes to young people's learning about a youth suicide by accident (i.e. through posts shown in Facebook's News Feed section). Furthermore, he suggests that finding out the details of a particular suicide would entail asking the original poster about it:

> *And then, see, you'd click on that person's [Facebook] page, ask them what happened, and it'll tell ya, 'Well ah, committed suicide there, say, at such and such time and bla bla bla' (Sean, P02M19).*

Some participants described how Facebook could serve as a virtual book of condolences or as an online memorial. They commonly described the posts they saw as platitudes (e.g. expressions of sadness or surprise), or messages of solidarity. Some participants interpreted these kinds of comments as signs of respect, and as gestures of support to friends and families of the deceased. Quinn's example suggests that young people might use Facebook as a platform to make sense of a suicide, and to provide virtual support to friends bereaved by suicide:

> *When you go on Facebook you see your homepage, you'll see a lot of posts and all, 'I can't believe it happened' and 'Rest in peace' and all that … They know if their friends*

> *are online they post on the page, 'Hope you're alright' and this sort of stuff (Quinn, P12M20).*

A minority of participants reported having overheard or seen unfavourable comments about the deceased, such as speculations about their lives or moral judgements. In Ben's example, a young man who died by suicide is being stigmatised for two reasons: one, for his involvement with drugs knowing that it was wrong and two, for his suicide which is perceived as selfish. Here, a young man is being judged for failing to meet societal expectations on two fronts:

> *A few people are saying it's because he didn't like what he was doing. He was just running from someone … probably a drug dealer or whatever. That's what people just think … or they're just doing it for themselves … Just being selfish and just thinking about themselves and just killing themselves so they can get noticed (Ben, P18M20).*

Some participants said that they had overheard unpleasant remarks about their friends, or they saw unfavourable posts on Facebook. They felt especially hurt and angry about these comments because they attacked loved ones. Even though the young people firmly rejected suicide as an option, they still did not agree with their friends being bad-mouthed. In the example below Alva, who mourned the loss of her friend, remembers an unpleasant encounter with a group of peers whom she accuses of having caused her friend's suicide. She feels that their presence taints the commemoration and she points out the hypocrisy in posing as friends of the deceased only to bad-mouth him afterwards. While Alva's experiences would have been influenced by her grief, the attack on her friend also marks a violation of the norm whereby one cannot speak ill of the dead:

> *The people that started giving him a hard time were there, 'He's such a great man and all that, he was so lovely, it's a shame what happened to him.' We were like, 'Hold on a minute, you're the ones that fuckin' started this off. Why are you here?' … A lot of people heard them after in the pub, 'He was a bastard, he didn't care about anyone.' They were at the service being all nice, but afterwards they just turned on him … making fun of him at his own funeral. That's not something you do. The people who started it, they shouldn't have been there in the first place (Alva, P14F18).*

Although the young people provided examples of conversations about suicide, some also insisted that this was uncommon, for a variety of reasons. Some participants perceived conversations about a suicide, or the details of a suicide as inappropriate, sometimes alluding to the stigma still surrounding the

phenomenon. Olivia's example clearly illustrates that suicide is considered unacceptable. Her phrase that suicide is "shoved into the dark a lot" points to the stigma of suicide, which makes it a taboo subject and contributes to the understanding that suicide is wrong. She intuitively understands that suicide is considered a sensitive topic and discussing it is inappropriate:

> *I think it [suicide] is a thing that happens, but it's shoved into the dark a lot. I'm not saying any individual person or anything, but it just seems like it's more frowned upon, that you can't really talk about it. It's a touchy subject (Olivia, P21F19).*

Some participants reported that they experienced conversations about suicide as unpleasant and uncomfortable and hence, they avoided the subject. This includes both offline conversations (e.g. with friends) and online conversations (e.g. on Facebook). Some participants perceived discussions about suicide as a potential source of discomfort or distress to other young people, especially when they knew someone who died by suicide. Thus, to avoid upsetting others, they refrained from talking about suicide altogether, or at least from starting the conversation. In the example below, Phoebe talks about the suicide of a friend, that she believes was a traumatic experience for his friends. She worries that discussing the suicide might re-traumatise them and hence, Phoebe avoids talking about it unless the deceased's friends start talking about it first and in so doing, allow her take part in the conversation:

> *I wouldn't … talk about [a friend's suicide] unless they [friends of the deceased] were talking about it, because I wouldn't like to … like, bring it all back for them … of everything that happened. I wouldn't like … to put that in their mind (Phoebe, P09F21).*

In this section I have given an account of young people's experiences of how suicide is being talked about, or not talked about, which shaped their understandings of suicide.

5.3.2 Participants' feelings following someone's suicide

Participants' perceptions of suicide were also influenced by their own complicated feelings and by the reactions of others following someone's suicide, which I describe in the following sections. I outline young people's accounts relating to both the immediate aftermath of a young person's suicide, as well rituals that take place after some time has passed since the death. In so doing, I seek to further illustrate the effect of suicide on young people and the wider community, which shaped their understandings of suicide.

Young people's reactions following a suicide involved a range of different emotions. As would be expected in the aftermath of death, participants grieved for their friends who died by suicide. Most commonly, the young people reported feelings of sadness, upset and sorrow. Participants also described feeling angry, guilty and responsibility. Sometimes these feelings were directed at the young person who had died by suicide; sometimes they were directed at other people or even at oneself. A minority of participants reported not being affected (much) by a young person's suicide. Some of these feelings are common after any type of death. It is natural to feel sad when a loved one has died, and it takes time to come to terms with the loss. Yet, some research indicates that certain reactions (e.g. anger, blame, guilt) are more common following a sudden death, such as suicide (Jordan & McIntosh, 2011; Sands et al., 2011). Although this is not a study of suicide bereavement, young people's thoughts, feelings and behaviours shaped their perceptions of suicide and hence, it seems important to include these in this study.

5.3.2.1 Feeling upset and sorry for the deceased and their loved ones

Participants most commonly reported that they felt sad or upset in response to the suicide of a friend or acquaintance. Interviewees either described their own feelings, or their interpretations of other people's reactions following someone's suicide. While sadness was a feeling more commonly described in response to the suicide of an acquaintance, upset was more frequently used when discussing the suicide of a friend. In the example below, Phoebe remembers the upset caused by the suicide of her brother's teenage friend. Phoebe struggled when she recalled that the deceased's aunt called Phoebe's mother to tell her about the boy's death by hanging. Phoebe uses a euphemism to describe the method avoiding the use of the word suicide which may be indicative of the horror inherent in the act of ending one's own life. According to Phoebe, suicide is devastating for everyone involved, especially for the family and friends of the deceased, and upsetting for Phoebe, who witnessed the devastation. She empathises with the bereaved, who had "to go through all this", which is a sentiment expressed by several young people, who referenced such experiences when explaining why they felt that suicide was wrong:

> *His auntie rang me Ma and told us that he, they found him, up in a field … on a tree … all his friends were devastated … when we went to his funeral, all of them [the friends], it was horrible looking at them all having to go through all that (Phoebe, P09F21).*

Several participants reported feeling sad or sorry either for the young person who died by suicide, or for their families. As discussed in the first half of this chapter, the young people felt strongly that suicide

should never be an option; yet, they also displayed great levels of empathy when they tried to imagine the loneliness and despair of the suicide victim, or the grief experienced by loved ones. Suicide appears to evoke a range of conflicting feelings and thoughts which may coexist. The following example reflects how criticism can coexist with the ability to empathise with the deceased. One the one hand, feels sorry for the deceased as she imagines that they felt so alone and trapped that suicide became a viable option. On the other hand, she also perceives their suicide as a tragic waste of life (described in Section 5.2.2). The first sentence is ambiguous; when Anna asks: "What were they thinking?", the answer is two-fold. One is literal: What was the deceased thinking when they decided to end their life? This is indicated in her subsequent ponderings about the deceased's feelings. The second is more critical: How could the deceased possibly have done something so terrible? This is implied in Anna's views of suicide as a waste of life. Anna demonstrates the complexity of suicide, a phenomenon that is messy and involves shades of grey instead of being straightforward:

> *I actually really feel bad because they-, what were they thinking? Did they feel alone all that time? And they actually felt like there was no way out, so they had to do that ... when they really had their whole lives ahead of them to live? I just think it's really, really sad (Anna, P03F18).*

This conflict is further illustrated in Saoirse's example. Like Anna, she tries to understand the despair experienced by the deceased, whilst empathising with the bereaved. In her view, although the bereaved may eventually recover, they will be irreversibly transformed by the experience. Saoirse describes this using the analogy of scars – emotional scars. Unlike Anna, Saoirse eventually finds a solution for herself, leaning closer to feeling sorry for the bereaved than for the deceased. Her view that suicide has a long-lasting scarring effect on those left behind contributed to her perception that suicide is wrong:

> *Suicide is maybe the solution for people who want to take their own lives, but sometimes it leaves a lot of scars on the people you're leaving. It leaves ginormous effects and sometimes, those effects last long. Way too long (Saoirse, P20F18).*

5.3.2.2 Feeling angry

Participants also reported feeling angry, either with the deceased, or with other people. Anger was often expressed as criticism. Young people angry with the suicide victim criticised them for a range of reasons, including making the decision to end their lives, failure to confide in someone and for their lack of consideration for family and friends. In the example below, Finn discusses his friend's suicide. Finn feels

angry with his friend for failing to seek help, despite having a large support network. Finn calls him a "coward" indicating that in his opinion, his friend took the easy way out. He also implies that his friend acted selfishly, inconsiderate of the pain he caused to his family and friends who are left to make sense of his death:

> *After that [friend's suicide] happened and we [my friends and I] were talking about it', we were saying like, 'You're an absolute coward!' … He's after ending his life on a story that he never told anybody like, say, he's after going and doing what he did. Now he's after leaving a story to be reopened by family members or friends of why he did it. Why didn't he go speak to somebody? He had a lot of people there that he could have spoken to (Finn, P10M22).*

Criticisms directed at other young people were sometimes provoked by actions that participants deemed insincere (e.g. pretending to have been friends, to have cared or to mourn the deceased) or lacking the experience of suicidality. However, anger and criticism were more frequently directed at young people whom participants held responsible for a young person's suicide, and whom they tended to refer to as bullies. In the following example, Aven alleged that two young men she knew killed themselves as a result of bullying, stressing that these weren't isolated incidents. Although Aven considers suicide to be wrong, she exonerates the deceased and instead, shifts the blame unto the deceased's bullies:

> *It [bullying] happens a lot … my friend's friend killed themselves last week and there was another fellow that killed himself the day before over bullying as well. It happens all the time. I think that's worse when people can actually drive someone to actually want to kill themselves. That's not nice, that's disgusting. How could you live with yourself if you'd done that to someone? I wouldn't be able to. I think it's disgusting (Aven, P23F18).*

In this section, I have described young people's feelings of anger resulting in the attribution of blame and responsibility. Participants focussed either on the deceased whom they blamed for failing to seek help and hence, causing pain, or people whose behaviour they believed to have caused a young person's suicide. In the next section, I will look at another dimension: Self-blame.

5.3.2.3 Feeling self-blame

Several participants blamed themselves for the suicides of their friends or peers, and expressed through feelings of regret, responsibility and guilt. Participants also imagined that other people might also blame

themselves if they failed to prevent someone's suicide. Some young people expressed a sense of regret or frustration which related to missing an opportunity to prevent a young person's suicide. Participants blamed themselves for missing or misinterpreting signs of suicidality, for not being available prior to the suicide, or for not having ended a fight with a friend. In the following example, Archie blames himself for his inability to prevent the suicide of an acquaintance, even though he concedes that nothing alerted him of the young man's distress. Archie surmises that the deceased might have concealed his struggle and yet, he seems to feel disappointed in himself for his inability to support the deceased prior to his death. Archie's example reveals how difficult it can be to prevent suicide, especially when there are no obvious warning signs:

> *Melanie: How did you feel when you went to the funeral?*
>
> *Archie: Sad. Disappointed.*
>
> *Melanie: Disappointed.*
>
> *Archie: Yes, that I couldn't help him. Be there for him really.*
>
> *Melanie: So, you felt disappointed that you couldn't help him.*
>
> *Archie: That I couldn't be there for someone to talk to. That was it.*
>
> *Melanie: Were there any signs that you could have told that he needed help?*
>
> *Archie: No. He was good at hiding stuff like that. He didn't show his emotions (Archie, P22M19).*

As stated, some of the young people also felt guilty if a friend died by suicide after a fight, which is illustrated in Sophia's example below. She describes how her friend Marius died following an argument and she wonders to what degree she is responsible for his death. She wonders if she could have prevented his suicide if they had reconciled but unfortunately, the only person who can give her a definitive answer is no longer available. Rumination is a cruel side-effect of suicide on the bereaved which can make it particularly difficult to find closure (Sands et al., 2011). Sophia appears to struggle with her feelings of guilt which prompts her to leave a memorial service for her friend early:

> *I don't really know what was going through his head because at the time we weren't really talking. We had a bit of a fight, it was over some girl that I was trying to tell him to choose, but he wasn't taking it and he was getting angry about it and then we ended up falling out and then that happened. So it made me regret not getting back*

friends with him before he did that and in a way it made me feel a bit guilty because I was like, "Was that over me?" because I'd made him feel shit or whatever because I hadn't talked to him and then the big memorial thing, I couldn't stay for long because I just felt guilty and upset over it (Sophia, P15F20).

5.3.2.4 Feeling unaffected

A minority of participants indicated not being affected by a young person's suicide at all, or not being affected much. Generally, participants indicated that the weaker the relationship with the deceased was, the less they felt affected by their suicide. Sean, who had not been exposed to any suicides among his immediate family or friends, represents the far end of the spectrum (i.e. not affected at all). Sean drew a clear line between family members and non-family members. He believes that a family member's suicide would have a strong effect on him, whereas the suicide of someone unrelated does not:

Nope. Nothing to do with me. They're another person. It wouldn't bother me in the slightest. Unless it's my immediate family, then I wouldn't bother with it … obviously you love your family. Say, God forbid, if it was one of me [my] own family, obviously you'd take it very, very bad (Sean, P02M19).

5.3.3 Observing other people's reactions to a suicide

5.3.3.1 Attending funerals

Young people's perceptions of someone's suicide were commonly influenced by the funerals of a young person they attended, which were often described as being unusually large. Both the number of mourners and their grief played a role in shaping young people's understandings of suicide as sad, tragic and simply wrong. Some participants interpreted the large numbers attending the funeral as sign that the young person was loved and cared about, even if they mistakenly believed that they were all alone. In the example below, Valentin describes the funeral of his former schoolmate, suggesting that her family was distraught. His quote conveys his belief that suicide is wrong and that the deceased should have talked to someone. Valentin interprets the large size of the funeral as indication that the deceased had people in her life that she could have talked to:

Her family were just distraught like with it, and then, she had so-, like, her funeral was massive. So, it's not like she had no-one to talk to or anything (Valentin, P08M18).

Likewise, Finn also interprets the unusually large number of people who attended his friend's funeral as a sign that he was loved and cared about, which highlights the tragedy and the wastefulness of suicide:

> *Finn: The amount of people at his funeral. It must have been well over 1,000 people or something. The funeral was huge!*
>
> *Melanie: Is that unusual? The amount of people?*
>
> *Finn: Yeah, because he was a very [well] liked young fella. Everybody knew him, if you get me … that's why his funeral was so big … It was because he was known with everybody as a lovley young fella. So, everybody turned up to show their respect" (Finn, P10M22).*

Overall, participants rejected the notion that a suicidal young person attending the funeral of a suicide victim witnessing large numbers of mourners and their love for the deceased could be inspired to end their lives also (also known as copycat suicide). Instead, participants argued that the display of grief and confusion of the bereaved would entice a suicidal young person to change their mind about ending their life. For example, when I asked Anna how a suicidal young person who attended the funeral service of a suicide would feel, she argued that:

> *It definitely would change their mind … It'd give them a second thought ... about suicide. Definitely … Say their first thought was killing themselves, and then they see ... how many people do actually care... it'd give them a second thought about suicide: 'is this actually really worth it?' (Anna, P03F18).*

5.3.3.2 Continuing bonds through memorials

Aside from funerals, a young person's death was also commemorated through memorials, both offline and online (e.g. memorial pages on Facebook). A variety of objects and structures served as offline memorials, including trees, a lake, a tattoo, a framed suicide note, a carpark, a playground and a sports field. Furthermore, in one case, a young person was memorialised in a play. In some cases, these memorials were erected after a young person's suicide. Anna for example remembers having come across three so-called *Trees of Hope*[36] suggesting that one of them was planted specifically in memory of her friend, and other people who died by suicide. Anna suggests that these remembrance trees can help the

[36] According to the Tree Council of Ireland, "[t]he Tree of Hope is planted as a symbol to all affected by a suicide or who are living with mental health issues such as depression, to show them we care and support them" http://treecouncil.ie/tree-of-hope-october-9th/.

bereaved to express their feelings in a note, which can then be tied to the tree. She argues that the note is a symbol that the bereaved cares about the deceased. Depending on the content of the letter, it may also be a way of continuing the bond with the deceased:

> *They planted it [the tree] for [my friend] but obviously everyone can go to the tree. If they have lost someone and they wanna write a little letter or something and put it on the tree … it means that people actually do care. So, it's nice like, a little remembrance tree (Anna, P03F18).*

While *Trees of Hope* are part of a national campaign, participants also mentioned memorials erected by friends of the deceased. Alva for example describes a memorial she and her friends erected at a playground which holds special meaning because the deceased used to socialise there. It seems that for Alva and her friends, the memorial, erected in a space strongly associated with the deceased, is a way to continue their bond with him and they strive to protect the memorial, i.e. the connection to the deceased, from being destroyed:

> *We have a little memorial … at a [playground] for him. When he died, we had a little candlelight service for him. We still have a sign saying: 'Rest in peace' and all that for him … we know it sounds bad and we go against graffiti and all that but … we have a graffiti 'RIP' and all that around there, and we make sure that no one goes near it (Alva, P14F18).*

Some participants suggested that in some cases, the sites where a young person had taken their life was turned into a memorial. These memorials were commonly described as decorated with various objects, both secular and religious ones. Decorations include items with specific meaning for the deceased, such as name plaques, portraits, items of sports clubs (e.g. GAA[37] jerseys), notes (e.g. saying 'angel in heaven' or 'rest in peace'), and in one case, the Irish tricolour (i.e. national flag). Furthermore, general objects, such as flowers, toys, figurines (e.g. angels and fairies), ribbons and candles. The young people reported that they tended to commemorate a friend's suicide on significant dates, such as the anniversary of a suicide, or the deceased's birthday. Phoebe highlights the importance of having a place to go to remember the dead. In her example, the deceased was cremated which means that his friends cannot visit his grave. The memorial – a decorated tree – functions as a substitute for a gravesite and allows the bereaved to feel close to their friend:

[37] GAA = Gaelic Athletics Association

Melanie: And that tree, is that still there?

Phoebe: Yeah … They have a memorial up there for him, with … lots of stuff. There. For him. Like, y'know, flowers and a plaque and there's teddy bears and all … all his friends go up there for his anniversary and all and, they let off balloons and all for him and anything. He's still remembered … Or, if it's his birthday or if they just miss him, because he was cremated like. They don't have a graveyard to go to like. So, they go up to that … to that tree (Phoebe, P09F21).

5.4 Conclusion

In this chapter, I have mapped out young people's criticisms of suicide as wrong, sad, wasteful, selfish, brave and cowardly, and their appeals to young people to seek help instead. To some degree, these perceptions were influenced by participants' prior encounters with suicide which tended to entail a range of complicated feelings, such as sadness, anger and self-blame. Moreover, witnessing the pain suicide inflicts on the bereaved whose grief is further complicated by confusion about the deceased's motivations, also shaped their firm rejection of suicide. In the last section, I have described some of the rituals young people and their communities engage in after someone died by suicide. Unusually large funerals seem to function as a posthumous reminder that the deceased was loved and cared about. Memorials on the other hand appear to help the bereaved to continue their bond with the deceased.

In the present chapter (Chapter Five) and in the previous Chapter Four, I have on occasion described young people's insistence that suicidal young people should seek help for a problem, albeit without expanding on the kinds of problems which may prompt a young person to attempt and/or die by suicide. In the next chapter (Chapter Six), I chart participants' perceptions of problems that they attributed to youth suicide, contextualised by their prior knowledge and experiences of suicide. A better understanding of these issues is important because together with the findings in Chapter Four and Chapter Five, Chapter Six helps explain why suicide can become a viable option for some young people.

Chapter Six Participants' interpretations of the problems associated with youth suicide

6.1 Introduction

In the present chapter, I describe in more detail the problems participants attributed to youth suicide. I use the terms 'problems' or 'issues' because these are the terms which participants tended to use in interviews. In general, suicide was perceived as a response to individual or personal problems which were shaped by wider societal-based factors. Individualised problems included mental illness and emotional issues that young people experience. The factors that emerged as shaping the personal experience of these problems included bullying, difficulty coping with relationships, exposure to drugs and media, and pressures surrounding societal expectations of young people. In particular, participants associated the 'individual' problems of youth suicide with mental health issues such as depression, negative self-image and a sense of hopelessness - commonly cited risk factors and warning signs of suicide. In so doing, participants reiterated and reinforced the common assumption as discussed in Chapter two, that suicide originates within the suicidal person.

6.2 Individualising suicide: Mental illness and emotional difficulties

Participants tended to view mental illness and emotional issues as contributors to youth suicide. Most commonly, participants suggested that depression might play a role in suicide. Sometimes, participants discussed mental health issues in terms of their own experiences of having received a professional diagnosis of depression or, to a lesser extent, anxiety and bipolar disorder. In other instances, they suggested that suicidal young people might be depressed, sad or upset. Yet, regardless of whether mental health issues were discussed in the context of a formal diagnosis or in more colloquial terms, participants' accounts suggested that suicidality might be located within the suicidal person. For example, Alison attributed suicidality to a mind prison which entraps young people until they cannot see a way out. Her metaphor of "caving in" illustrated this trap implying that suicidal young people might feel as though their living space is getting smaller and smaller. Moreover, Alison imagined depression to function like a swamp or like quicksand: once trapped, it gets more and more difficult to escape. Furthermore, Alison's suggestion that depression might manifest in chest pain conjured up an image of a person suffocating. Overall, Alison sketched a scenario whereby suicidality is experienced within a young person:

> *If they're really in a deep, deep thought, and if they felt really upset or depressed or something … it could lead them to suicide … People … with their issues, things would*

> *probably be caving in on them … their chest would be – probably - sore and they wouldn't be able to take life anymore. And they'd go into deep depression. Because if they're depressed, depressed, depressed, they can't get back out of that. Because if they're in deep depression, there's no helping them (Alison, P06F19).*

It made sense to participants that suicide prevention would also need to start with the suicidal individual. Likewise, the individualisation of suicidality was reflected in participants' reports of their own experiences with mental health issues, or the mental health problems of people close to them. In the example below, Quinn described a temporary episode of suicidal ideation following a fight with a former girlfriend, which he promptly minimised as "child play". He emphasised that he was not depressed at the time. Yet, he highlighted the role of his mind in leading him into - and out of - suicidal ideation, despite claiming that did not seriously contemplate ending his life at the time. While Quinn attributed the origin of his suicidal thoughts to the argument with his partner, it seemed that in his view, his well-being was his own responsibility. Quinn demonstrated how he successfully drew on his inner resources to cope with his emotions and leave behind his thoughts of suicide. This resonated with the notion of 'doing' a form of traditional masculinity that has been associated more so with men:

> *Quinn: I have thought about it [suicide] a couple of years ago, but it was nothing serious though. It was just child play … Only I wouldn't even say that I was depressed … it was my head was going elsewhere. I just wasn't thinking right, it wasn't even that long I was thinking, it was just because my head was wrecked. I wasn't actually planning to do anything. I just felt like shit.*
>
> *Melanie: What stopped you?*
>
> *Quinn: Nothing really. Myself, sort of. I didn't go to do anything. I just snapped out of it, you don't even need to be dealing with this crap and then I just forgot about it (Quinn, P12M20).*

Participants also drew on other risk factors of suicide, such as negative self-image, a sense of hopelessness, feeling trapped and isolated. (I describe some of these in more detail Chapter Seven which deals with participants' explanations of youth suicide). It was not perhaps surprising that young people resorted to these explanations as they fit common discourses about suicide and suicidal individuals.

Some participants identified negative *self*-perception, which they discussed in relation to depression and feelings of isolation and hopelessness, as a contributor to someone's suicide decision. Participants based

their views on personal experience, speculation and celebrity stories. In the following example, Sophia described her personal experiences of being hospitalised for depression in the past. Sophia suggested that some suicides might be the result of a depressed, irrational mind which implied that if people thought rationally, suicide would not be an option for them. Her view was influenced by her personal, past experiences of depression and resulting episodes of self-harm[38]. She described the effects of depression as a vicious cycle of feeling lonely and uncared for, which amplified her depression leading to more severe self-harm. According to Sophia, the personal experiences of depression is that one can feel lonely despite being among people who care. (I describe this sense of isolation, which some young people identified as a catalyst for suicide, in more detail in Chapter Seven):

> *It probably would take a lot because you're so upset you don't know what to do so it depends on how depressed you are because sometimes people just do it [suicide] and they don't know what they've done … I went into depression, the self-harm got a bit worse … depression makes you feel that you're alone even though you could have so many around you that care about you, but it makes you feel so down in yourself (Sophia, P15F20).*

6.3 Victimising young people: Attributing suicide to bullying

Participants suggested that bullying played a crucial role in a young person's suicide decision. In the next chapter (Chapter Seven) I describe participants' constructions of suicide as a means to escape an intolerable situation. It was suggested that the experience of being bullied contributed to making a young person's life unbearable. Several young people maintained that bullying was one of the main causes of youth suicide, as illustrated in Ben's example below. Ben substantiated his view by referring to news reports of youth suicide as a consequence of, as he claims, mostly cyberbullying:

> *Bullying is the main cause of suicide … you'd hear it on the news and all that most kids are doing suicide because they find stuff that they were being bullied. It's usually cyberbullying [on] Facebook, Twitter, Instagram (Ben, P18M20).*

Participants defined bullying as 'picking on someone' or 'slagging someone' and suggested that anyone who was perceived as either weak or different from 'the norm' was at risk of being bullied. As Olivia indicated, victims of bullying are likely to be seen as outsiders, who do not act like everyone else. She

[38] When I interviewed Sophia, she assured me that she was neither suicidal, depressed or self-harming.

indicated that people who do not behave like sheep (i.e. conform to social norms) will be picked on. Moreover, she argued that the appearance of weakness would attract more abuse until the young person feels no longer able to cope. Olivia suggested that bullying makes a young person's life unbearable and consequently, they might decide to end their life:

> *If you're not a sheep, then they pick at you. They'll pick at everything if they see that you're weak and you can't stand up for yourself they'll progress and they're constantly, constantly at you and I don't think people realise that is one of the main reasons people would go to suicide (Olivia, P21F19).*

According to the participants, any type of deviation from the norm might attract some form of abuse. Participants' definitions of such 'abnormalities' included sexual orientations other than heterosexuality, noncompliance with gender stereotypes (e.g. perceived lack of masculinity or femininity), self-harming (e.g. by cutting oneself), appearance (e.g. being overweight, being non-white, wearing glasses, having red hair). Olivia summarised several reasons that could put someone at risk of becoming the target of harassment. She sharply criticises bullying as both backward and incompatible with how people in contemporary society should view difference:

> *I think it's just disgusting that in 2016 people are still so stuck in their ways that they're homophobic, or they can't deal with people that have the wrong style, or they can't deal with people that have their own issues. At the end of the day, if someone sweats a little too much, it's no hair off my back. I'm still going to go home and have a great craic, why can't everyone else? (Olivia, P21F19).*

According to the young people, bullying can take place both offline (e.g. at school or in the streets) and online (e.g. on social media). Bullies were identified as both peers (e.g. schoolmates, young people living in the same neighbourhood) and adults (e.g. parents, teachers, strangers). Alva, for example, suggested that some young people will be bullied by their parents. This resonated with the views of other participants who suggested that their relationships with their parents was strained or, by contrast, that they counted themselves lucky for having a better relationship with their parents than other young people. In the example below, Alva described how parents, but also peers and teachers, might denigrate young people:

> *I know some cases where some of my friends got picked on by their own parents. Other kids, teachers and sometimes their parents over certain things they'd pick on*

them like calling them 'stupid' for no reason … saying they're not going to end up to anything (Alva, P15F18).

Some participants insisted that bullying was a group activity instigated by a "ringmaster" (Olivia, P21F19). Anna's example below illustrated how bullying divides young people into groups of bullies and victims. She suggested that generally, young people that are branded as victims tend to be outnumbered by the lead bully and his followers. Moreover, Anna illustrated how this can lead to a sense of isolation and being trapped because it was less likely for other young people to stand up for the victim:

Say, if someone was getting bullied, it's most likely that no one will be on the victim's side. Everyone would be around the other fella that's bullying him, and they'd be laughing all saying, 'Oh that was very funny what he said', and then he'd be like, 'What do I do?!' (Anna, P03F18).

Olivia's account below helps to illustrate the nature of group bullying. She argued that young people tend to side with the bully not out of enjoyment, but to protect themselves from becoming the next target of bullying. Of course, this would be of little consolation for the current victim who, as suggested by several other participants, might decide to end their lives to escape the attacks:

I've copped where lads, the majority that are living here, they can see in their faces that they don't want to join in and they don't want to say anything, but they'll still laugh along and make the odd little joke just to get in with the boys … certain people they're not for it, they're just following along so they don't be isolated out and picked on (Olivia, P21F19).

Participants also described that in many cases, adults in authority positions were of little help. I asked several participants if incidents of bullying were addressed in class, and the answer was no. Participants explained that the school decided to divide the schoolyard to minimise contact between bullies and victims. Yet, as Dean's example reflected, dealing effectively with bullying might be easier said than done. As he illustrated, attempts to ignore other young people seeking to start fights would not necessarily protect young people from being attacked:

When I'm walking down the street I'll put my head down and I'll constantly be on my phone just kinda ignoring everything around me and just kinda put myself in a bubble, just to get from A to B, because there's a lot of people, especially in this area, that are just-, they'd start a fight with a stranger, or they'd just comment on what you're

wearing or how you act or something like that. So, I'll normally just keep my head down and get on with it (Dean, P13M19).

6.4 Connecting suicide with relationship difficulties

Some participants suggested that for some young people, life might become unbearable because of difficulties in their relationships with family, friends, boyfriends and girlfriends. This was viewed as a source of both, depression and suicidality. Interpersonal problems included arguments with friends, the breakup of a romantic relationship, problems with parents as well as stressors within families (e.g. the illness or death of a parent). While some participants simply listed these issues without going into detail, others drew on personal experiences. It is important to note here that most participants listed their parents, friends or partners as a source of support rather than adversity (as discussed in more detail in Chapter Eight). However, a minority of participants gave examples of difficulties encountered within their own families or with friends. Importantly, participants speculated about the family circumstances of young people who died by suicide or attempted suicide.

Participants' examples of family problems varied, including either speculations about another young person's family situation or personal experience. Participants referred to stress induced by parents' high expectations of their daughter, young people's feelings of being neglected or abandoned (e.g. by a parent's death), feeling excluded from important information within the family (e.g. not being told about a parent's illness) or otherwise strained relationships with parents. Amie recalled her cousin's suicide attempt which she interpreted as an attempt at getting attention from her parents. She argued that her cousin felt neglected by her parents who, according to Amie, were too exhausted by their work to take care of their daughter. Amie compared her cousin's situation with her own, supportive family environment suggesting that unlike her aunt and uncle, her own parents show an interest in their daughter's life. Drawing these comparisons allows Amie to determine what kinds of family dynamics are healthy (i.e. her own) and which ones are not (i.e. her cousin's). This understanding of family life helps Amie to make sense of her cousin's suicide attempt as well as her tendency to self-harm:

I think she's looking for attention personally. Her mum and dad both work full time. So, do my parents, but my parents would sit down after a long day at work and they would talk to us all. Whereas, her parents … don't do that to any of their children. They're just like, 'I'm tired leave me alone' and instead of talking to them they're like, 'Here's €30, go out and do something with your friends' or, 'Here's €50 go buy

> *yourself something.' Whereas, my mum and dad wouldn't be like that, they're like, 'Sit down, talk to me.' She's looking for attention. That's what I thought when she started self-harming …. it was for attention, but then it grew and grew and grew. Her mum gave her attention all the time then [after the suicide attempt] (Amie, P19F21).*

With regards to difficulties among friends, Sophia recalled a fight she had had with her friend not long before his suicide. She wondered to what extent their falling out played a role in his suicide. As discussed in the previous chapter (Chapter Five), her example revealed a desire to turn back time to resolve the fight. This example also illustrated how important it was for participants to understand the reasons behind a young person's suicide, which I discuss in Chapter Seven. While some participants experienced the 'why' question as agonising, what makes suicide particularly cruel are instances when someone wonders about their responsibility in that suicide. Like in Sophia's example, there may be no answer as to why the deceased decided to end their life and hence, no absolution for the bereaved:

> *I don't really know what was going through his head because at the time we weren't really talking. We had a bit of a fight … and then that [the suicide] happened. So, it made me regret not getting back friends with him before he did that and in a way, it made me feel a bit guilty because I was like, 'Was that over me?' because I'd made him feel shit or whatever, because I hadn't talked to him and then the big memorial thing, I couldn't stay for long because I just felt guilty and upset over it (Sophia, P15F20).*

Of note, participants highlighted the potentially *adverse* effects of relationship breakups between young people. Indeed, a number of participants including Lucca and Quinn suggested that a breakup could be so devastating for a young person that the experience could, in certain circumstances, induce suicidal ideation:

> *At a young age they had a boyfriend or girlfriend and one decided to end it [life]: they're … devastated but like, they're only young at the end of the day (Lucca, P01M18).*

> *[I was] just fighting with my ex-girlfriend at the time or something and just sort of head wrecked, but I never actually attempted anything or nothing. It's not even feeling like you want to, it's actually feeling that down. It's nothing is worth living for*

type of thing and all that stuff, but there is a lot of things worth living for. At the end of the day, waking up's a blessing (Quinn, P12M20).

6.5 Associating suicide with drugs and alcohol

Several participants associated youth suicide with drugs and alcohol. Participants distinguished between two factors in relation to suicide and exposure to drugs and alcohol. In the first instance, the young people suggested that a young person's suicide was a result of substance misuse (i.e. drug overdose). In the second instance, participants maintained that a suicide was caused by overwhelming drug debt accrued by a young person involved in selling drugs. Regardless of whether suicide was associated with drug overdose or drug debt, both explanations were connected to the conceptualisation of youth suicide as an escape. In several cases, participants drew on examples from their own lives to support their claims. Several participants maintained that drug use was widespread among young people, young men especially. In this study, I did not focus on the types of drugs that young people used and/or sold. However, some participants identified the drugs[39] that circulated in their neighbourhoods as amphetamines (e.g. cocaine or ecstasy), sedatives (e.g. Marijuana or the anaesthetic Ketamine), prescription drugs (e.g. ADHD[40] medication like Ritalin or benzodiazepines 'sedatives' such as Diazepam) and, to a lesser extent, opioids (e.g. heroin). Participants distinguished between several reasons for being involved with drugs including a status entailed by dealing or misusing substances, a desire to make money or a desire to improve one's mood.

Some participants discussed suicide in the context of drug use, suggesting that intoxication lowers levels of inhibition that would normally protect a young person from suicide. I have already touched on this in Chapter Five describing that for some young people, who try to visualise suicide, there appears to be a barrier that prevents them from going too far. Some participants rationalised a young person's suicide as a consequence of disordered thinking induced by drug use, which may lead a young person to act irrationally. This implies that in a state of sobriety, they would have thought and acted in a more rational manner which would have prevented the suicide. Hence, suicide in this context could be rationalised as an accident rather than a rational decision to die. In the following example, Phoebe perceives drug use as very prevalent among young men in her neighbourhood. She explains that drug use causes young men to

[39] The different types of drugs referred to by the young people were identified with the help of information provided on Drugs.ie (www.drugs.ie).

[40] ADHD = Attention-deficit/hyperactivity disorder (https://www.psychiatry.org/patients-families/adhd).

overthink and as a consequence, they feel so overwhelmed that they can no longer cope with their situation. In this context, suicide becomes a viable option to escape, a terminal way of 'coping' with one's life. In saying that the deceased had "gone too far" while intoxicated, Phoebe implies that sobriety would have protected them from suicide. This allows her to hold the deceased partially responsible for their death. On the one hand, taking drugs was a choice and if they had not done that, they would still be alive today. On the other hand, drugs clouded the deceased's judgement and their suicide was, essentially, an unfortunate accident:

> *The younger fellas [men] around my area, they'd be all taking drugs … and they just go too far, then they think too much and then that's when they think that they just can't do it [live] anymore (Phoebe, P09F21).*

The view that drug use may cause suicide by accident is contrasted with the suggestion that suicide was a consequence of overwhelming debt accrued while dealing drugs. Unable to pay off his debt, the young man[41] finds himself entrapped in a situation that he cannot see a way out of. Non-prescription drugs are illegal in Ireland. Some participants suggested that a young man involved in the use or sale of drugs might be afraid. Fear was discussed in the context of being afraid of the 'drug supplier', but also of parents' reactions. This limits the number of people he could approach for help. Furthermore, some participants suggested that being found out would not only stigmatise the young man, but tarnish the reputation of his family, too:

> *The person might kill themselves, so their family doesn't realise what's going on, because if someone gets shot by a gangster or a drug dealer, it automatically brings that family a bad name. So, if someone kills themselves, it just looks … like it's a suicide and nothing to do with drugs … if you're gonna die … maybe kill yourself rather than your family get a bad name (Valentin, P08M18).*

In the context of suicide, tarnishing the reputation of family can shift greater responsibility upon the deceased. For example, on the one hand, suicide allows the young man to avoid the fallout from his actions; on the other hand, by taking his own life he seeks to evade being found out and can protect his family from losing face by association. In the account above, Valentin describes the situation of a young man whose family does not know that he is dealing with drugs. The young man feels trapped as he only sees two options, which are no real options as they both involve death: Being shot by a gangster over a

[41] Suicide associated with drug debt was always discussed within a male context.

drug debt and thus ruining the reputation of his family, or death by suicide. In this above scenario, the young man sees suicide as the lesser evil.

Similarly, Alison also understand suicide as a response to being unable to pay back a drug debt. It is not clear from her example whether this debt was accrued because of use or dealing of drugs. Regardless, what adds to the tragedy in her example is the assertion that an indebted young person might be killed over a comparatively small amount. Alison's example indicates that suicide over drug debt was likely an escape from being hurt or even killed. Rather than being killed, she suggests that the debtor will take matters in their own hands and kill themselves:

> *They could be in a serious [drug] debt, they don't know what to do, they get threatened and they could kill them, so they just take their own life away. They be like, that's another option like. Either get beat around or take my life away. People could owe out two grand [€2,000] … and they wouldn't be able to pay that back. So, the easy way to do it is just take your life away. This is why I say things are dangerous nowadays like. People would stab you for €20 (Alison, P06F19).*

6.6 Linking suicide with pressures surrounding social expectations

Increased awareness of suicide in society and the influence of media on young people's lives prompted participants to point to the relationship between the pressures stemming from social expectations and suicide. In the example below, Emily described her younger sister's suicide attempt, and her own feelings about it. She intimated that her sister's inner feelings of inadequacy led to her suicide attempt reflecting a sense of worthlessness and failure to live up to others' expectations of her:

> *"My little sister ... my friends found her hanging from a tree, but she just kept saying she didn't think she was good enough for anyone, but you don't actually know … It's like for no reason! Unless you have a really-, I'm not saying you need a really good reason, but you just don't know why kids do it" (Emily, P05F20).*

Aidan provided an example regarding pressures on young people describing his former schoolmate's balancing act of doing well academically whilst working in two jobs. He perceived those pressures to be both external and internal. He suggested that on the one hand, expectations of academic excellence were imposed on his schoolmate by both society and her parents. On the other hand, the deceased seemed to

have internalised the pressure to continuously achieve top marks[42]. Aidan compared his schoolmate to himself and his own experience of schooling. He considered himself an average student satisfied with an average mark. He could not quite seem to grasp the deceased's dissatisfaction with a lower mark. He suggested that her aspirations to excel put her under a considerable amount of stress which eventually led to her suicide:

> *Aidan: It's too stressful to do all that … go to college and work … two jobs and … have that expectancy from you. People expect you to … do good in everything you do … in my opinion, that's what happened.*
>
> *Melanie: That it was stress-related.*
>
> *Aidan: I think her parents … expected A's in everything, from her results and exams. Because I remember … when she didn't get … a top mark, like an A or a B, she wouldn't be happy with it. And then I be sitting here, and I get a C[43] and I be happy and I say, 'Lighten up, at least you done well!' … And she'd be like, 'No, no. It's not the same. A's A's A's' (Aidan, P07M19).*

6.7 Exposure to suicide through education, public discourse and the media

Participants' understandings of suicide as a mental health issue seemed to be influenced by both mainstream and social media, mental health education in school, celebrities talking about their own experiences of mental health issues. As described in Chapter Four, the presence of suicide on the news, local gossip and exposure to suicide made it difficult for participants to ignore the issue. As discourses around suicide tend to focus heavily on suicide as a mental health issue, it is reasonable to assume that the dominance of the public conversation also shaped how participants made sense of the phenomenon.

Some participants indicated that they learned about mental health issues (including depression) and about suicide through a mix of social media, radio or mental health awareness weeks in primary and/or in secondary school. The young people remembered that some talks were given by guest speakers including sports people who had experienced mental health issues and suicidal ideation in the past, a psychologist as well as staff from mental health charities. In the following example, Alana remembered

[42] Participant referred to a grading system ranging from A to F, whereby A indicates the highest achievable mark (State Examinations Commission, 2017).

[43] According to the Irish Leaving Certificate Grading System, students' achievements are graded on a scale from A to F, with A being the highest achievable grade (https://www.scholaro.com/pro/countries/Ireland/Grading-System).

that some education about suicide, young people's feelings and issues affecting young people more generally was outsourced to charities who visited her schools:

> *Radios do it and then schools. I remember all through primary school and secondary school, we'd have talks. Teen Line[44], stuff like that would come in, that Childline[45] thing. They'd come in and chat to us. It mightn't be just about suicide, but it could be about anything, like growing up and how you're feeling and stuff like that. There's always places to ring and stuff, then it's always confidential, which is good (Alana, P11F22).*

Some participants, like Alana, experienced mental health awareness weeks as a beneficial learning opportunity. By contrast, other participants did not find the information helpful for two reasons. One, they felt that the information was not applicable to them as they did not have any mental health issues at the time. Two, they did not find the mental health professional approachable (as described in more detail in Chapter Eight). In the example below, Valentin recalled his experience of mental health education in school which he described as boring and not applicable to his personal circumstances. He suggested that counselling might be a useful resource for young people, but he criticised the setting of mental health education in schools as inadequate. He suggested that the risk of embarrassment in front of peers might act as a barrier to young people seeking help with mental health issues and deter them from asking questions, even if the information could help them. I discuss the risk of embarrassment as a barrier to help-seeking further in Chapter Eight:

> When I was in school the people would come in and talk about mental health and stuff but you're kinda just dozing off, you're not really listening … I didn't really need the help … but … if you're in that situation you don't wanna ask any questions, because then, people might look around and be like, 'Oh, who's asking that question? Is that about them?' (Valentin, P08M18).

Participants recalled learning about mental health, self-harm and suicidal ideation through celebrities (i.e. famous individuals the young people regarded as important and meaningful to their lives including musicians, a TV host or sports people). These stories could, from the perspective of participants, shape how young people perceive themselves (e.g. negative self-image). In the following example, Finn drew on a US television talk show featuring Mixed Martial Arts (MMA) that for him linked negative self-image with

[44] A telephone helpline for young people aged 13 to 19 years old (http://www.teenline.ie/).

[45] A talk or text helpline for young people younger than 18 years old (https://www.childline.ie/).

suicide. According to Finn, Rousey felt so hopeless and depressed after she lost a fight that it prompted her to contemplate suicide. The example illustrated how Rousey seemed to derive her sense of identity and self-worth from winning. Losing meant much more than losing a fight; it meant that she failed to deliver, and in the process, she seemed to have lost her sense of self which left her feeling isolated and ultimately, suicidal:

> *"After she [Ronda Rousey] lost her belt, she was on the Ellen Degeneres Show[46] saying, 'After it happened, I literally went to take me own life, because I was depressed … I thought I lost everything … after I lost the world championship, I had nothing to live for … everything else was gone. I thought I had nobody' … In sports people are doing it. It's not just Joe Soap down the road … It comes to everybody" (Finn, P10M22).*

In another example, Valentin talked about American rapper Eminem. He suggested that the lyrics were about Eminem's personal struggles with depression and addiction. Valentin discussed Eminem's song *Stan* which he interpreted as carrying a valuable anti-suicide message. According to Valentin, the song insisted that suicide was never an option, regardless of circumstances. This resonated with participants' views that suicide was wrong, as discussed in Chapter Five and moreover, the shock of suicide, as will be described in Chapter Seven:

> *"Eminem I could listen to … because he's a rapper … his lyrics would incorporate his past … of depression … and drug addictions … he has this one song like, 'Stan', which is about someone who's depressed and does kill himself… and then … he sings about it as the person who is depressed and kills himself … he sings about how shocking it is to him and how he shouldn't do this stuff … it's good, because … he says, 'No matter how bad you are, y'know, stick with it'" (Valentin, P08M18).*

6.8 Conclusion

In this chapter (Chapter Six), I have described participants' accounts of the problems faced by young people, which may contribute to the development of suicidality. In keeping with common theories about suicide (Chapter Two), I began this chapter by outlining participants' associations of suicidal ideation with mental illness and emotional difficulties. I then followed with an illustration of participants'

[46] The Ellen Degeneres Show refers to an American comedy talk show hosted by NBC TV Networks (https://www.nbc.com/first-dates/credits/executive-producer/ellen-degeneres).

understandings of suicide in relation to other difficulties, such as victimisation through bullying, relationship difficulties, involvement with drugs and overwhelming social expectations. I then provided some context to illustrate how participants' associations between suicide and mental health issues seemed to be influenced by education, public discourse and the media. However, the question remains why some young people resort to suicide rather than asking for help. In the following chapter (Chapter Seven), I describe participants' explanations of suicide which provides a partial answer to this question.

Chapter Seven Participants' explanations of youth suicide

7.1 Introduction

In this chapter, I reconstruct participants' attempts to make sense of a young person's suicide. I start this process by outlining participants' reactions to shock, surprise and bewilderment (shock hereafter, unless stated otherwise). I then situate this sense of shock within participants' interpretations of the mood and behaviour of the deceased (e.g. happy, cheerful, normal), and in their assumptions about suicidal individuals (i.e. happy people do not die by suicide). Participants' descriptions of the deceased stand in stark contrast with their prior assumptions about suicide, and the resulting confusion prompted participants to search for a more plausible explanation. Participants concluded that the deceased pretended to be happy and that they concealed their true feelings allowed participants to construct an explanation that tallied with their prior assumptions. This helped explain why suicides among friends and peers were so surprising.

In the second part of this chapter I trace - from the perspective of participants - how suicide becomes a viable option for some young people. I describe how a problem perceived as too shameful to disclose becomes a trap. Feeling isolated, their situation becomes increasingly intolerable and from which they are longing to escape. At this point, suicide appears to become a viable option, which may then take place either as the result of a rational decision or an impulse.

7.2 Trying to make sense of the 'abnormality' of suicide

7.2.1 Shattering of normality: Dealing with the shock of suicide

As stated, suicide tends to have a profound impact on those exposed to suicide, and participants frequently reported feeling shocked after someone took their own life. As described in Chapter Four, although suicide was believed to be very common, participants tended to regard it as someone else's problem – despite prior exposure to suicidality. Roen et al. (2008) suggested that this process of othering allowed participants to keep their distance from the subject of suicide, and to continue their lives without having to bring into question their own vulnerability or mortality. Yet, when suicide occurred close to home (e.g. to friends, relatives, peers), this sense of safety was disrupted. As Goffman (1971) maintained, normality conveys a sense of safety. Life follows a predictable order allowing us to engage in daily routines without having to continuously monitor our environment for signs of danger. Suicide disrupts this order and, as described in Chapter Four, was perceived as an abnormal, unpredictable and threatening

phenomenon. The shock marks out where suicide breaks open the normal sequencing of life, resulting in chaos which needs to be sorted – like the pieces of a jigsaw puzzle – to restore order and hence, normality. In the present study, the initial shock of suicide was followed by a period of making sense of the deceased's reasons for their decision to end their life.

Finn lost five friends to suicide and in the example below he described the shock he experienced as a result of their suicides. He argued that the deaths were unexpected – abnormal – which contributed to his sense of shock. Prior to his friends' deaths, suicide was a phenomenon which had no part in his world. This allowed him to continue his life without having to reflect on his own, or indeed his friends', mortality. Curiously, it seemed that each suicide was just as unexpected as the previous one. Each subsequent death seemed to disrupt Finn's own sense of normality because each death was surprising. Finn reflected on his response:

> *Shocked! Shocked like! Literally. Just-, you never seen it coming for starters? … Before that happened to them, I never even thought of suicide. Like, suicide never even crossed me mind about people that'd kill themselves (Finn, P10M22).*

Participants did not only feel shocked when their loved ones attempted or died by suicide but also even when acquaintances (e.g. schoolmates) were involved. Participants reported that shock was a collective experience following a suicide. Suicide disrupts and brings daily routines to a halt, forcing those who knew the deceased to take note. White (2012) suggest that the language we use in the constructions of social phenomena can be a powerful tool to bring its reality (e.g. suicide as a shock) into being. In the example below, Cian described his classmate's suicide as an event so forceful that it caused his school to "break down", leaving a "hole" in a space previously filled by a strong personality:

> *When it happened in the school, Jesus, the school broke down because all the teachers knew him. The principal knew him. Everybody knew him. He wasn't that kid where he just got through his class. He'd be noticed in every class. Whether it was good or bad, he was a presence. So, when that was gone there was just a hole there, so it's noticeable (Cian, P17M21).*

A lack of knowledge of the deceased's circumstances appeared to contribute to the shock entailed by suicide. Most participants indicated that they had not been aware of any anomalies in their friends' behaviours that would have indicated some form of internal struggle. However, two participants reported that they had noticed that their friends' behaviours were different. Alva suggested that her friend had

changed from somebody who was generally open about any problems to somebody who had become secretive and inaccessible. Worrying about him, Alva felt relieved when her friend had seemingly changed back to 'normal' which is why her friend's suicide came as a shock. Echoing the view that suicide is wrong as described in Chapter Four, Alva constructed her friend's suicide as a 'sad' event which could have been prevented if the deceased had made the right choice, i.e. if he had confided in his friends:

> *If you were asking what he's feeling, he'd generally tell you right there and then how he's feeling and what's going on. But then, he just stopped telling anyone. Whenever someone asked, he'd be like, 'No, there's nothing wrong at all.' You could tell he was hiding it … the last time while I would've saw him was … I was in my local shop and saw him walking down the road and he seemed grand like, proper happy like usual … So, it was just a very big, sad shock for everyone [that] he killed himself (Alva, P14F18).*

This section has illustrated participants' deep sense of shock surrounding their friends' suicides. I was especially interested in finding out why suicide was so unexpected and thus, shocking. In Chapter Six, I have described young people's familiarity with the risk factors and warning signs of suicide. Yet, most participants argued that there was no sign of suicidality in their friends' behaviours. In the following section, I will put the shock of suicide into perspective describing in more detail young people's perceptions of the deceased.

7.2.2 Keeping up appearances: Describing the deceased as happy and normal

When describing the deceased, participants commonly used words indicating how 'normal' the deceased had seemed prior to their death, such as happy, cheerful or joyful. Hence, they had no reason to suspect that the deceased was at risk of suicide. These descriptions contradicted young people's prior understanding of suicidal individuals as, for example, depressed or hopeless, or who grapple with a range of problems (e.g. being bullied, relationship issues, drugs). In the example below, Sophia emphasises the apparent normality of her deceased friend describing her as happy and upbeat, as well as eager to cheer up others. In so doing, Sophia highlights the absence of indicators of suicidality:

> *She was always very cheerful, and she was always happy, and she was always buzzing and whenever you were sad, she was always there. She could always cheer you up, she'd tickle the shit out of you just to get you to smile. That was her way of getting*

you to smile no matter what you were going through. She'd always have a way to get you smiling (Sophia, P15F20).

Absolutes (e.g. 'always happy' or 'never down') intensifiers (e.g. 'very happy' or 'in great humour') and superlatives (e.g. 'the happiest young fella [fellow]') were common in participants' descriptions of the perceived mood of the deceased. Participants also used absolutes, intensifiers and superlatives to describe continuity in terms of the deceased's behaviour. As discussed in Chapter Four, continuity means that it is expected that life will proceed along a predictable path and that nothing out of the ordinary will occur. Suicide does the exact opposite as it violently ruptures the perceived linearity of life, forcing the bereaved to pause and to process the event. This is reflected in Finn's disclosure about his friend's suicide. Finn described his friend's behaviour as predictably ordinary which means that he had no reason to suspect any changes. Finn described how the rupture occurred on the night of Halloween, when his friend killed himself by drowning. Finn's description of his friend as "one of the happiest of fellas" underlined how uncharacteristic and unexpected the suicide was:

One of me … close friends that was in me class in school and stuff, he was one of them young fellas that I mean. Any time you seen him he'd say: 'Alright!' to ya. He always had a smile on his face, asking ya: 'How was your day?' And then, one Halloween then, we were all out drinking at the bonfire and he says: 'Right, I'm going home.' Never heard from him again. Went and drownded [drowned]… But he was one of the happiest young fellas you seen? (Finn, P10M22)

Some participants paired their descriptions of the deceased as happy and cheerful with the term 'everyone', thereby underlining that others share their views. This may mean a kind of self-reassurance that they did not miss any warning signs of suicidality. Below, Amie talked about her cousin's friend's suicide, who, like herself, used to be a GAA[47] player. She clearly admired the deceased for his athleticism. According to Amie, "everyone" had perceived the young man as "so happy" and hence, there was no obvious indicator of suicidality. Again, this highlighted the gap between known warning signs of suicide and the perceived emotional state of the deceased. Amie drew on other people's views to corroborate her own, which indicates how atypical the young man's suicide felt to her:

Everyone remembers him for what he was: was so happy and so nice. He played GAA as well. I remember him, he was really sporty, and we used to play on the field. He

[47] GAA (Gaelic Athletics Association) refers to an organisation promoting a variety of Gaelic sports.

> *was so good at sport … when he ran, he used to run so fast … and I was like, "I'm going to be as fast as him one day." … Yes, I remember him being really sporty and he was always happy as well when I was talking to him. I'd just go on and he'd give us high fives (Amie, P19F21).*

Aside from frequent assessments of the deceased as 'happy', participants sometimes described the deceased in terms of popularity, success and resilience. Participants struggled to understand how someone they viewed as successful (e.g. school, sport, in relationships), 'cool' or invulnerable to life's challenges could end their life. This confusion is reflected in Aidan's example below, as he describes his schoolmate's suicide. Aidan admires her for her academic success as well as her ability to support herself financially. In other words, Aidan perceives her as someone who is in control of her life, and not somebody who ends it:

> *"She was … top of the class ... She was going to college, she had a job, she had two part-time jobs, and she was going to college and then, out of the blue, I just found out that she killed herself one day" (Aidan, P07M19).*

This resonates with Archie's description of his sister's friend whom he remembers as popular, cheerful and moreover, invulnerable to life's challenges. Again, the deceased's demeanour does not resemble a typical, suicidal person, creating a sense of bewilderment:

> *"He was always one of the cool kids, nothing ever got him down. He just always had a smile on his face" (Archie, P22M19).*

The fact that large numbers attended a young person's funeral was interpreted as evidence that the deceased was well liked. Large funeral sizes were interpreted as indication that the deceased had a large support network that they could approached for support. Moreover, some of the participants implied that they did not even have the chance to help as it was not obvious to them that the deceased had been at risk of suicide. Once more, this resonates with the theme of responsibilisation: young people are expected to communicate their distress which shifts the sole burden of responsibility onto their shoulders. The unexpectedness of the suicides was confusing and entailed a desire to rationalise what has happened. This phase of rationalisation is described in the following sections.

7.2.3 Attempting to rationalise a young person's suicide

Some of the participants found it quite difficult to make sense of the suicide of a seemingly happy and cheerful young person. Some participants discussed this struggle in the context of their own experiences of trying to understand. In some cases, participants also imagined that making sense of the death would be just as difficult for others as it had been for them. Not all participants succeeded in finding a plausible explanation for a young person's decision to end their life. Alana's quote captured the sense of confusion following someone's suicide and the desire to unravel the mystery and the lack of closure. Alana suggested that closure is especially hard to find in the absence of an explanation, such as a suicide note:

> *People do be left puzzled; they don't know why. Sometimes you'd like to know why, if someone just went and done that and didn't leave a note or stuff like that. I don't think everyone does, but you'd like to know why. You're never going to know if that's the case (Alana, P11F22).*

For many participants, the process of making sense of suicide involved a comparison of the details of a young person's circumstances (e.g. family life, relationships, being the victim of bullying) with their prior perceptions of suicidality. Below, Aidan illustrated how incomprehensible his schoolmate's suicide was for him and his friends, which prompted them to meet after her funeral to try to understand her motivations. He drew attention to how forcefully suicide ruptures the lives of the bereaved, even if their relationship with the deceased had not been very close. Despite their best efforts, Aidan and his friends were unable to find a plausible explanation for the young woman's suicide and as a result, they found it difficult to move on:

> *They [my friends] came up to my house the night after [the funeral] and we were just talking about it for a while. We were just trying to understand … it was like we're on like Dragon's Den[48], coming up with ideas. We were just trying to figure out like why, why she would have done that and all. Still can't get our heads around it like, no one knows. It's just mad. The person you least expect, it happens. It's mad (Aidan, P07M19).*

As described in Chapter Four, some participants tried to put themselves into the shoes of the deceased to make sense of the intentionality surrounding a suicide death. This involved imagining scenarios of either

[48] A BBC reality TV show where up-and-coming entrepreneurs try to convince multi-millionaires to invest in their business ventures (https://www.bbc.co.uk/programmes/b006vq92).

one's own suicide, or the suicide of a friend. Participants who visualised suicide scenarios tried to imagine the moments before death, the method and the pain involved, and the aftermath of a suicide. Saoirse tried to imagine the forsakenness and fear a suicidal person might have felt before their suicide. Yet, her example also showed how difficult it might be for a non-suicidal person to put themselves into the shoes of someone contemplating suicide. As described in Chapter Four, some participants, like for instance Saoirse, thought about the phenomenon of suicide from a safe distance without allowing themselves to let the imaginative process get out of hand, i.e. to *really* imagine or to *really* feel what it must be like to be suicidal. As Saoirse's example illustrates, it is difficult to fully empathise with a suicidal person without being suicidal oneself:

> *"I've never had the thought of suicide, so I have no idea how it feels. The seconds before you take your own life, oh God, no one will ever feel that. That sense of being so lost that this is the only solution. A lot of people do get scared" (Saoirse, P20F18).*

Some participants found it exceedingly difficult to understand how young people were able to end their own lives. For them, it remained an impenetrable mystery. Others drew on dominant psychiatric and psychological discourses. Most commonly, they correlated suicide with mental health and emotional problems (such as sadness, depression, distress), as well as negative self-perception, as described in Chapter Six. These explanations appear to make a suicide decision more comprehensible, although not necessarily more excusable. It was common for participants to link suicide with depression, as Saoirse's example below shows. In Saoirse's imagination, suicide is both individual and relational. She explained that as a result of depression, some people choose to isolate themselves. Although Saoirse imagined this to be an individual choice, she also implied that there is a social stigma attached to mental health problems leading to the decision to withdraw from society. Her suggestion that suicide is a result of one's thoughts makes it seem like an individual act; yet, having nobody to share these thoughts with makes it a relational act:

> *I feel like depression, you're taking yourself away from the outer world. So, you're keeping yourself away from all the fears and all the worries there are in the world, but once you're out there, it is very hard to survive in our society with depression … Your thoughts do sometimes end your life and that's the thing with depression. Your thoughts take your life away (Saoirse, P20F18).*

A minority of participants used more colloquial terms to describe depression, including 'being down in the dumps', 'being in a dark place', 'being in a dark hole' or 'feeling low'. Lucca associated suicide with being

in a dark place. His commentary below for example, further illustrated participants' struggle to empathise with the deceased whilst still judging suicide as the wrong choice. Lucca rationalised that the deceased must have been in a very difficult and seemingly inescapable situation. Yet, in the end his lack of comprehension and bewilderment seemed to predominate. Lucca trivialised the deceased's decision to end their life. He pointed out that the deceased failed to recognise that they had a whole life to live but threw it away by ending it. This resonated with participants' general perceptions of suicide as wrong (as documented in Chapter Five), especially with suicide being perceived as a waste of life. Lucca struggled to find a plausible explanation for the suicide. The closest he came to something akin to closure is the suggestion that the deceased must have been in a "dark place". Lucca implied that if the young person had not been in a dark place, they would have acted more rationally, have been able to recognise that their problems were temporary, and hence, suicide would not have been an option:

> *"I just kept asking myself the question why would someone do that to themselves. I was just like-, there is so much to live for and then they're after going and doing this to themselves? I just thought … it must have been a dark place" (Lucca, P01M18).*

7.2.4 The social pressure to 'fake happiness'

The process of making sense of suicide involved reconciling two seemingly conflicting sets of information: the emotional and mental state of the deceased and participants' prior knowledge of suicidality. Participants wondered how a seemingly happy, cheerful and upbeat person, someone who was successful and popular, had the ability end their own life. Two interlinked explanations emerged from participants' narratives which tally with their prior knowledge about suicidality. One, contrary to their 'true' feelings, the deceased pretended to be happy and two, the deceased concealed their problems and distress. Participants suggested that the deceased had likely 'faked' their happiness. They surmised that the deceased had been putting on a 'brave face', that they had been hiding their sadness behind a smile which they used like a mask. Masks provide protection because they can hide a stigmatised attribute and thus, help the wearer of the mask to avoid embarrassment or humiliation (Goffman, 1956). Masks conceal the shameful attribute and help the wearer to uphold the appearance of normality (Goffman, 1971). Finn used a hypothetical scenario to illustrate how a young person might feel compelled to hide their problem behind a smile. He described how a group of friends might shut down an attempt to discuss an issue. This might make it more difficult, if not impossible, to seek help from friends and hence, for some young people, pretending to be happy may be the only alternative:

> *Could be another thing, where they could think it's a laughing joke. If I … was in me friend's house on a Friday and we're having a few cans and I says to one of them, 'Sure, look, I've been feeling down or whatever' – they'd just laugh! … It's just the group of friends I have like, they'd just laugh and say, 'Would you ever shut up?! You're one of the happiest young fellas we see! … Aw, you always have a smile on your face' … That smile just can have a story of, 'What exactly is going on?' So, you could be walking around all day, big smile on your face, just to hide every last ounce of the pain you have inside you (Finn, P10M22).*

While Finn described an active and explicit dismissal of someone's problem, in the example below, Cian outlined an atmosphere where it is implied - rather than explicitly stated - that happiness is the norm. Cian was critical of this unwritten contract that prohibits deviation from this norm. According to Cian, young people appear to have internalised this rule to the extent that even when they are 'allowed' to disclose a problem, they 'fake' happiness:

> *People put on a fake persona just to try and look normal around people because they'd rather do that than talk about it because being unhappy isn't normal. It's not the norm, so people say. So, people are afraid then, 'Everybody's happy so I have to be happy. I'm not allowed to show that I'm upset.' So that's why they keep it in and that's why they're not saying it to anybody when you're allowed to talk about it (Cian, P17M21).*

Some participants understood suicidal young people in terms of public and private personae. The participants argued that in public, suicidal individuals will make a convincing effort to appear happy and in private, they will allow themselves to show their sadness. Some participants separated suicidal young people's emotional displays into categories of 'real' and 'fake' identities, perceiving the depressed young person as the 'real self' and the happy individual as 'someone else', as suggested by Ben:

> *You may look happy for other people, but when you're on your own or anything you never know, you could be someone else … When they're with their friends and they suffer from depression, they make their friends think they're happy, but they're actually not and that's a common thing for everyone (Ben, P18M20).*

7.2.5 Realisation that the deceased had hidden their struggles

Most participants concluded that individuals who were seemingly happy but ended their lives had likely hidden their struggles. The realisation that some suicidal young people are capable of pretending to be happy even though they are not provoked a sense of disquiet in some participants. Valentin's example captured a sense of eeriness rooted in the assumption that more young people around him might be capable of hiding their struggles. Like most other participants, Valentin maintained throughout the interview that he viewed suicide as a phenomenon that must be prevented. Yet, the invisibility of suicidal ideation entails a sense of powerlessness as one cannot thwart what one cannot see:

> *Like, they put on that persona about themselves but that's not what's really going on in their head. So, that's kinda scary, because you think, 'How many other people are like that?' Because you can't really spy it (Valentin, P08M18).*

Valentin's suggestion that young people put on a persona was further reflected in the experiences of other participants who resorted to using theatrical language to describe their realisation that some suicidal individuals had hidden their problems, such as "behind closed doors", "behind the scenes", "putting on a brave face" like a mask. Alana's example below conjured up the image of a clown whose face is covered in a permanent, made-up smile that hides his 'true' feeling:

> *People paint a picture on their face, and everything could be great and wonderful and all that, but really it's not. That's the saddest thing (Alana, P11F22).*

Through phrases like 'putting on a brave face' or 'painting a picture on one's face' participants implied a degree of intentionality in the suicidal individual to hide their 'true' feelings. This was also revealed in the data from some participants who expressed a sense of astonishment upon finding out how skilfully the deceased had hidden their distress. In the example below, Lilia, who linked her friend's suicide to feeling overwhelmed by his mother's drug addiction, captured this sense of bewilderment. She spoke about realising how skilfully the deceased had hidden his problems behind a happy façade:

> *"People were saying how happy he always was, but no one actually realised what was going on behind closed doors because there was a lot going on and no one realised it … it was amazing how he hid it from everybody" (Lilia, P25F20).*

Some participants said they knew their friends well enough to recognise if they felt upset. Yet, when suicides involved participants' friends, they realised they must have concealed their issues and furthermore, that perhaps they did not know them as intimately as they thought, as Cillian conceded in

the example below. Cillian reflected on his friend's happy demeanour which he struggled to reconcile with his notion of a typical suicidal young person. He concluded that he likely did not know about his friend's struggle:

> *Half the stuff that's going on in people's lives you don't know what's going on ... there's that other friend … he just seemed so happy all the time and he ended up hanging himself … It's only like a year and a bit ago (Cillian, P04M20).*

Similarly, Ben entertained the idea that there are public and private personae, whereby the private identity was constructed as more authentic than the public one. He suggested that in public, people with depression might project a happy demeanour whereas in private, they can be who they really are:

> *You may look happy to other people, but when you're on your own or anything you never know, you could be someone else … When they're with their friends and they suffer from depression, they make their friends think they're happy, but they're actually not, and that's a common thing for everyone (Ben, P18M20).*

There was a tendency among participants to view the concealment of problems with youth suicide as a general problem for young people. Some participants also suggested that it was more difficult for men to talk about their issues than for young women. Both men and women attributed young men's reluctance or refusal to disclose personal problems to social pressures, a point discussed in more detail in Chapter Six. Archie observed this unwillingness to talk about problems among his male friends suggesting that they perceived disclosing problems as a weakness. This perceived unwillingness resonates with the notion of an idealised type of a manliness, which Connell (1995/2005) termed 'hegemonic masculinity' (as introduced in Chapter Two):

> *They [male friends] don't want to be talking about their problems. They think that's a weakness. So, they just don't talk at all (Archie, P22M19).*

Elias expanded on the socio-cultural expectation of 'doing' (Butler, 1990) hegemonic masculinity (Connell, 1995; Connell & Messerschmidt, 2005) by describing sociocultural norms which require men to be tougher than women. He suggested that men are expected not to disclose their feelings which, as in the previous example, was associated with being weak and hence, unmanly:

> *<u>Elias</u>: Maybe just society thinks men are supposed to be tougher than females. I think that's the way most people have always thought anyway. Boys are supposed to be tougher than girls.*

Melanie: Tougher how? What would make them tougher?

Elias: Mentally maybe, they're supposed to be tougher. Like they shouldn't really share their feelings like that (Elias, P16M22).

In Section 7.2, I have sketched the variation with respect to how participants tried to make sense of someone's suicide, following initial feelings of shock, surprise and disbelief. Participants found this especially difficult if they had perceived the young person as previously happy, which did not match their prior understandings of the prelude to youth suicide. Some participants concluded that the young people who died by suicide had projected a public – happy – persona which masked their private – authentic – depressed self. In the following section (Section 7.3), I describe in more detail participants' understandings of the process (potentially) involved in a young person's suicide trajectory.

7.3 Youth suicide: A means of 'coping' with an intolerable situation

Participants' perceptions of suicidal young people as unhappy individuals who had concealed their struggles also led to a discourse of suicide as a coping mechanism. Some participants suggested that suicidal individuals might feel trapped leading to a desire to escape. Suicide then becomes a viable option to cope with an intolerable situation. The perception of suicide as a coping mechanism also entailed a discussion about the rationality and irrationality of the suicidal action. While some participants perceived a young person's suicide to be a consequence of rational deliberation and planning, others suggested that the decision to end one's life was conceived of in a 'moment of madness'. This raised the question about intentionality and agency: some participants attributed suicide to a rational decision whereas others surmised that the death was beyond the deceased's control.

7.3.1 Feeling trapped, isolated and longing to escape

Some participants attributed suicide to a sense of being trapped in an intolerable situation without anyone else to share the burden. As described in Chapter Six, it was difficult to pin suicide to one specific problem, which is further reflected in the present chapter. Participants associated suicide with both personal shortcomings and external factors. Personal deficits included, for example, an inability to deal with one's overwhelming, intrusive or ruminating thoughts, the failure to express oneself, the failure to deal with one's emotions, an inability to tolerate life or having a general sense of hopelessness. External aspects encompassed unattainable social norms and fear of, or exposure to, punishment for actual or perceived transgressions of social norms. I describe the fear aspect in more detail in Chapter Eight of the thesis.

Anna worried that unkind behaviour - not necessarily bullying but thoughtless remarks - might adversely impact on a young person's self-confidence and stifle their sense of agency. Anna illustrated how the person turns inward – both mentally and physically – bottling up their feelings. Goffman (1956) suggested that these acts of self-control allow the performer to keep up appearances. He argued that the words of others can make us vulnerable (Goffman, 1971). Outwardly, this struggle may not be noticeable which can help explain why participants did not notice when their friends harboured thoughts of suicide:

> *It literally does hurt when someone says something bad to you and you think about it then and you're like 'Is that really true like?' … It's just like a knot in your stomach and butterflies and you just want to get sick … Like they're trapped inside and they just wanna scream but they can't (Anna, P03F18).*

In the next example, Sophia reflected on her best friend's suicide. She described her as "very cheerful and … always happy". She suggested that she could no longer endure being "severely bullied" which had taken place for a prolonged period of time. Based on her friend's note, Sophia argued that suicide allowed the girl to escape a situation she had experienced as intolerable. Goffman (1956) argued that great care must be taken to cultivate one's public performance to avoid attracting negative consequences. The larger the discrepancy between public and private self, the more cumbersome it is to keep up one's performance:

> *[Aisling] got severely bullied and she was always being told to kill herself … I found a letter and it just said, 'Please don't be sad. I'll always be there with you.' She just said that she couldn't take it anymore. That it was just too much for her to take (Sophia, P15F20).*

The struggle to preserve one's public appearance was further illustrated in Finn's example below. He argued that young men might feel that they are trapped by a framework of gender norms which prevents men from disclosing their emotions. Finn suggested that boys will engage in idealised masculine practices to be seen to conform with a reductive cultural script of masculinity. Yet, their performance does not correspond with their private feelings, which entraps and isolates the young men so that they cannot escape:

> *You'd see a lot of them [boys] that are pretending to be macho men … You can see that they're trying to put on a front … So, they're … stuck with this emotion that they can't get out (Finn, P10M22).*

The isolating effects of suicidality were captured in the three following examples. In the first one, Valentin perceived suicide as a result of isolation whereby the suicidal person seemingly has nobody to share their burden with. In the interview, Valentin suggested that he had a supportive social network and a good relationship with his parents. By describing suicidality as a result of social isolation, he maintained his distance from suicidal individuals. This resonated with Goffman's (1956) assertion that "individuals voluntarily stay away from regions into which they have not been invited" (p. 147) which he regarded as a protective mechanism. In other words, pointing out how he differs from suicidal young people allowed Valentin to separate himself from the world of suicidality which, I have stated, might be a protective mechanism:

> *I think the suicidal thing is more about people who are more secluded and don't have friends to talk to, and they might not have the family even to talk to (Valentin, P08M18).*

Below, Saoirse captured a sense of urgency to escape a life that has become an intolerable burden. Her example is an excerpt situated within a wider context of suicide being a consequence of depression. Saoirse conceived of suicide as a tool that allows the depressed young person to exit life. She maintained that the desire to leave outweighs the pain of self-inflicted death, or indeed the impact on those left behind:

> *Suicidal people … don't care if it's painful, they don't care if it's going to have any effect after they leave because at that moment in their lives, they just need to get out of here (Saoirse, P20F18).*

Similarly, Anna also connected suicidality to a person's mental state. She described a state of unravelling which leaves the young person in such a state of despair that suicide becomes a viable option. Anna painted the image of a person who does not know how to improve their situation. Notably, neither Anna nor any of the other participants who discussed suicide as an escape attributed it to a death wish but to a desire to make the pain stop:

> *It's like a mental breakdown ... everything piles up on someone and they have a mental breakdown and they don't know what's wrong with them, they're in such a dark place that they actually just don't want to be here anymore (Anna, P03F8).*

7.3.2 Perceiving suicide as a viable option

It was suggested by participants that some young people might perceive suicide as a viable option when either they cannot imagine an alternative solution (i.e. suicide as the only option), or when they have exhausted all alternatives to suicide (i.e. suicide as the last resort). Keeping up the appearance of normality consumes energy because the person needs to ensure that they do not let slip their private, embarrassing feelings. As I have described in the previous section, participants perceived suicidal young people as trapped and isolated and eventually, they suggested that the situation becomes too overwhelming. Eventually, suicide comes to be seen as a viable way out. In the following example, Alva recalled how she intercepted a friend's suicide attempt. Alva said that although she did not know why her friend tried to take her life, she reckoned that it must have been bad enough to make suicide seem like the only option:

> *I was like, 'why the fuck would you do that?!' and she was like, 'I felt like I had no other option.' And then I was like: 'You shouldn't feel like that. You really shouldn't feel like there was no other option for you to do that (Alva, P14F18).*

Olivia discussed suicide as the only option within the context of depression suggesting that the depressed person cannot see their situation improve and therefore, suicide may seem less daunting than the alternative which is to continue living in this seemingly never-ending spiral of hopelessness:

> *At that point when you're in there … you're that low … it's just a horrible feeling that you don't think you're going to get rid of. You think that's genuinely the only solution that would be easier because getting up and down on the day-to-day basis things that make you feel shit. It's not doing it for you anymore (Olivia, P21F19).*

Saoirse suggests that some young people might feel like they are caught in a dead-end situation, forcing them to choose between a life that felt to be no longer viable and death by suicide. She maintains that in this scenario, suicidal young people might be unable to see that there are alternative ways of resolving their situation:

> *They feel like they cannot survive in that place. That's the only place that they have, but they cannot survive in it. For them, they feel like the only way out is through suicide. Unfortunately, there are ways, but sometimes they feel like they're blocked. That all of these ways just don't work out for them (Saoirse, P20F18).*

7.3.3 Accidental suicide: Communicating distress through self-destructive behaviour

Some participants suggested that the deceased did not actually want to die but was looking for attention and accidentally ended their life. The view of suicidality as attention-seeking behaviour suggests that some young people may try to communicate their distress through suicidal behaviour and, even though they might not have wanted to die, may accidentally go too far. Emily suggested that some young people may fail to understand the lethality of their actions. Here, suicide is constructed as tragic because the deceased tried to communicate their pain but instead, they lost their life:

> *"Sometimes I think it's for attention ... they go to do it [suicide] and they actually don't mean to kill theirself? And then they're dead? And they don't actually mean it [and] then it's … done, they can't take it back when they're dead like?" (Emily, P05F20).*

Participants discussed suicidal behaviour - both completed and attempted suicides - which they understood as attention seeking or 'cry for help' with varying degrees of empathy and understanding. Some participants criticised the young person who believed had engaged in suicidal behaviour for attention, sometimes arguing they should have sought help instead. Suicide constructed as attention-seeking was perceived as manipulative and this was not received too kindly by participants. In the example below, Valentin constructed some suicides as accidents because the deceased did not get the attention they were looking for. He also illustrated how some non-fatal suicidal actions might be manipulative, alleging that some young people may calculate the number of pills they need to take to get attention without killing themselves. In so doing, he categorised some non-fatal suicidal behaviour as manipulative, and some completed suicides as 'genuine':

> *I think a lot of suicides might be 'cry for helps gone wrong' … You do hear … of attention seeking suicide, where they don't want to actually kill themselves … if someone was to … take pills or something, but not enough to kill themselves but enough to kinda get a bit of attention out of it? There are people like that … it is a horrible thing to do but … that does happen (Valentin, P08M18).*

Yet, not all participants agreed with the criticism of suicidal young people as attention seekers and constructed them in a more empathetic manner. Olivia, who had a history of self-harm behaviour[49], argued that young people who cut themselves need compassion and help, not judgement. To avoid being

[49] When Olivia disclosed her history of self-harm during the interivew, I asked her if this was still an issue for her. She assured me that she had not cut herself for four years and hence, there was no reason to stop the interview.

stigmatised, Olivia suggested that she would not disclose her own history of self-harm in discussions with her peers, which indicates that there may be good reasons for young people in distress to be careful in whom they trust. Topics of fear and trust will be taken up again Chapter Eight:

> *Melanie: Who are the people saying that people cut for attention?*
>
> *Olivia: "It's more so people my age. I used to hang around in town and I'd never say to people that I did it, but if other people did they'd be, 'Oh my god, did you hear this girl did that.' and I'd be like, 'Yes' and they'd be like, 'She's such a little attention seeker.' I'd be like, 'Not really because you're the first person that she told about it or they're trying to tell enough people, so they'll actually come together and try and fuckin' help them!'" (Olivia, P21F19).*

Similarly, Anna also illustrated the harsh judgement of the deceased as attention-seeking. Her example carried the warning that the only proof that the young person's suicidal behaviour was 'genuine' is when it ends in death:

> *I've seen it on Facebook before. Someone killed theirselves and someone commented on it saying, 'Aw' ... Someone put up the pictures of the funeral like saying like, 'Oh, he got a lovely send-off', whatever, and then someone commented on it saying, 'Oh get over it, he was just looking for attention'. It's a horrible thing to say … How would they be looking for attention when they're dead like?!" (Anna, P03F18).*

In this section, I described participants' interpretations of self-destructive behaviour as a 'cry-for-help-gone-wrong', as a means for young people to communicate their distress. In the following section, I outline participants constructions of suicide within the rationality versus madness debate.

7.3.4 Suicide: A rational decision or a 'moment of madness'?

Participants had different views on whether suicide followed a rational decision or whether it was the result of a 'moment of madness'. This resonates with the historical debates surrounding suicide (Chapter Two) whereby suicidal individuals were either believed to be criminals or insane. In the first case, they were held responsible for their crime posthumously whereas in the latter, they could not be held accountable. In the present study, participants who viewed suicidal individuals as rational beings suggested that their suicide took place at the end of a process of planning and deliberation. A small number of participants believed that some suicidal young people are so determined to die that they do

not want to be helped. Finn for example was convinced that his friend was determined to die by drowning because he claims that the friend pushed away a lifebelt which was thrown to him. In Finn's mind, his friend acted in a deliberate manner which implies a level of planning. Finn sounded exasperated and angry when he recalled the event which suggests that he attributes a certain degree of accountability to his friend:

> *Me friend that drownded [drowned] … jumped straight off a bridge, couldn't swim! He knew what he was doing! They threw a ring in for him … to get him out … and he pushed the ring away. He pushed it, so he knew exactly what was happening (Finn, P10M22).*

It seemed from participants' accounts that participants found it easier to cope with someone's suicide when they were able to construct the death as unintended. Alana for example speculated that a young person who is in the process of ending their life may regret their decision when it is too late. She described how someone might be in the process of jumping off a bridge, unable to reverse their decision and die as a result. Alana based her view on the lived experience of a man who survived a suicide attempt. As described in Chapter Four, participants struggled to imagine suicide and hence, it might have been easier for them to construct suicide as an accident:

> *If someone was to kill themselves by ending up jumping off a bridge say, I believe the minute they step off it they wouldn't want to, they'd want to step back on it. Obviously, I don't know that for a fact … there is one guy I know of and he tried it before and he said he'd never do it again (Alana, P11F22).*

As stated, some participants did not believe that the deceased had acted rationally but that their suicide was the result of an impulsive decision, sometimes conceived of in a 'moment of madness'. Participants who understood suicide as an irrational act viewed the suicidal person as someone who 'just snapped', who was temporarily incapable of thinking rationally and thus, did not know what they were doing. Alison for example perceived suicidal ideation as a malevolent entity taking over the mind of a suicidal person. She implies that the suicidal person might be powerless against the overwhelming "beast" that prevented them from thinking clearly which otherwise would have protected them from suicide:

> *This is like a devil talking in my head like … it's like someone taking over my head, just putting bad thought in there … It's like a beast taking over your or something. It's like*

> *something's taken over you and putting bad thoughts into your head. Like, somebody else is talking in your head that's not you" (Alison, P06F19).*

The notion that the deceased was not himself was also indicated in participants' accounts who, based on their own perceptions of the deceased's personality, viewed their suicide as 'out of character' or as *"out of nature" (Archie, P22M19)*. Cillian's example resonated with Alison's notion that suicidal individuals are not themselves:

> *"I couldn't even ... think of any reason. No matter of how I hard I tried ... definitely wouldn't have been him, what I would've seen of him anyways … He was just so happy and all" (Cillian, P04M20).*

Quinn provided another example of suicide as an irrational, impulsive act. Similar to Alison's "beast", he suggested that the deceased was overpowered by a brief frenzy which prevented them from thinking and acting rationally. Quinn constructed irrational suicide as a tragedy which the deceased could have prevented if they had just waited for the moment to pass. Quinn's quote also echoed other participants' narratives of desire to turn back time which, unfortunately, is impossible:

> *"They're not thinking. Their mind is elsewhere. It's all just a few seconds of rage and then before you know it's gone, life over" (Quinn, P12M20).*

Regardless of whether suicide follows a rational decision or a 'moment of madness', or whether a young person's 'cry of pain' was not heard, participants' constructions of suicide suggest that self-destructive behaviour may be a way of coping with an intolerable situation.

7.4 Conclusion

In the present chapter, I have described participants' attempts to make sense of a suicide prompted by a state of shock. I have outlined how the shock disrupted participants' sense of normality because suicides among their friends and peers were unexpected. Participants often struggled to piece together the rationale behind a young person's death, especially if the suicide involved a seemingly happy person. Typically, suicidal individuals were not conceived of as happy and participants concluded that the deceased must have concealed their distress. This explanation allowed participants to reconcile the suicide with their prior beliefs about suicidal people. Following on, I traced possible pathways into suicidality which started with a problem too shameful to disclose. In this scenario, the young person feels trapped and isolated and as their situation becomes increasingly intolerable. In such a situation, suicide

comes to be seen as a viable option. Overall, the current chapter outlined participants' attempts to rationalise a young person's unexpected suicide. The remaining findings chapter (Chapter Eight) proceeds to describe in greater detail why participants thought young people may choose to conceal their distress instead of seeking help.

Chapter Eight Help-seeking behaviour: Barriers and facilitators

8.1 Introduction

In the previous findings chapters, I have described participants' suggestions that young people in distress should seek help instead of ending their lives. In the present chapter (Chapter Eight), I outline why, according to participants, some young people may decide against asking for help. Firstly, I describe fear, the fear of being misunderstood, the fear of being judged, the fear of being the target of gossip and ridicule, and the fear of humiliation as barriers to help-seeking behaviour. Secondly, I illustrate how suicidal young people may fear that they might be bullied as a result of disclosing their suicidal thoughts. As a result, they might feel unable to share their worries or concerns with others and confide in others. Finally, I outline from the perspective of participants, how young people can engage more effectively with supports where they actually have trust in those supports available to them.

8.2 Fear: A barrier to help-seeking behaviour

As stated, participants repeatedly insisted that asking for help could help prevent suicide. Yet, they also identified fear as a crucial barrier to seeking help. The excerpt below was Lucca's response to my question how he feels when he sees posts about youth suicide on Facebook. Lucca's quote illustrates the complicated feelings that young people may feel in response to suicide, which I have described previously. Although Lucca described anger towards the deceased for concealing their distress instead of confiding in someone, he also empathises with young people who might be too afraid to talk about their problems and so they resort to suicide instead:

> *[A] mixture of emotions to be honest. It's a bit anger, it's a bit sad ... I'd mainly say anger because that person just didn't talk out. I feel like it's better to talk than to hold everything in. I feel like it's better to talk than to hold everything in. I feel like ... it'd be easier for everyone. But then, at the same time, some people are quieter than others and they're probably afraid to talk about it. But like I ... and then it's sad as well to think that someone so young is after taking their own life (Lucca, P01M18).*

Overall, participants surmised that young people may be too afraid to talk to someone. Phoebe associated non-disclosure with a sense of fear that she does not describe in more detail. This choice to hide one's problems, or a young person's personal 'failure' to seek help, is also connected to the notion that some young people might not want to be helped, which was a view expressed by some participants:

I think … they're just afraid to open up … to talk about how they feel, and feelings and stuff like that. They'd rather just not do it. They'd rather just keep it to themselves (Phoebe, P09F21).

Cillian found it difficult to rationalise why some young people might be reluctant to confide in someone. He suggested that young people might either be afraid or unable to talk about a problem. When asked why young people might be afraid, he suggested that:

Cillian: Uh ... being afraid or something.

Melanie: Afraid?

Cillian: Being afraid of talking about it. Or just not being able to talk about it ... that's the only reason I can think about …

Melanie: What do you feel they might be afraid of?

Cillian: Could be all sorts of things, could be anything.

Melanie: What's the worst that you think could happen?

Cillian: Eh, nothing that bad would happen.

Melanie: But they're still afraid.

Cillian: They might be just ... afraid of letting the friends know, what it is and maybe just be worried about what the person would think about them (Cillian, P04M20).

Other participants identified a range of factors that may prevent someone from 'opening up', including a fear of losing face and a fear of being bullied. In the following sections, I describe in more detail the different kinds of fear which participants associated with the decision to conceal their distress, rather than to seek help.

8.2.1 Fear of being misunderstood

According to the participants, one barrier to help-seeking is the fear of being misunderstood. This concern was primarily discussed in the context of participants' views about their own personal experiences with mental health professionals, guidance counsellors or teachers. Participants commonly stated that they themselves felt uneasy about approaching authority figures. Although some participants said they would recommend counselling to a young person, they suggested that young people in general would be reluctant to share their concerns with mental health professionals. This view was informed by both

participants' knowledge and perceptions of mental health service providers as well as by their own experiences with counsellors. Some participants were concerned that misunderstandings might arise because counsellors might not listen properly. In the example below, Alva recalled her prior experience of receiving psychotherapy which she remembers as an unhelpful and frustrating experience:

> *But all psychiatrists … if you tell them what you like, they keep saying it's your hobbies, that it's your interests that are making you depressed when it's not … I was like, 'No! It doesn't come down to what you like. It's how you're feeling about yourself and what's going on in your own situations' (Alva, P14F18).*

Participants highlighted how not being sufficiently understood by others could result in a lack of reciprocity and relatability between them and others. For example, a lack of reciprocity and relatability between young people and mental health professionals could, from the viewpoint of participants, hinder young people's willingness to confide in mental health professionals or see them as a source of support. Saoirse for example described a mandatory session with her guidance counsellor in secondary school. Saoirse's personal expectations surrounding the meeting highlighted the importance of relatability for Saoirse in the supportive encounter. Importantly, her negative perceptions surrounding the counsellor's approach created a barrier for her to divulge personal information to the counsellor:

> *My guidance counsellor lacked so much emotion. She didn't smile … I actually asked her, "Are you not going to smile, you're not going to do anything?" She was like, "I take my emotions very seriously." If you're taking your emotions very seriously, I'm going to take mine very seriously and I'm not going to tell you anything about my life either. So that didn't last long (Saoirse, P20F18).*

Participants suggested that too big a difference in age, socio-economic background, or a lack of personal experience with mental health problems could impede a counsellor's ability to relate to or connect with a young person in need of support. In the example below, Quinn communicated his concern about the perceived lack in similarity between young men like him and counsellors. Quinn suggested that young men like him would assume that mental health professionals live in affluent neighbourhoods like Blackrock[50] and work in offices. As a result, Quinn argued that the staff working for suicide prevention

[50] Blackrock is located in County Dun-Laoghaire-Rathdown which, according to the 2016 Census, had the lowest level of unemployment of approximately 7 percent.

charities might be in some instances, too far removed from the lives of young people like him and thus, unlikely to understand young people like him:

> *People don't want to ring Pieta House[51] and stuff like that. I'm sure they do get a lot of phone calls, but I can't see any young fellow around here talking to anyone … they probably feel I'm talking to some person in an office that lives in Blackrock [affluent neighbourhood in Dublin] … they're not going to know how I feel (Quinn, P12M20).*

For Quinn, living in more advantaged circumstances might in some cases, create a distance between a counsellor and the young person. Perceptions of mental health professionals as unapproachable was not limited to young people from lower socio-economic backgrounds. For example, Saoirse spoke about a psychologist who visited her primary school, and whom she criticised for committing several *faux pas*. Saoirse suggested that the psychologist's formal attire, serious demeanour and use of inaccessible language created a barrier between her and the pupils that she engaged with:

> *Psychologists can be a bit formal. They come in with their suits-, that's what they did with our year. A lady came in with her suit. She was wearing a tie … and she was talking and talking and I think everyone just slept. She was very serious, she was using big words … When they said you can ask a question all the class were like, "What does this mean?" Even her adjectives were very big (Saoirse, P20F18).*

Lastly, Olivia, who had struggled with suicidality and self-harm[52] following her father's death, also talked about her experiences with counselling. Like other participants, Olivia stressed that talking about personal problems could be beneficial but pointed out that relatability was important. Recalling a personal experience with an older counsellor, Olivia suggested that the perceived age difference created a barrier between herself and the counsellor. In addition, this perceived gap was widened by Olivia's experience of not being listened to properly which, according to her, may create a barrier between the young person in distress and the support services available to them:

> *I think if a young person's coming in [counsellor's office], it's easier for them to relate to someone that's in their mid-20s, early 30s. Someone that they can actually feel like they can sit down and have a conversation with instead of sitting down thinking*

[51] Pieta House is a suicide prevention charity (https://www.pieta.ie).

[52] Olivia's reported that she had not harmed herself or felt suicidal since she was 16 years old. She was 19 years old when I met her and hence, she was eligible to participate in this study.

you're talking to a counsellor. There was one girl that never really worked out for me because when I was talking to her, she was always telling me what I was doing wrong … Instead of coming along and saying, "Why were you feeling like this and why did you have outbursts like that?" I know that it sounds horrible and I don't judge a book by a cover, but I think they look and the impression she gave off, I put a shield up. She was older, she had grey hair. You could already tell that I wasn't going to click with her. I click better with young people because I can have a proper conversation with them, but that's not saying that that's for everyone. Some people obviously prefer talking to older people (Olivia, P21F19).

8.2.2 Fear of losing face: Embarrassment and humiliation

Participants expressed that the view that the fear of losing face was a key reason for some young people's reluctance to disclose their distress. Confiding in someone – even in some cases, in close friends - was perceived as risky. From the viewpoint of participants, losing face was equated with embarrassment and shame and hence, it might be easier for young people to conceal their problems. Aidan suggested that disclosure of problems by young people could be a humiliating experience for them:

They could go and talk to someone but they're probably afraid to talk to someone … they don't want to let people know. They're ashamed to let people know (Aidan, P07M19).

Importantly, participants' accounts revealed that embarrassment and humiliation might be a real risk for young people. In some instances, participants reported negative personal experiences with adults in positions of authority. These contributed to the view of some participants that young people in distress may find it difficult to trust in potential sources of support. In the following example, Sophia described a humiliating experience with a teacher. Sophia intimated that she used to cut herself[53] which left scars on her arms. Out of embarrassment, she tended to wear long sleeves to conceal the marks. Sophia recalled that on that day, the teacher called her a "slut" and forced her to reveal the scars to her class. In so doing, according to Sophia, the teacher caused her to feel ashamed and humiliated:

I used to get bullied by teachers … there was one day where one of the teachers … called me a slut in the middle of the class. She got me to show off my self-harm scars

[53] According to the participant, episodes of self-harm took place outside of the period of exclusion described in Chapter Three.

to the whole class and it just made a whole show in front of everyone and it made me feel shit, even worse than what I was feeling already (Sophia, P15F20).

Some encounters which participants experienced as humiliating were the result of the insensitive actions of the adults involved. Yet, as participants pointed out, another potential source of embarrassment for young people might be the attitudes of their peers towards help-seeking. Seemingly trivial factors, such as the location of potential support services, might also be problematic. This was illustrated in Dean's account below. Dean was a young man who identified as gay and reported that he was bullied as a result and had received counselling. Yet, Dean pointed out that the position of the guidance counsellor's office at his school made it difficult for him to visit without being seen. According to him, this prompted his classmates to speculate about his reasons for visiting, which appeared to be a dehumanising and alienating experience, on top of being bullied for his sexual orientation. Dean provided a powerful account of the stigma surrounding counselling and mental health problems which he felt marked him out as weaker than his peers:

Melanie: How does it feel to go to counselling?

Dean: I hate-, I feel like an alien. I don't feel human; I don't feel like everyone else. I feel like I'm this special glass thing that's gonna break, and everyone looks at me like I'm gonna break. Everyone looks at me like I'm weaker, because when they see me going to the counsellor, they think, 'okay, something's not right upstairs', you know?

Melanie: People can see you going to the counsellor in here?

Dean: Yeah and even though they won't let the teachers or the staff here-, they won't straight out that 'Dean's with the counsellor', it's just a fact here that if you don't show up for class, you're here with the counsellor. It's just, everyone knows where you are. So yeah, I feel different but not in the good way (Dean, P13M19).

Similarly, Archie suggested that the disclosure of one's problems could lead to feelings of embarrassment and shame. He reckoned that young men would not divulge private information in a group context for fear of being laughed at and, like Dean described, judged as weak. Archie surmised that fear of disclosing could exacerbate a young person's concerns and make the young person feel ashamed:

Archie: People would probably make a laugh of them. So that's why you wouldn't say it in a big group, they wouldn't talk about their problems in a big group … It wouldn't be talked around big groups, you'd be ashamed.

Melanie: Ashamed of…

Archie: People knowing their problems, knowing they're weak and stuff like that.

Melanie: Why would it be such a bad thing if people knew their problems?

Archie: So, then they can make more fun of them about their problems. Make stuff worse (Archie, P22M19).

8.2.3 Fear of not being taken seriously

Some participants suggested that the fear of not being taken seriously may prevent young people from seeking help. Participants surmised that young people may worry that their struggles may be trivialised as not serious enough, that they might be seen as attention seekers or as *"faking it" (Cian, P17M21)*. In the following example, Finn illustrated how difficult it can be to be taken seriously, especially if a young person engaged in non-fatal suicidal behaviour in the past. Finn described how a young person's attempts to communicate their distress might be dismissed as a joke. For the distressed young person, this is a quandary. If they admit that their suicide attempt was a 'cry for help', then they might be perceived as attention seekers:

> *If you do tell a friend that … I haven't been feeling the best lately, I feel a bit down or I feel a bit depressed … Your friend could be joking with ya: 'Ah sure, look. You … were only telling me last week you tried to commit suicide' … that could be another thing, where they could think it's a laughing joke (Finn, P10M22).*

Indeed, Anna argued that if a young person disclosed a problem they were struggling with and were subsequently considered by others to be attention seeking, concealing the problem might help them save face until their situation becomes so intolerable that they resort to suicide. Here, Anna implied that people can be 'shocked' into paying attention to the deceased:

> *If you feel there's something wrong with you and you tell someone, they … think you're looking for attention … no one really cares but they don't actually realise what's going on in someone's head until they actually do something stupid ... like, suicide like (Anna, P03F18).*

Alana took a gendered approach to understanding young people's reluctance to discuss their problems with mental health professionals or with their parents. She surmised that the majority of men in her area would be unlikely to ask for help out of fear that their problems would be trivialised. Alana argued that

the fear of not being taken seriously affected men more than women. As other participants have reported, Alana suggests that it may be more permissible for women to communicate their problems than it is for men:

> *Not a lot of grown men who are 30 or 40 are going to ring up Pieta House[54] and say, 'I need help.' … Same with 18- and 19-year-olds [boys] here in [the area]. I believe 80% of them aren't going to ring up somewhere or turn to their parents saying, 'I don't feel well, or things are weird. I shouldn't be thinking like this.' I don't think they would because I feel like they will be told, 'You're grand' (Alana, P11F22).*

The role that gender appears to play in preventing some young people from seeking help is explored in more detail in the following section which deals with participants' accounts of young people's fears of being judged.

8.2.4 Fear of being judged

Many participants suggested that young people care about what others may think about them and that being afraid of being judged may keep young people from confiding in their friends or parents. Finn's quote illustrated how a young person's fear of being judged might discourage them from seeking help. This puts a barrier between the young person and their social support network. Finn was concerned that ultimately, this fear might lead a young person to contemplate suicide as a way out:

> *I think … the majority of people that are committing suicide, I'd say, haven't spoke [sic] to anybody … They were scared to speak to somebody or approach somebody about it, because … what way do you look at them, or judge them. And then they think then the final resort is suicide (Finn, P10M22).*

Participants suggested that both young men and women worry about being judged. Yet, the fear of losing face tended to be discussed more often in the context of male gender norms. Both male and female participants identified a double standard whereby it is deemed more acceptable for young women to display vulnerability and openness about feelings. By contrast, the same behaviour appeared to be more frowned upon in young men. Phoebe suggested that young men are less likely to disclose their problems for fear of being thought less of:

[54] Pieta House is an Irish suicide prevention charity (https://www.pieta.ie/about).

> *I think with boys, they're just afraid to open up. In case what anybody else thinks of them (Phoebe, P09F21).*

Both male and female participants were aware of views that rendered men crying in public as particularly problematic. Crying was understood as a sign of weakness and thus, associated with a sense of shame. As Cian suggested, young men are expected to be fearless, unemotional and strong - a characterisation which resonates with the concept of 'hegemonic masculinity' (as introduced in Chapter Two). Cian suggested that men who cry contravene traditional male gender norms and are likely to be judged. Cian was one of the participants who questioned societal norms which require men to appear invulnerable. Yet, he also recognised the pervasiveness of tradition:

> *Men are afraid to show their emotions. It's a sign of weakness … When you think about the big manly man, he's not afraid of anything … you don't think of a man who is crying over a puppy. You just think of a man's man, chopping down trees … That's just the way society is. If you look at a man and he's crying, you go, 'Jesus, what's he crying for?' That's what people think (Cian, P17M21).*

Some participants also discussed that traditional gender norms do not only make it difficult for men to seek help, but to provide support for them. Finn for example described the delicate balancing act between caring about a friend while trying not to embarrass him. He suggested that due to the stigma surrounding mental health issues such as depression, the friend might experience questions about his well-being as judgemental. Hence, Finn felt that even though he would like to help, his hands might be tied:

> *You feel like texting [a male friend] saying, 'You alright? Is there anything wrong with ya?' … Where you don't wanna text him saying, 'aw, do you feel-, you're not feeling the best or anything?' Just in case he's saying, 'What, are you trying to say I'm depressed or something?!' You know? So … they're just trying to judge you straight away even though you're helping (Finn, P10M22).*

A small number of female participants had witnessed young men in their lives (e.g. brothers, boyfriends, and male friends) spending much energy on hiding their issues. Although these participants worried about the well-being of such men and encouraged the young men to confide in them, female participants reported that their offers to listen and to talk were rebuffed. In the following example, Phoebe's intimated her concern about her younger brother who was grieving the death of an uncle he was close to. She

recalled how her brother refused to talk about his grief. Her quote captures both concern for her brother's well-being and her sense of frustration at not be able to help:

> *I've told my brother loads of times, 'I'm always here if you need to talk' … even his girlfriend … she'd even say it to him, 'Aw, you can talk to us.' He's just like, 'No, I don't want to. I'm alright.' He just puts a brave face on … When you know yourself that he's not alright? But he just says he is [alright] so he doesn't have to talk about anything, about how he's feeling (Phoebe, P09F21).*

Participants suggested that young men can be taught appropriate (i.e. traditional) male behaviour from interaction with their male contacts. However, participants suggested that young men who contravene these norms would be subjected to snide remarks. Some participants argued that young men were required to appear to be 'tougher than girls'. Some participants based their views on speculation, others offered concrete examples of witnessing young men's socialisation within their families, among peers or in sports clubs. Valentin, who was a football player and coach for younger boys at his local football club, described how young men would be told to conceal their pain as otherwise they would be branded as attention seekers. This might help understand how young men who have learned to conceal their physical pain might also decide to hide emotional or psychological turmoil:

> *When you play a sport … if you get injured … you kinda have to … get up and get on with it … that's expected, because you can't be going around and crying … that's kind of a situation where it's acceptable to tell someone, 'Oh, man up!' … because it's a physical problem and it's kinda obvious if it's serious or not. And if it's not serious, the person is just … being a 'whinge' or a 'moan' … for no real reason … My manager would always say if you get a cut or something from a tackle, 'oh, man up! Go and get on with it. Put a bit of water on it and you're grand' (Valentin, P08M18).*

Participants suggested that women were more open to talking through their problems within groups of female friends, and somewhat less anxious about feeling judged when compared to men. Although most participants suggested that young people regardless of their gender should talk, traditional understandings of masculinity may, according to participants, deny boys access to the same mechanisms of coping. Indeed, as observed by Olivia, participants suggested that young men in distress might be more isolated than young women because young men who struggle might inevitably mask their problems in order to avoid being mocked by their friends:

> *You never see a group of lads sitting down and talking about, 'My girlfriend done this, and it made me feel really shit. I actually want to cry', because all the lads would be like, 'You little gay boy, what are you crying for?' It's just a front between all the lads that they all need to be strong, they all need to be able to deal with things like that (Olivia, P21F19).*

As stated, overall participants tended to agree that sharing one's worries would be beneficial to young men's well-being. Valentin's quote further illustrates the predicament facing contemporary young men. He highlighted the double standard that seems to allow women to feel sad in a publicly visible way, but not men. Valentin did not merely point out that men are supposed to hide their sadness; he also stressed that norms governing masculinity require men not to *be* sad. Moreover, Valentin outlined the dilemma whereby he no longer identifies with an "outdated" view of masculinity but is not entirely able to escape it as it is being kept alive in people's minds:

> *It's alright for a woman to be sad, because she's a woman but it's not alright for a man to be sad, because he's a man … it's just kinda something that's so outdated that I can't even relate to it, but it is something that is always at the back of people's minds (Valentin, P08M18).*

8.2.5 Mistrust: Fears about confidentiality

Participants identified lack of trust as an important barrier to help-seeking behaviour. Specifically, participants worried that their privacy might not be respected. Although this section deals with participants' mistrust in counsellors, participants also discussed fears about confidentiality in relation to general gossip, as described in Section 8.2.6. Some participants argued that counsellors might promise to treat personal information confidential, and break that promise afterwards[55]. This concern was based on both personal experience and speculation. Indeed, two participants reported that they felt betrayed by their respective school counsellors who allegedly had passed on private information, such as incidents of self-harming, to school staff. As a result, these participants experienced a mixture of feelings such as anger, humiliation and betrayal and consequently, refused to return to the counsellor:

[55] According to Children First (Department of Children and Youth Affairs, 2017), a national policy document for the guidance of identifying and reporting child abuse and neglect, counsellors and others who are concerned about the welfare and safety of a child are required to report this to TUSLA, Ireland's Child and Family Agency or to the Gardaí.

> *When I went to the counsellor about it, she went around the whole school that I self-harmed. Everybody knew about it, which it was supposed to be confidential, but it was never confidential because she told everything to everyone, which I think is wrong, so I never went back to her (Sophia, P15F20).*

Alva provided a powerful example that illustrates how she felt betrayed by a counsellor in secondary school who passed on sensitive information to school staff. Alva described how her private information became public knowledge and how she was subjected to being bullied more as a result. Alva's story exposed both the stigma that surrounds self-harm behaviour and the implications entailed by failing to treat sensitive information confidentially. In Alva's case, she refused to accept further support from the counsellor:

> *Alva: When I was in secondary school … we had a counsellor there and you felt like you couldn't talk to her because she would tell the staff everything about someone. There was no confidentiality whatsoever … she spread everything in the entire school about my self-harming, that my Mam's in hospital and I got bullied more over that … and I refused to go back there. she completely broke that promise [of confidentiality] and that trust.*
>
> *Melanie: How did you find out she had broken that trust? Your trust.*
>
> *Alva: Everyone kept saying stuff to me. Like, staff kept pulling me out of class saying, … 'Did you self-harm today?' and I was like, 'Who fuckin' told you that?' and they were like: 'This counsellor' … I told her to her face when she tried to call me out of class one time. I was like, 'No, I'm not going. You completely broke that confidentiality … You're no counsellor whatsoever … if I wanted my problems to be known … I would go to social media! (Alva, P14F18).*

By contrast, mistrust in counsellors was not always based on personal experiences but on participants' perceptions of counsellors. Although some participants were aware of the limitations to confidentiality in serious cases (e.g. if a young person was at risk of self-harm), this did not evoke a sense of trust in participants. Instead, from the perspective of participants, a mental health professional's obligation to breach confidentiality could pose a barrier to a young person's willingness to seek help in the first place. This paradox is expressed by Saoirse who implied that a young person might go to a counsellor because of a serious issue that they feel unable to discuss with their parents. Yet, she suggested that if the

counsellor points out the limitations to confidentiality, this might prevent the young person from discussing the issue:

> *All guidance counsellors start the conversation with, 'This is very confidential so, don't worry about it, but if there's any serious matters we will be contacting your parents.' What if I have a serious matter, but I don't want you to call my parents? … If I wanted to discuss it together [with parents and principal], I would have gone to my parents first (Saoirse, P20F18).*

Similarly, Alison's example indicated a tension between the potential benefits of seeking professional support and young people's concerns about confidentiality. By her own account, Alison found it difficult to trust people in general. As a result, she was very cautious in her choice of confidante which she limited to a handful of people, including her mother, as described below. Alison's quote was interesting because on the one hand, she trusted in the ability of mental health professionals to help young people in distress. On the other hand, however, Alison rejected this -hypothetical - option for herself because she knew that if a young person was at risk of self-harm, the psychiatrist would be required to break confidentiality. As described before, like other participants, Alison placed greater trust in people she knew than in strangers:

> *Alison: You're best off talking to someone close, or go see a psychiatrist … Therapist, anything like that. Or go [to the] doctors and get yourself checked. You know, where they do brain scans to see if there's anything wrong with you. They can find out what's wrong with you, if you're suffering from anything.*
>
> *Melanie: Would you be comfortable going to a psychiatrist?*
>
> *Alison: Nope! … No! I'd rather talk to someone like my Ma. I wouldn't talk to a stranger about things … they'll end up knowing your whole life story.*
>
> *Melanie: What would happen if a psychiatrist knew your whole life story? Or a stranger?*
>
> *Alison: Don't tell anybody like. Even though they have to tell.*
>
> *Melanie: Psychiatrists have to tell?*
>
> *Alison: Yeah, they have to. If someone's going to do something to theirselves [sic], they're going to have to tell somebody like … They're not gonna keep it to theirself [sic], "Aw, I knew he was gonna do it or she was gonna do that" (Alison, P06F19).*

8.2.6 Fear of gossip

As described in this chapter, participants suggested that young people worry about being judged and potentially humiliated. For some participants, gossip was associated with a sense of embarrassment which goes hand in hand with being afraid of losing face. Participants argued that young people were afraid that if they confided in someone, they might be judged or mocked - either by the confidante or by others – if their personal and sensitive information became public knowledge. While the safeguarding of one's privacy was generally perceived as important, admission of vulnerability posed a greater hurdle to male rather than female participants. Participants suggested that for some young men, potential embarrassment might lead to non-disclosure of problems. Confiding in someone, even in friends, was perceived as risky. To some extent, this distrust was informed by young people's observations of peers gossiping about someone else. Alison for example reported that when she hears people gossiping about someone else, it reminds her that they might also gossip about her. Consequently, she did not regard people as trustworthy and reported that she would not share private information:

> *Some people that I do be around, they do talk about some people. So, I always wonder to myself, what do they say about me? So, that's why I wouldn't tell anybody anything (Alison, P06F19).*

Given the prevalence of social media use among young people, participants suggested that disclosure may have far-reaching consequences for a young person. Some participants warned against disclosing private information about oneself on social media as once released, it is difficult to remove. However, this does not protect a young person from their peers distributing potentially humiliating material on social media with the potential to reach a wide audience as illustrated by Quinn who suggested that anything embarrassing would be shared on Facebook:

> *Let's say if something happened that embarrassed someone, it would be all over Facebook (Quinn, P12M20).*

As stated, confidentiality was highlighted as extremely important among participants and thus, some participants suggested that to avoid gossip, young people who struggled with an issue might benefit from talking to a stranger (e.g. a mental health professional), rather than confiding in their friends. For instance, Alana perceived private information to be more secure with a counsellor than with friends:

> *Counselling, stuff like that … You don't want to talk to someone, and they go and tell their friends and they go and tell this and that. You wouldn't be comfortable talking about it again. That's why talking to a stranger is a good idea (Alana, P11F22).*

Yet, as suggested earlier, confiding in a counsellor might be problematic due a number of reasons, such as issues pertaining to trust, or the public location of a counsellor's office. Participants worried that being seen to attend counselling would lead to being gossiped about or judged by one's schoolmates. As indicated by Cian, participants explained that the risk of embarrassment might prevent a young person from approaching the guidance counsellor at school

> *You know where their rooms are and then again, word spreads like wildfire. So, if you walk into the guidance counsellor's room, it would be like, 'Why are you going in there?' If you were off class, 'Why were you off class?' People need to know. So that's why people wouldn't go (Cian, P17M21).*

8.2.7 Fear of being ridiculed

The fear of being ridiculed also emerged as concept which explained why some young people can avoid seeking help. Archie positioned the fear of being ridiculed within a discourse of hegemonic masculinity. He maintained that men cannot discuss problems with their friends because they would be laughed at. As we discussed the barriers to help-seeking in the context of suicide, I asked him whether being laughed at was worse than death. Poignantly, Archie suggested that being laughed at would "ruin" him and moreover, that he would find worrying about gossip very stressful. This gives important insight into the power of social norms which effectively, might limit a young men's access to support:

> *Archie: They [boys] can't go and talk to their friend about this kind of stuff because they just laugh at you.*
>
> *Melanie: So, is it worse to be laughed at than to die?*
>
> *Archie: Yes. You feel they'll tell everyone then and your head will be wrecked and then you wouldn't know who would be looking at your back and thinking, 'They're talking about me all the time.' That would ruin me (Archie, P22M19).*

Chris' account below also reveals the stigma that can surround self-harm behaviour and suicidality. He talked about how he and his former girlfriend were hiding the fact that she tried to end her life by cutting

herself because he had anticipated that disclosing his girlfriend's self-harm behaviour could result in her being mocked and bullied:

> *Melanie: "How easy or difficult did you find that, to just keep it [former girlfriend's self-harming] to yourselves?"*
>
> *Chris: "It wasn't really that hard because it's something you don't talk about with others because some people think it's just stupid to do it and they just make fun of it and rumours would spread about this girl and she'd start getting bullied and you know, she'd do it again" (Chris, P24M18).*

8.2.8 Fear of bullying

As described in Chapter Six, some participants felt that there was a strong relationship between bullying and suicidality. Consequently, they felt that fear of bullying may also play a significant role in a young person's decision to conceal their problems. Some participants drew on their own experiences of being bullied; others had witnessed how their friends, classmates or strangers were bullied. Although two participants who both identified as LGBTQ reported that they had experienced physical violence, harassment was more commonly associated with verbal attacks. However, Anna worried that *"words hurt more than actions, definitely" (Anna, P03F18).* Verbal harassment was mostly described as jokes and disparaging remarks which were made either in person or on social media. Some participants interpreted bullying as maliciousness disguised as jokes but with intent to hurt the victim; others suggested that some young people simply did not realise how harmful their words could be for their peers. Aven for example criticises young people for making thoughtless comments on Facebook:

> *If they see something that they can say something about, they'll just go ahead and say it. They don't have a filter; they don't stop themselves … Say you're thinking something, and you know sometimes that you shouldn't say that out loud. Use your brain (Aven, P23F18).*

A minority of participants reported that they were told to either harm themselves, or even to take their own lives. In two cases, the perpetrators were peers and in one case, it was reported to be a teacher. In the example below, Sophia described how both she and her friend, Aisling, were told to kill themselves. Sophia alleged that in her friend's case, these "jokes" became a self-fulfilling prophecy because in the end, she did end her life:

There used to be people in school that used to bully me, tell me to kill myself and all, and I was just like, "It's not a joke, you don't tell people to go kill yourself because if they actually did it, you'd be feeling guilty then. You wouldn't be able to live with yourself." That's what happened to my mate Aisling. She got severely bullied and she was always being told to kill herself and one day, she just couldn't take it anymore and she ended up doing it. It did kill me (Sophia, P15F20).

Three participants said they were bullied for their sexual orientation (i.e. identifying as gay and lesbian respectively). Chris (P24M18), a young man originally from the Middle East reported that he was bullied for both being foreign and for being friendlier with girls than with boys. As a result, Chris, who identified as 'straight', suggested that being friends with girls instead of boys earned him the label "gay" which implied that he was perceived as less masculine:

I just used to get bullied. I guess I wasn't from here. So, for being foreign … they always pick on the weak … I was new, I didn't know anyone I didn't know English and I always get called gay because usually the girls were nice. They'd come up and help me, all this stuff, but they thought I was gay. So, I didn't have any friends that were boys, it was just girls (Chris, P24M18).

8.3 Trust: A facilitator of help-seeking behaviour

Overall, participants highlighted the importance of trust and they tended to regard people they had known for a while as more trustworthy than strangers. Generally, participants reported that they would be more comfortable with and more trusting of family members (especially parents), friends, partners or other adults in their social network. Even participants who reported that they did not have a good relationship with their parents identified, close friends, boyfriends and girlfriends as a source of support and people in whom to place trust. For example, Amie described her parents as very open and supportive whilst also acknowledging that this may not be the case for all young people. Amie's example highlighted the importance of being listened to which seemed to encourage her to share her thoughts and worries with her parents:

I know some of my friends just go home and they don't talk to their parents … but I just sit down for hours and just moan. That probably sounds so weird, but I just talk to them so much, tell them everything (Amie, P19F21).

In Chapter Seven, I described how young people might feel isolated and increasingly overwhelmed by a problem. Here, Elias' account illustrates the importance of being facilitated to talk about his problems and to have the necessary support to do so. He suggested that having trust in and sharing one's problems with others could prompt a more positive perspective for young people who have suicidal concerns and subsequently, enable people to better manage the problems that they encounter. Elias shared that he was fortunate to have a supportive family and friends to draw on:

> *Once you talk it out it's a relief because it's not as big a problem as you thought it was … I have a good family behind me so, if I ever had any problems I can just talk to them and they always just talk it out of me … Definitely have a strong group of friends as well … we can have serious conversations as well as just having a laugh as well … I'm just really lucky that I have friends and family (Elias, P16M22).*

As described earlier, some participants explained that they would not feel comfortable confiding in a counsellor. It seemed very important to participants to be able to trust mental health professionals before they shared intimate details with them. One participant, Anna, reported that she trusted her school principal but would not feel comfortable speaking with a counsellor, because a counsellor would be a stranger to her:

> *I don't really like counselling … It's just the fact that I don't know the counsellor, I don't know who they are. They're a complete stranger … so I wouldn't really be able to talk to them. I'd rather go in, sit in [the principal's] office and have a chat with him. It's just much more comfortable (Anna, P03F18).*

Alison views on trust and help-seeking resonated with Anna's, at least to some extent. Alison stated that she does not trust people easily and that there are only a carefully selected number of people who are close to her, such as her boyfriend and her mother. Although she pointed out the importance of being able to talk about "things", i.e. issues that matter to young people, she highlighted the importance of being able to trust that personal information should be treated confidentially by the confidante:

> *Melanie: What does trusting a person mean to you?*
>
> *Alison: Like, being able to talk to them about things … you really need to know who you're true friends are … and you are able to tell people things and talk to them without them going back to somebody else and tell them that. That's … what I mean by 'trusting'.*

Melanie: Okay. How do you know that you can trust a person?

Alison: I just tell my cousin or my boyfriend. That's the only people I talk to. I wouldn't talk to anybody else … But if there's anything wrong … I think I'd go to my boyfriend more because … I trust my boyfriend more because I know he wouldn't say anything to anyone.

The importance of building rapport, of being able to trust enough, was also implied in Olivia's example. Olivia talked about a former friend's self-injurious behaviour which she perceived as her friend's way of communicating her distress. Importantly, Olivia highlighted the importance of having at least one good person to confide in. When I asked Olivia why she thought that she was the only one that her friend would confide in, Olivia started by describing how she would openly address incidents of self-harming behaviour in other people and how by bringing it out in the open, the problem becomes a burden halved. Midway, Olivia brought the issue back to her own experience of self-injurious behaviour. Using self-disclosure, Olivia made herself relatable and moreover, she normalised the other person's episode of self-harm which may facilitate trust and opens the door for the other person to talk about their reasons for deliberately injuring themselves:

Olivia: I think she [my friend] was depressed and then sometimes when she did it [cut herself], it seemed like she was doing it to show me, but I think that as well is the only reason she did it was because I was the only one that she'd come and talk to about it as well.

Melanie: Why were you the only one she'd come and talk to?

Olivia: Before, if I found out someone else did it … I'd make them talk about it. If I trusted them enough, I'd tell them how I felt about it. Why I did it [self-harm] and the reasons I felt like I was alone. It showed them obviously, there's other people out there and they know about the people that are doing it, but it showed them that everything that they're feeling is normal. It's alright feeling crap the odd time or feeling down or feeling like there's no way out. Once there's one person to lean on, it makes it a bit better (Olivia, P21F19).

Other participants also highlighted the importance of being able to trust in anyone pointing out that it did not matter whether the confidante was a friend, mental health professionals or parents. As Ben suggested in the example below, the most important facilitator for help-seeking is that young people have at least

one trusted person in their lives. However, Ben also pointed out that good friends would be able to know whether a young person was unhappy and should urge them to talk about their issues. However, also suggests that friends have a responsibility to appeal to a friend in distress to ask for help if they are not able or willing to confide in their friends:

> *Ben: Their true friends will know if they're not happy. If they know they're unhappy, bring them up and see if they'll talk to you about it. If they don't, then there's nothing that you can do. Just try and get them to go to someone else for help.*
>
> *Melanie: Who could they go to?*
>
> *Ben: They could go to their parents; they could go to whoever they trust - the main person they trust. They should go to that person and try to talk to them about it or even write it down. See if that helps them (Ben, P18M20)*

In this section, I have described participants' perceptions of the importance of trust as a facilitator for help-seeking behaviour which was largely based on participants' own feelings or prior situations where they were able to trust someone. This section highlighted participants' perspectives of the benefits of trust but underline the importance of confidentiality.

8.4 Conclusion

In this chapter, I have described and explained participants' understandings of the factors that can restrict or facilitate helping-seeking behaviour for young people who feel at risk of, and who might be vulnerable to, suicide. Based on participants' accounts, various dimensions of fear may act as barriers to young people's willingness to seek help. Some of these constructions were located in participants' prior experiences whereby some participants themselves had been victimised through bullying, or who had witnessed others being bullied and humiliated. Importantly, the findings from this chapter suggest that some young people who feel increasingly overwhelmed by an intolerable situation (as outlined in Chapter Seven) can move to seek out support. However, confiding in someone might also be for some too risky because they fear the repercussions arising from others knowing about their problems. Nevertheless, participants repeatedly emphasised in the study, the benefits for young people of asking for help from supports that young people can rely upon and fully confide in. From the perspective of participants, having supports to rely on might lessen the risk of suicide or suicidal behaviour among young people.

Chapter Nine Discussion

9.1 Introduction

This study sought to address the following core question: what does youth suicide mean to young people in Ireland? The present study aimed to gain a better understanding of the meanings young people attribute to youth suicide, and to build a conceptual framework of these meanings. This was achieved by exploring both participants' individual understandings of youth suicide as well as how these are embedded in local community discourses, norms, values and beliefs.

In the current chapter (Chapter Nine), I discuss the findings from this study described in the five preceding chapters (Chapters Four, Five, Six, Seven and Eight) in relation to the existing literature. Throughout this chapter, I highlight how the findings converge and diverge from past research. Furthermore, I underline any new dimensions that the findings add to our existing knowledge of youth suicide. Where appropriate, I point out both new and unexpected findings.

In the following sections, I discuss how participants' constructions of youth suicide highlight the complexity of the issue. Based on the data, I suggest that it is unlikely that one single factor can account for suicidality, before discussing the multifaceted nature of suicide in more detail. I tease out the perceived threat of suicide in relation to notions of 'normality' leading into a discussion of suicide in relation to concepts of stigma and shame. This chapter juxtaposes participants' own stigmatising constructions of suicidality and young people's distress with participants' perceptions of young people's tendencies to internalise social stigma and shame. Lastly, I conclude with a debate pertaining to the barriers to help-seeking which may enable young people to view suicide as a viable 'alternative'.

9.2 Youth suicide: A complex issue with multiple causes

In this section, I discuss young people's understandings of suicidality as a complex issue in relation to the existing literature. Consistent with past research (Bartik et al., 2015; Heled & Read, 2005; Orri et al., 2014; Roen et al., 2008; Stubbing & Gibson, 2019), the findings from the present study suggested that suicide may be a complex issue. Participants employed a range of explanations for a young person's suicide, including individual and socio-cultural factors. In the present thesis, the different factors that may potentially prompt a young person to their life were presented individually in the preceding findings chapters. However, in line with Stubbing and Gibson's (2019) study, participants did not usually ascribe suicidality to one single factor but instead, they tended to identify multiple causes of suicide.

Participants felt that mental illness, notably depression, could lead to suicide, supporting the findings of earlier studies on young people's understandings of suicide (S. Bennett et al., 2003; Bourke, 2003; Cleary, 2012; Garcia, 2016; Heled & Read, 2005; Stubbing & Gibson, 2019). This finding was not surprising as currently, academic and public discourses tend to emphasise the role of mental illness in suicidality (Beautrais, 2000; Cavanagh et al., 2003; Chesney, Goodwin, & Fazel, 2014; Gili et al., 2019b; Haw & Hawton, 2015; Hawton & van Heeringen, 2009). Although not all of the studies reviewed have focused exclusively on youth suicide, Hawton and van Heeringen (2009) argued that the same risk factors of suicide affect young people and adults alike. Gili et al.'s (2019) review lead to the conclusion that mental illness played a key role in suicidal acts in young people. Insights from studies like these have also entered the public sphere and are communicated through, for example, the media (Marsh, 2016). As the findings implied, information about suicide may enter young people's communities via a myriad of more or less formal channels – ranging from exposure to suicide over word of mouth to mental health education at school - and colour their understandings about suicide (Fullagar et al., 2007).

Although, like in past research (S. Bennett et al., 2003; Bourke, 2003; Cleary, 2012; Coggan et al., 1997; Stubbing & Gibson, 2019; Sweeney, 2011), participants in the present study believed that depression could contribute to suicide, it is important to highlight that the connection between suicide and depression was not always discussed in terms of a formal diagnosis of a mental disorder. Sometimes, participants talked about suicidal young people feeling depressed in a more colloquial manner to convey that someone was feeling down. Sweeney (2011) argued that the term 'depressed' tends to be used colloquially to describe low mood. Furthermore, several researchers (Cleary, 2012; Roen et al., 2008; Stubbing & Gibson, 2019; J. White et al., 2016) have suggested that young people may revert to understanding suicidality in terms of mental illness because alternative conceptualisations are limited. This resonates with the criticism that the "medicalised depression discourse" (S. Bennett et al., 2003, p. 292) takes up too prominent a position among explanatory models of suicide (Hjelmeland & Knizek, 2010, 2017; Marsh, 2016; J. White & Kral, 2014).

Even though bio-medical models of suicide continue to dominate academic research, the findings in the present study support a growing number of researchers challenging its singular place in suicidology (Hjelmeland, 2016; Hjelmeland et al., 2014; Hjelmeland & Knizek, 2010; Marsh, 2016; McDermott & Roen, 2016; Roen et al., 2008; J. White, 2012). As Marsh (2016) remarked, the role of mental illness in suicide may be one among many readings. Even Haw and Hawton (2015), who defended the role of mental disorder in suicidality as an "established fact" (p. 3), concede that suicidal behaviour is too complex to be

ascribable to one single cause. Participants' constructions of youth suicide in the present study further reinforced this claim. Supporting existing research, participants in the current study suggested that aside from mental ill-health, a young person might feel trapped in an intolerable situation brought about by, for example, victimisation through bullying, relationship problems, substance misuse, or unattainable social expectations, and related feelings of inadequacy. In these examples, mental illness did not appear to be the primary factor contributing to the young person's suicide decision but rather, it seemed to be a response to an intolerable situation – a "psycho-social dilemma" (Roen et al., 2008, p. 2096) - which they could no longer cope with (Fullagar, 2003; Kidd, 2004; Rasmussen et al., 2015; Roen et al., 2008; Stubbing & Gibson, 2019). I discuss the notion of not coping in relation to suicide in more detail in Section 9.7. But first, I will further refine the complexity of suicide by outlining participants' related constructions of youth suicide as a potential threat to their lives.

9.3 Youth suicide: Threatening young people's lives

Participants in the present study perceived suicide as a potential threat to their own lives, and to the lives of their friends. Participants constructed suicide as ubiquitous, novel and unpredictable, which appeared to evoke a sense of powerlessness. These perceptions seemed to be influenced by exposure to suicide, local talk about suicide, the news and through social media. As humans, we tend live in an ordered and routinised world, which we come to regard as 'natural' or 'normal'. Routine means predictability, and a predictable world is associated with a sense of safety (Ainlay & Crosby, 1986; Goffman, 1971). Suicide removes this sense of normality, and the loss of predictability may cause alarm as life seemingly becomes more precarious (Goffman, 1971). Moreover, as Fullagar et al. (2007) suggested, the more frequently young people are exposed to suicidal behaviour, news reports and gossip about suicide, the more sensitised they might become to the phenomenon. Participants in the current study felt that it was difficult to avoid suicide-related stories and news reports, which they perceived as much more present in their lives than ever before. According to Headline Ireland[56] (2015), news reports on suicide and mental health have indeed increased significantly in recent years. Hence, it is plausible that participants have been exposed to more news about suicide contributing to their assumption that suicide had in recent times become very prevalent among young people.

[56] Headline is "Ireland's national programme for responsible reporting, and representation of mental illness and suicide" (https://headline.ie/facts-figures/).

The manner in which suicide is discussed in the media – both online and offline - can also shape young people's perceptions of suicide and may lead them to either normalise suicidal behaviour (Abbott & Zakriski, 2014; Forbes et al., 2012; Pitman et al., 2017; Roen et al., 2008), or glorify it (Forbes et al., 2012), or to feel alarmed by it (Fullagar et al., 2007). In the current study, a minority of participants leaned somewhat towards normalising suicidal behaviour suggesting that that it had become a 'trendy' way of coping with life's problems which echoes past research (Forbes et al., 2012; Roen et al., 2008). However, contrary to previous studies (Canetto, 1993; Forbes et al., 2012), none of the participants accepted suicide as an option, nor did they perceive suicide as heroic or glamourous. Although it is possible that continuous exposure to a threatening environment may lead to the redefinition of this state of precariousness as the new normal (Goffman, 1971), contrary to past research (Forbes et al., 2012), this was not (yet) the case in the current study. Instead, participants felt worried about an increase of suicide rates among young people in Ireland, which they assumed were alarmingly high. Even though Beautrais et al. (2004) argued that young people may likely overestimate suicide rates, national figures (Central Statistics Office, 2017) provide some support for participants' assumption that suicide is prevalent in their communities. Suicide statistics should be treated with caution as even professionals find it difficult to determine suicide (Corcoran & Arensman, 2010). Nonetheless, EU figures (Eurostat, 2019) indicate that Ireland has one of the highest rates of youth suicide in Europe which, according to Katz, Bolton and Sareen (2016), is likely an underestimation, lending some support to the perceived ubiquity of youth suicide in young people's lives.

The findings in the present study suggest that aside from news reports, exposure to suicide, local gossip and social media entries also played a considerable role in shaping participants' perceptions of suicide as a threatening and prevalent issue. As described by participants and supporting existing research (Garcia, 2016), local incidents of suicide, unlike official statistics, tend to be shared in real time within communities. There has been a long-standing concern that alarmist and sensationalised reporting may elevate the risk of suicide among young people (Gould, Jamieson, & Romer, 2003). While Irish news outlets by and large tend to abide by reporting guidelines avoiding sensationalised language, front page stories or photographs (McTernan et al., 2018), the same reserve may not necessarily be practiced in young people's communities, both local and online, most notably *Facebook*. Participants' descriptions of the manner in which the news about local suicides are shared between community members suggested some elements of alarmism and sensationalism, such as the notion that the news about a suicide may spread rapidly, reinforcing their views that suicide is a serious issue within their communities. This resonates with White's (2012) argument that how language is used will influence how suicide is perceived and hence, dealt with.

She called this phenomenon "languaging problems into being" (p. 44). Moreover, some participants suggested that they heard about incidents of suicide so frequently that they felt surrounded by it. Fullagar et al. (2007) explained that if several suicides occur close together temporally and spatially, this may amplify the assumption that suicide rates are alarmingly high. Even though unlike past research (Forbes et al., 2012; Garcia, 2016) participants did not explicitly discuss clusters of suicides, the frequency of exposure to suicide and suicide-related information may have made it appear as if suicide was occurring more frequently.

Lastly, suicidal behaviour among friends and peers also appeared to shape participants' constructions of suicide as a threat because of its perceived unpredictability which prompted some participants to monitor the behaviour of other friends for signs of suicide risk. These participants seemed to be "on guard" (Goffman, 1971, p. 242) in order to be able to respond quickly to prevent further suicides. Participants' views of people who are likely to die by suicide – theories of "suicide candidacy" (Sweeney et al., 2015, p. 156) - were at odds with the people in participants' lives who had died by suicide. Entering into a discourse of 'us' and 'them', participants felt that people who are - seemingly - as happy and 'normal' as their deceased friends and peers are unlikely candidates for suicide and hence, these suicide were unexpected (Rasmussen, Haavind, et al., 2017; Roen et al., 2008; Sweeney et al., 2015). The unexpectedness of youth suicides with whom participants identified appeared to confront them with their own vulnerability and mortality (Fullagar, 2003; Jordan & McIntosh, 2011; Roen et al., 2008) - the fear that they might be the next victim of suicide - despite their strong rejections of suicide as an option. The construction of suicide as something that can *happen* to non-suicidal young people resonates with the notion of 'suicide contagion', the idea that suicide could be transmitted like a disease (Cheng, Li, Silenzio, & Caine, 2014). The perceived potential susceptibility to suicide as a result of identification with the deceased was also found in a recent survey study of higher education students in the UK (Pitman et al., 2017). However, there was an important difference. Pitman et al. (2017) suggested that participants who associated suicide with mental illness worried about developing a mental disorder themselves. They felt that they were therefore at greater risk of suicide. As stated, the association with suicide and mental illness is a common

one. However, in the present study, participants identified with friends and peers whom they did not classify as suicide candidates. The fact that unlikely candidates for suicide ended their lives nevertheless – young people whom participants identified with – contributed to their construction of suicide as a threat which they might not be able to prevent. As Ahmed (2014) pointed out, fear creates distance between us and them in order to preserve "not simply … 'me', but also 'us' or 'what is', or 'life as we know it', or even 'life itself'" (p. 64). In the context of the threat of youth suicide, all of the above are of concern to young people as they are confronted with a threat to - quite literally - life itself. How do young people deal with this threat? Drawing on Ahmed's (2014) notion of a 'sociality of emotion', and supported by Roen et al. (2008), participants' practices of stigmatisation by holding suicidal young people responsible for making the wrong choice may have allowed them to keep a safe distance from the possibility of 'contracting' suicide. Following on from the discussion of youth suicide as a potential threat to young people's lives, I provide an outline of how the stigmatisation of suicidality may allow young people to deal with this risk.

9.4 Suicidal 'others': The stigmatisation of suicidality

As the findings in this study implied, young people may find it challenging to deal with the suicide of a friend or acquaintance, especially when the death was unexpected, as suggested in previous studies (Roen et al., 2008; Sweeney et al., 2015). As stated previously, routine and predictability are associated with a sense of order and safety (Ainlay & Crosby, 1986; Goffman, 1971). Unexpected suicides mean "a break in reasoning - a rift in the expected sequence" (Roen et al., 2008, p. 2095) of events. Suicide is positioned outside of the parameters of 'normality', which as Goffman (1963, 1971) suggested, justifies the (conscious or unconscious) stigmatisation of people considered not normal as they may be perceived as a threat. As reflected in the findings, young people may feel prompted to try to make sense of a specific suicide (Jordan & McIntosh, 2011; Roen et al., 2008) which may allow them to restore order and hence, their sense of safety (Roen et al., 2008). Thought processes and actions are typically influenced by emotions. Participants in this study tended to describe a range of mixed emotions in response to a young person's suicide, including sadness, anger, guilt and shock. As supported by the findings, shock is a particularly common response to sudden, unexpected deaths, and especially to violent deaths, such as suicide (Jordan & McIntosh, 2011; Klineberg, Kelly, Stansfeld, & Bhui, 2013; Roen et al., 2008).

Although some participants empathised with the deceased supporting previous research in the field (S. Bennett et al., 2003; Fullagar, 2003; Fullagar et al., 2007; Roen et al., 2008), participants in the present study more commonly blamed young people for their suicide. More specifically, participants held the deceased responsible for their perceived failure to ask for help. In so doing, participants passed a moral judgement on suicidal young people whom they constructed as a stigmatised 'other'. This important finding sets the current study somewhat apart from past research, where a broader spectrum of attitudes towards suicide was described. *In addition* to more stigmatising constructions of suicide, previous studies also covered normalising (Abbott & Zakriski, 2014; Forbes et al., 2012; Pitman et al., 2017; Roen et al., 2008), and even glorifying (Forbes et al., 2012), forgiving (Sweeney, 2011) or permissive views (Forbes et al., 2012), at least in certain circumstances (Beautrais et al., 2004). Although some participants in the current study felt guilty, they tended to blame the deceased, and occasionally the deceased's peers. This was sometimes accompanied by expressions of anger, which according to Jordan and McIntosh (2011), is a common response to suicide. Lewis (1998) argued that we tend to feel angry rather than sympathetic, when we hold the individual responsible for their behaviour, which implies that the suicide could have been prevented if only the deceased had made a better choice (Jordan & McIntosh, 2011).

In keeping with previous research (Roen et al., 2008), participants overall agreed that suicide is both unimaginable and wrong, regardless of the suicidal person's circumstances preceding the death. Participants tended to stress that young people should seek help for their problems instead of ending their lives. Here, suicidality is reduced from a socio-cultural phenomenon to a private issue: suicide is attributed to individual short-comings which resonates with Kral's (1998) theory of the 'great origin myth'. The maintenance of good mental health and well-being becomes a matter of individual responsibility and self-management (Rose, 1999) and in this context, suicide, perceived as a choice, comes to be seen as a moral failure (S. Bennett et al., 2003; Fullagar et al., 2007; Roen et al., 2008). In particular, findings from the current study especially emphasise how the suicide of a young person can be perceived as a tragic waste of life (Fullagar, 2003) in the context that they are perceived as failing to fulfil the moral obligation to live, and to make the most of their life (Rose, 1999, 2009). Conversely, viewing a young person's suicide as a deliberate act may be easier than to accept that sometimes, people will not die of old age or illness, but younger than expected (Jordan & McIntosh, 2011). It is possible that the process of 'othering' may enable young people to distance themselves from the possibility that their lives could be more precarious than they assumed (Roen et al., 2008).

Violations of cultural norms and expectations may be perceived as a threat to social cohesion and to prevent a weakening or breakdown of the established social order, a stigmatised person may be penalised (Becker & Arnold, 1986; Goffman, 1971). Along the similar thought lines, Jordan and McIntosh (2011) suggested that unlike the construction of suicide as something that *happens* to someone, the perception that suicide is a *choice* may prompt a desire to punish manifesting itself, for example, in the harsh judgement of suicidal persons (Roen et al., 2008). In keeping with past research (Fullagar, 2003; Gilchrist et al., 2007; Roen et al., 2008; Sweeney, 2011), judgement and anger were common among participants who tended to characterise suicidal young people as selfish, and suicide as wrong, sad, wasteful and cowardly. The deceased was constructed as selfish who acted seemingly without consideration for the devastating impact of their suicide on loved ones. In so doing, the social status of a suicidal young person is reduced from "a whole and usual person to a tainted, discounted one" (Goffman, 1963, p. 3). Participants' belief that a young person's death was intentional rather than accidental was reflected in views such as the deceased knew what they were doing, or that someone's suicide can be premeditated. The responsibilisation of suicidal young people is a distant nod to the historical construction of suicide as a crime (Irish Statute Book, 1993; Kelly, 2013; Laragy, 2013b, 2013a), representing a continuation of the historical and cultural stigma attributed to suicide (Kral, 1998). However, despite some criminalising choices of expression (e.g. "premeditated" or "committed suicide"), participants understood the suicidal act as a moral – rather than criminal – wrongdoing. Participants who believed that a young person's suicide was deliberate felt angrier and less forgiving than those who perceived suicide as an impulse or an act of momentary madness, which also echoes the historical treatment of suicides deemed *non compos mentis* (i.e. of unsound mind) (Kelly, 2013; Laragy, 2013b, 2013a). Contrary to Sweeney's (2011) findings, time did not appear to lessen the anger participants felt toward the deceased, or to give way to more lenient views of their suicide. However, contrary to Orri et al.'s (2014) finding that suicide might be an act of revenge, participants constructed suicide as a thoughtless act of despair. In this light, Roen et al.'s (2008) question whether this 'responsibilitisation' might be misplaced as "[p]articipants are not considering the possibility that rationality is precisely lacking at the time of suicidal acts" (p. 2095) seems adequate.

9.5 Mixed signals: Struggling to recognise the warning signs of suicide

Despite participants' insistence that young people in a crisis should seek help instead of ending their lives, most participants were unaware of any warning signs of suicide, such as changes in the deceased's mood or behaviour indicating suicidality. Moreover, none of the participants reported explicit statements of

intent to suicide (Health Service Executive, 2011; Rudd, 2008). This finding diverges from some earlier studies which found that participants had been aware of changes in behaviour and personality in young people prior to their suicides (Coggan et al., 1997; Rasmussen et al., 2014). However, other research (Jordan & McIntosh, 2011; Roen et al., 2008) suggested that suicide risk may not always be obvious, and young people may find it difficult to spot suicide risk in their friends or peers. Overall, all but two participants were unaware that the deceased had been experiencing difficulties. Indeed, the findings in this study highlighted a potential gap between young people's theoretical knowledge pertaining to suicidality, and their ability to recognise when someone is at risk of suicide. Generally, participants had a working knowledge of common warning signs and risk factors of suicidality obtained through mental health education, campaigns, personal experience and exposure to mental health issues or suicidality in the past as well as stories imparted by celebrities. Some research has found that young people are capable of recognising the warning signs of suicide when presented with a vignette (Rudd, Goulding, & Carlisle, 2013) or in a real life situation where the intent to end one's life was explicitly stated (Rasmussen et al., 2014). Yet, as described before, the warning signs of suicidality did not match the descriptions of the young people in participants' lives who had died by suicide.

Previous studies in the field have found that even if laypeople are aware that someone might be at risk of suicide, they may either misjudge the severity of the risk or feel uncertain about what to do and close down (Rasmussen et al., 2014; Rudd et al., 2013; Sweeney et al., 2015). Rudd et al. (2013) suggest uncertainty about what to do when suicidal intent is clear emerged as a crucial issue in their study. Importantly, the authors note that the stigma surrounding suicide may play a key role in delaying or inhibiting intervention when confronted with suicidal ideation. However, some research indicates that an elevation in a suicidal person's mood might indicate that the suicidal individual has in fact made a plan to end their life (e.g. Granello, 2010; Mandrusiak et al., 2006; World Health Organization, 2000). Sweeney et al. (2015) suggested that inconsistent signals (e.g. mixing suicidal and normal behaviours) may make it difficult for friends and family of the suicidal person to judge the degree of risk of suicide as in laypeople's perceptions, normal behaviours tend to cancel out behaviours associated with suicide risk.

Even though some participants in this study suggested that depression might lead to suicide, the majority of participants did not characterise any of their friends or acquaintances as depressed in the time period leading up their suicides. Likewise, the majority of participants reported that they had not spotted any of the warning signs of suicide in the deceased. Instead, they described the mood of the deceased as happy and cheerful, their behaviour as normal and unchanged. This finding is consistent with a qualitative PA

study on the role of self-esteem played in suicides among young men in Norway. Rasmussen et al. (2015) found that it was rare for family and friends of the deceased to link their suicides with depression or other mental disorders. Instead, based on interviews with the bereaved and an analysis of suicide notes left behind by the deceased, the authors identified that the young men had blamed themselves for their failure to live up to societal expectations that they had internalised, accompanied by a sense of worthlessness. This finding is the definition of shame, at the heart of which lies the acceptance of responsibility for one's failure (Goffman, 1963; Lester, 1997; Lewis, 1998; Rasmussen et al., 2015; Welz, 2011). In the next section (Section 9.6), I outline further how the internalisation of stigma – either related to suicide or problems in young people's lives – may evoke feelings of shame, which may prompt them to mask their distress.

9.6 Masking stigmatised problems: Trying to pass for normal

As stated, most participants in the present study said that were unaware that the deceased had been at risk of suicide as they did not spot any of the most commonly cited warning signs and risk factors. Seeking to reconcile the suicide of seemingly happy young people with lay theories about people who die by suicide (Sweeney et al., 2015), participants concluded that the deceased had likely concealed their distress through projecting a façade of happiness. Participants felt that there were social pressures requiring young people to appear happy in public - essentially to 'fake happiness' - as public displays of unhappiness were perceived as inappropriate. According to Goffman (1963), some stigmas are *discreditable* meaning that although these are not immediately apparent, the person risks being *discredited* if the stigma is exposed. Furthermore, digressions from cultural norms may result in punishment and as participants suggested on multiple occasions, falling outside of the parameters of normality means to risk humiliation and potentially, verbal and physical bullying. Hence, to avoid being shamed, it is plausible that young people who have internalised community beliefs about a discreditable (i.e. invisible) attribute will try to mask their stigma (Becker & Arnold, 1986; Goffman, 1963) if they fear that disclosure may complicate their lives even further. In other words, to avoid stigmatisation, young people in distress may try to 'pass for normal' in order to control how others perceive and consequently, treat them. The notion that some young people may try to manage their impression in public in order to save face was reflected in some participants' accounts of same as documented in the findings chapters.

Participants' consideration of the possibility that some young people's public non-distressed demeanour may mask underlying distress seemingly helped participants to rationalise why they did not recognise warning signs of suicide in the deceased. Some participants suggested that the deceased had deliberately

concealed their distress out of shame, as well as to save face. Welz (2014) referred to same as *Scham-Angst*, i.e. the fear of being shamed or humiliated. Wurmser (Wurmser, 2013, p. 42) explained that the word shame originates from the old-Germanic root *skam*. Besides shame, *skam* also means humiliation and disgrace. *Skam* goes back to the Indo-Germanic root *kam* which means to cover, to veil or to mask. Through the prefix 's', the word *kam* becomes reflexive and means to cover oneself. This suggests that the concealment of the self cannot be separated from the notion of shame "the notion of the hiding of the self is intrinsic and inseparable from the concept of shame[57]" (Wurmser, 2013, p. 42), which in turn is caused by stigma (Lewis, 1998).

Participants' assumption that some young people may conceal their distress to avoid humiliation supports existing research, albeit mostly pertaining to male suicidal behaviour (Cleary, 2005a, 2012; Fullagar, 2003; Garcia, 2016; Rasmussen et al., 2014; Sweeney, 2011) and suicidal young people who identify as LGBT+ (McDermott & Roen, 2016). Cleary's (2005a, 2012) study of young male suicide survivors in Ireland found that a culture of hegemonic masculinity (Connell, 1995; Connell & Messerschmidt, 2005) may prevent young men from disclosing their struggle. In the present study, participants commonly talked about how men in particular feel that they cannot discuss their distress even with their friends for fear of being teased, laughed about, mocked and humiliated. Garcia (2016) suggested that humour is a common and socially acceptable way for young men in Ireland to deal with their own fears and concerns. The above studies across different cultural and socio-economic contexts support the assertion that 'masking' can function as a form of protection to hide stigmatised attributes (Goffman, 1956) and subsequently, enable a person to uphold the appearance of normality (Goffman, 1971). Self-consciousness and fear of embarrassment are considered to be common in young people and can lead to the internalisation of problems (Bowker & Rubin, 2009; Rankin, Lane, Gibbons, & Gerrard, 2004). Bowker and Rublin (2009) found that contrary to expectations, high-quality friendships might not entice young people to confide in their friends but rather, increase tendencies to conceal problems. Bowker and Rublin suggested that some young people may have a tendency to ruminate about their distress, and the fear of being exposed as a person in distress might lead to social withdrawal. Psychological-based frameworks can be helpful to illuminate the cognitive aspects that might lead to a young person's decision to internalise problems. However, they cannot sufficiently explain the socio-cultural factors that contribute to a young person's decision to internalise problems rather than confiding in someone. In fact, the internalisation of problems

[57] "Die Vorstellung des *Sichverbergens* ist dabei spezifisch und untrennbar vom Schamkonzept" (Wurmser, 2013, p. 42, emphasis in original, own translation).

and inner dialogues concerning problems can in fact be deeply socialised. The cognitive internalisation of problems is not alone a "psychologized disembodied state of mind" (Fullagar, 2003, p. 297). In the following section (Section 9.7), I sketch how the internalisation of stigma and shame may create an intolerable situation for young people who may resort to suicide as a way out.

9.7 Suicide: Escaping stigma

Participants' accounts of youth suicide suggest that hiding one's distress may be a very lonely place. Indeed, participants imagined these young people to feel isolated and disconnected from their social network. Masks can protect the young person who possesses discreditable attributes from exposure to humiliation through, for example, gossip and peer bullying. However, as Welz (2011) theorised, masks separate the wearer not only from others, but potentially, also from the self. Welz argued that shame prompts us to continuously oscillate between hiding and revealing our discreditable selves, which constitutes a conflict of identity. We are confronted with existential questions surrounding our identity, i.e. who we are and who we want to be, and these identities may not be in harmony with each other. Especially the gendered aspects of youth suicide, as discussed by participants, seem to reveal this discrepancy. Young men may have internalised an ideal state of masculinity which may cause a deep sense of shame if they fail to live up to it. Rasmussen et al. (2015) have highlighted this discrepancy between the ideal self and the real self as playing a central role in young men's suicide. Rasmussen et al. have argued that the ideal self may be connected to young men's sense of self-worth and hence, failure to live up to such a high standard may lead to deep-seated feelings of inadequacy.

Although young people may attempt to conceal their 'true', discreditable self from their audiences for as long as possible, participants suggested that as time goes on, keeping up appearances may become increasingly difficult. To borrow from Goffman (1956, 1963) once more, to be able to cultivate a desirable impression of one's self in public, one has to be vigilant and continuously monitor one's behaviour and demeanour to avoid being found out. In keeping with Welz (2014), hiding one's shame , both from oneself and one's audience is difficult and the inability to hide one's shame is in itself humiliating. In other words, young people's inability to live up to social expectations may be bad enough. Yet, the failure to keep up an appearance of normality adds insult to injury.

Participants reported that in order to cope, some young people may self-medicate with alcohol and drugs while others may resort to cutting and other forms of self-harming behaviour. The use of alcohol and other drugs was also reported in Kidd's (2004) study on suicides among homeless youth. Kidd argued that

there was a direct connection between feelings of worthlessness, self-medicating and suicide. He made the crucial observation that substance use may be both an escape from an intolerable situation and a trap. Kidd suggested that although the drugs provided temporary relief, they entrapped the young person in a hopeless cycle of increasing addiction, feelings of worthlessness, hopelessness and despair. Similarly, Cleary (2005a) and Garcia (2016) also argued that drug and alcohol use provided a way of coping for young men who feel that norms of masculinity prevents them from talking about their problems, whilst simultaneously being a vehicle of self-destruction. Garcia (2016) made the important observation that in Ireland, alcohol consumption is often an intrinsic part of the social lives of young men functioning as a social lubricant. At the same time, in keeping with Kidd's (2004) study, Garcia (2016) argues that alcohol may become a trap, amplifying feelings of depression and isolation and may play a role in a young person's decision to suicide. Interestingly, participants in the current study presented an additional interpretation of the link between of suicide and substance use. Discussing the (specific and hypothetical) suicides of young men dealing drugs, some participants associated their suicides with the shame of being found out. Here, suicide was constructed as an escape from the stigma associated with drugs. It seemed that on a spectrum of stigma, the association with drugs was worth than suicide. Here, suicide was constructed as protective of the reputation of the young person's family, which resonates with Goffman's (1963) notion of stigmatisation by association.

Even though, as described in the findings chapters, participants unanimously argued that young people in distress should ask for help, feelings of shame and the fear of humiliation may prevent them from disclosing their distress. In this light, it is not surprising that, as participants suggested, young people may feel increasingly overwhelmed and may come to perceive suicide as a last resort or a viable option, as found in previous research (Cleary, 2005a; Roen et al., 2008). Interestingly, Orri et al. (2014) suggested that suicide may constitute a young person's attempt of taking back control in an out-of-control situation. This makes sense when, as suggested earlier, the shame of failing to fulfil social expectations is amplified by the failure to keep up appearances. Especially young men's suicide has previously been described as an act of control and a demonstration of masculinity (Canetto, 1995). In the next section (Section 9.8), I further outline why it may be so difficult for young people to ask for help.

9.8 Help-seeking: A complicated matter

In the present study, participants repeatedly promoted help-seeking as a means to prevent suicide and indeed, similar to findings from other studies (Nada-Raja, Morrison, & Skegg, 2003; Rowe et al., 2014), many participants indicated that confiding in someone might reduce the risk of self-harm and suicide. Yet,

most participants reported that they had not been approached for help by a friend in distress and importantly moreover, some participants themselves expressed ambivalence about seeking help. Consistent with previous studies (Curtis, 2010; Doyle, Treacy, & Sheridan, 2015; Fortune, Sinclair, & Hawton, 2008; Gilchrist & Sullivan, 2006a; Rowe et al., 2014), participants indicated that they would feel more comfortable confiding in close friends and family members, parents in particular, rather than consulting mental health professionals. Even though some participants recommended counselling to young people in distress, they themselves felt more ambivalent about seeking formal support themselves. This finding resonates with existing research suggesting that few young people who contemplate suicide, or who engage in self-harm, seek professional help (Doyle et al., 2015; Ebert et al., 2019; Fortune et al., 2008; Michelmore & Hindley, 2012; Rowe et al., 2014).

The results of this study suggest that young people may find it challenging to ask for help (Gilchrist & Sullivan, 2006a; Klineberg et al., 2013). From the perspective of participants, mistrust and fear emerged as key obstacles to young people's readiness to confide in someone. Concerns about confidentiality in both professional and informal settings may prevent young people from seeking help. Gulliver, Griffiths, & Christensen's (2010) systematic review of the perceived barriers and facilitators of mental health help-seeking behaviour identified confidentiality and trust issues as the second most commonly cited obstacle. There may be good reasons for young people's distrust as the present study and previous research (Gilchrist & Sullivan, 2006a) propose. In line with Fullagar (2005), the findings suggest that negative experiences with mental health professionals may act as a barrier to young people's readiness to seek help in the future. By contrast, unsurprisingly, positive experiences of help-seeking may facilitate young people's willingness to seek help in the future (Gulliver et al., 2010), or recommend this to someone in need of support (Curtis, 2010).

Concerns that mental health professionals could disclose private and sensitive information may keep young people from accessing help to avoid additional stress and humiliation. As stated in Chapter Eight, mental health professionals and other adults (e.g. teachers) have a legal obligation to report concern about risk of harm to the young person or to others (Department of Children and Youth Affairs, 2017). To some extent, the young people were aware of the limitations to confidentiality. It was, however, unclear how well this requirement was explained to the participants who discussed their experiences of counselling. Fear of stigma and embarrassment appeared to play an important role in participants' reluctance to consult mental health professionals. As the data suggested, concerns about peer judgement after being seen to access counselling services might act as a barrier to help-seeking. Seeking support may

come at a cost for young people in distress, particularly those who live in small communities. As highlighted by Fullagar (2005), the stigma associated with mental health support damage a young person's "reputation and social standing" (p. 39) and hence, young people may not want their peers to know (Doyle et al., 2015). In the current study, participants felt that young people may avoid accessing support for fear of being perceived as weak. These findings are consistent with previous research (Curtis, 2010; Gilchrist & Sullivan, 2006a).

In the current study, perceived weakness as a deterrent to seeking either professional or informal help was constructed as an issue perhaps more prevalent among young men than young women. Consistent with existing studies (Cleary, 2005a, 2012; Garcia, 2013, 2016; Gilchrist et al., 2007), participants pointed to a double standard which denies young men – unlike young women - the privilege to discuss their issues. As documented by Garcia (2013) in her observation of suicidality and coping mechanisms among young Irish men, "talking is not available to the lads" (p. 169). Butler (2011) argued that we are kept "in our gendered place" through informal kinds of disciplinary practices, such as bullying. Participants in the present study were cognisant of the fact that 'doing gender wrong' (Butler, 1988) would likely result in punishment, such as being teased, mocked, laughed at and rejected (Garcia, 2016; Sweeney et al., 2015). This is not the first study to highlight the tension between the perceived benefits of help-seeking and the potential repercussions for infringing the 'gold standard' of manliness (Gilchrist et al., 2007) which may act as a barrier to help-seeking. As Sweeney et al. (2015) pointed out, one negative experience may decrease the likelihood that a young man will confide in someone again in the future.

The findings in the (current) study highlight the possible pervasiveness of traditional gender norms which, as Garcia (2016) points out, can silence or sanction alternative discourses. Cleary (2012) has suggested that allegiance to these norms may be superficial. Bourke (2003) and Gilchrist and Sullivan (2006b) have discussed how young people can conform to the prevailing traditional gender norms in their community. The present study points to a complicated relationship between participants and their awareness of traditional gender norms. Participants readily pointed out the problematic association between pressures to conform to an ideal standard of hegemonic masculinity and suicide. Whilst some participants clearly distanced themselves from traditional gender norms, others juxtaposed a seemingly liberal stance with inherent judgement of young people for transgressing social these norms. Although social pressures which young men to engage in traditionally masculine behaviour seemed more pronounced in Cleary's (2005a, 2012) research undertaken more than a decade ago, participants' accounts in the present study suggest that it still is an issue that young men are confronted with.

9.9 Conclusion

In this chapter (Chapter Nine), I have discussed participants' constructions of youth suicide – described in the five preceding chapters – in relation to the existing literature. This chapter has extended the debate surrounding youth suicide by outlining the complexity of the phenomenon in relation to notions of 'normality', stigma and shame. I have outlined how suicide is the result of a range of factors, rather than one single issue. In this chapter, I have juxtaposed participants' own stigmatising constructions of suicidality and young people's distress with participants' perceptions of young people's tendencies to internalise social stigma and shame. I concluded with a debate pertaining to the barriers to help-seeking which may enable young people to view suicide as a viable 'alternative'. In the final chapter (Conclusions), I further discuss the implications of the findings for further research, policy and practice.

Chapter Ten Conclusions

10.1 Introduction

In many countries, youth suicide is a serious public health issue. In Ireland, suicide accounts for approximately thirty percent of all deaths among young people aged between 15 and 24 years old (Central Statistics Office, 2017). Between 2011 and 2015, Ireland had the fifth highest suicide rate (15-24 years) within the EU, and the sixth highest among young women[58] in the same age group and time period (Eurostat, 2019). As described in Chapter One, youth suicide has received considerable attention from academics, policy makers and campaigners. Whilst they are unified by their endeavours to find ways to prevent suicide, they are divided by their divergent understandings and approaches. In academic circles, it appears that there are two camps that are separated by their ontological and epistemological views of the world. As summarised in Chapters One and Two, research on youth suicide tends to take a bio-psycho-medical approach, dominated by epidemiological (risk factor) studies, (neuro)biological research and intervention studies (Goldblatt et al., 2012; Hjelmeland, 2016; Hjelmeland & Knizek, 2010). This study does not seek to discount existing research on suicide but instead, argues that other perspectives have been neglected, notably young people's own perspectives on suicide and its meaning.

As summarised in Chapter Two, Ireland has had two national strategies for the prevention of suicide since 2005: *Reach Out* (Health Service Executive et al., 2005) and *Connecting for Life* (Health Service Executive et al., 2015). Moreover, several policy documents present strategies to improve young people's lives, amongst them *A Vision for Change* (Department of Health and Children, 2006), *Better Outcomes, Brighter Futures* (BOBF) (Department of Children and Youth Affairs, 2014), the *National Youth Strategy* (Department of Children and Youth Affairs, 2015). Some policies have been translated into action. *Connecting for Life* (CfL) and *A Vision for Change* resulted in the establishment of the *National Youth Mental Health Task Force* in 2016 which focused exclusively on improving young people's[59] mental health. Moreover, CfL resulted in *Little Things*, a national public health campaign initiated by the National Office for Suicide Prevention (Health Service Executive, 2018). *Little Things* prompts people to take care of their mental health and well-being by making small improvements to, for example, their diet, sleep and exercise

[58] The Irish Times (2018), drawing on a report by the National Women's Council (2018) claimed that Ireland had the highest number of suicides for girls in the EU. This finding was based on a different data set by the WHO including girls aged zero to 19 years old in the time period 2009-2011.

[59] The Task Force defines young people as aged zero to 25 years old (Department of Health & National Youth Mental Health Task Force, 2017).

levels. Moreover, people are encouraged to be more open to discussing problems, socialise and reduce alcohol. Moreover, the Health Service Executive[60] (HSE) provides general public advice on mental health and well-being management online on issues such as depression, lifestyle, sleep, stress and how to access support (Health Service Executive, n.d.). Other noteworthy campaigns are Pieta House's (2019) *Darkness into Light* candle-lit group walks which seek to prompt conversations about mental health, and the Cycle Against Suicide (2019) which encourages people to seek help (see Chapter One for more detail).

Yet, despite the best intentions and efforts to prevent youth suicide, young people's understandings of the phenomenon remain poorly understood. This study sought to explore what suicide means to young people in Ireland aiming to gain a better understanding of the meanings young people attribute to youth suicide, and to build a conceptual framework of these meanings. This was achieved by exploring both participants' individual understandings of youth suicide as well as how these are embedded in local community discourses, norms, values and beliefs. These meanings are important as they can help us understand how some young people come to view suicide as a viable option. In general, a better understanding of young people's perspectives on the issue may promote alternative ways of thinking about suicide which may help to open up additional avenues to suicide prevention. As described in detail in Chapter Three, this study involved in-depth interviews with 25 young men (n=13) and women (n=12) who were living in Dublin City. The participants were between 18 and 22 years old. Data collection and analysis followed the guidelines of constructivist grounded theory (Charmaz, 2014).

The findings in this study emphasise the multifactorial complexity of suicide which cannot be sufficiently captured by one single model. Both, a social constructionist theoretical framework and the use of constructivist grounded theory (GT) as a method for data collection and analysis (Charmaz, 2014) was ideally suited to investigate young people's constructions of youth suicide. Coding for psycho-social processes (i.e. feelings, thoughts and actions) enabled me to describe emerging concepts and categories, and to explore their relationships to each other. The findings from this research position youth suicide within a socio-cultural conceptual framework. However, this study does not to seek to validate or invalidate existing bio-psycho-medical models. Instead, this research offers an additional lens through which the phenomenon can be understood. In so doing, this study contributes to a growing body of research that seeks to encourage new ways of thinking about effective approaches to suicide prevention.

[60] The HSE is Ireland's national health service.

This chapter is divided into the following four parts. In Section 10.2, I summarise and reflect upon the key findings from this study. In Section 10.3, I discuss the strengths, limitations and the quality of the present research. Moreover, I outline the benefits and challenges of employing a constructivist grounded theory method for this particular study. Lastly, in Section 10.4 and Section 10.5 I deal with the implications for policy and practice, and for future research.

10.2 Young people's understandings of youth suicide: Key findings

10.2.1 Suicide is a serious issue

In this study, the young people frequently constructed suicide as a serious issue. The seriousness of suicide was embedded in perceptions of suicide as ubiquitous, novel and unpredictable. This understanding was influenced by both exposure to suicidality (e.g. loss of a friend or attempted suicide) and stories about suicide (e.g. local gossip, stories on the news and on social media). This contributed to an uneasy feeling that suicide is everywhere, and that rates are high. Moreover, suicide was constructed as a relatively new phenomenon, which was tied to a feeling that suddenly, suicide and stories about suicide had surfaced everywhere. Yet, some participants suggested that perhaps, they simply paid more attention to the phenomenon. Suicide rates do not seem to have increased rapidly in Ireland over the last twenty years (Central Statistics Office, 2018b, 2018a, 2019). Yet, precise figures were unavailable for the research sites and hence, no inferences can be drawn. However, media coverage of suicide (and mental health) has trebled[61], which, in conjunction with exposure to suicide, may have contributed to the participants' perceptions that suicide was both novel and everywhere. Indeed, an Australian study (Fullagar et al., 2007) which explored youth constructions of suicide suggested that exposure to and frequent communications about suicide can heighten awareness of its presence.

The perceived ubiquity and novelty of suicide was accompanied by the view that suicide is unpredictable, which further cemented the seriousness of the issue. Two contradictory assumptions were linked to the unpredictability of suicide. Firstly, suicide *happens* to people and secondly, people *do* suicide. Although contradictory, both assumptions highlight participants' sense of vulnerability and powerlessness. Yet, they differ in terms of assumed responsibility. The assertion that suicide "can happen to anyone" (Aidan, P07M19) lessens individual responsibility because the deceased is constructed as having had little control. The second assumption speaks to the participants' perceived powerlessness to prevent someone's suicide

[61] Headline, Ireland's national media monitoring programme reported that between 2008 and 2016, the figure of articles relevant to suicide and mental health has leapt from 19,000 to 55,000 (Flynn, 2017).

once the decision is made. This allocates greater responsibility to the suicidal person and reduces opportunities for intervention. Some of the young people stressed that suicide is an issue which affects young people who are not like them. Yet, this 'truth' was difficult to reconcile with instances of suicidality among their friends or in their communities (i.e. people like us). The realisation that suicide does not discriminate prompted some of the participants to consider two possibilities. One, they might be unable to prevent further suicides among their friends. Two, they might be more vulnerable to suicide than assumed. Such uncomfortable closeness to their own mortality might help explain the young people's vehement rejection of suicide as wrong (see Section 10.2.2).

10.2.2 Suicide is wrong

Participants generally argued that in their view, suicide is wrong, regardless of circumstances. The wrongness of suicide was explicitly stated in views of suicide as selfish, sad, wasteful and cowardly, rather than courageous. This perspective was influenced by two major factors. One, exposure to suicide or attempted suicide involving a friend, peer or relative. Second, witnessing the grief experienced by the family and friends of the deceased. In the aftermath of a suicidal act[62], the young people found themselves grappling with a range of complex emotions (e.g. shock, sadness, upset, anger, regret, responsibility and guilt). Some tried to put themselves in the shoes of suicidal young people, especially if they had lost a friend. Suicides attributed to a 'moment of madness' were judged more leniently than suicides associated with a rational decision. This conjures up the historical taboo of suicide described in Chapter Two. Suicides deemed *non compos mentis* (i.e. temporarily insane) saved the deceased from disgrace. By contrast, those considered sane were labelled *felo de se* (i.e. felon of himself) and their bodies were desecrated (Bähr, 2013; Kelly, 2013; Laragy, 2013a). However, regardless of the degree of empathy with suicidal young people, participants stressed they could never consider suicide a solution to a problem. The concept 'suicide is wrong' resonates with the notion of failure. It was clear to the participants that the appropriate response to one's problems would have been to seek help.

The young people categorically criticised suicide as wrong. They also assumed that people like them (e.g. friends, neighbours) think and behave like them. Yet, when supposedly likeminded young people died by suicide, the young people had a hard time reconciling these two conflicting sets of 'the truth'. Through judging suicide as wrong, the young people constructed suicide as a moral issue related to personal failure. This allowed the participants to construct suicide and suicidal young people as 'other'. As described in

[62] Suicidal act includes both completed and attempted suicides.

Chapter Five, the process of 'othering' refers to the act of marking a person as someone belonging to an inferior or deviant social group – the 'other' - whose members are inherently different from 'us' (Mountz, 2009). The subordinate status of the 'other' resonates with Erving Goffman's (1963) theory of stigma. Stigma refers to characteristics or behaviours which leave a tainting and profoundly discrediting mark on that person. Stigmas are social constructs which are based on negative stereotypes (Becker & Arnold, 1986; Goffman, 1963; Lewis, 1998).

Unlike the concept 'suicide is a serious issue' where suicide was primarily constructed as something which *happens* to people, 'suicide is wrong' implies a greater level individual responsibility. This means that the participants were confronted with the fact that some of their peers *decided* to take their own lives. Othering, i.e. constructions of the deceased as selfish, tragic, wasteful and cowardly, may have several protective functions. Roen et al. (2008), based on similar findings in their UK-based study, argued that othering may be a way of dealing with the news of a suicide. As relayed by the young people in the current study, suicide was an unexpected and shocking event; othering may allow them to keep a safe distance from the emotional turmoil as well as from the stigma associated with it (Roen et al., 2008). As Goffman (1963) has argued that stigma can be contagious and has history has shown, the stigma of suicide is transferable (Bähr, 2013; Kelly, 2013; Laragy, 2013a). Lastly, Roen et al. (2008) suggested that othering may help the young people to avoid having to deal with their own mortality. For some of the participants in the current study, the suicides of their friends and peers have brought closer the terrifying possibility of death. The process of othering may create the necessary distance from the deceased which allows the participants to continue their lives without "having their own existence brought into question" (p. 2092).

The seriousness and wrongness of suicide resonate with Loseke's (2003) definition of 'social problems'. Social problems are those that are perceived as widespread and harmful and therefore, they are wrong. Yet, social problems can be changed and *should* be changed. Youth suicide undoubtedly causes harm as it kills young people before their time and, as the participants pointed out, it does so at a fast rate. Yet, they also believed that suicide was preventable and should be prevented. Yet, as White (2012), inspired by Loseke suggests, suicide may also be understood as a 'wild' problem. Unlike 'tame' problems, wild problems are too complex, unstable, uncertain and unpredictable for a singular approach.

10.2.3 Suicidal young people need to seek help: Individualising and responsibilising suicide

Despite the 'wildness' of suicide, the participants in the current study commonly recommended that a young person in a crisis situation should seek help. Yet, except one, all of the participants stated that none

of their deceased friends or peers had approached them for help. The majority reported that they did not even suspect that the deceased had been in a difficult situation. Thus, their suicides were described as unexpected, surprising and shocking. Suicidal behaviour was deemed uncharacteristic for the people the participants knew – or thought they had known. The participants generally described the deceased as happy, cheerful or 'normal', which stands in stark contrast to their prior knowledge about suicidality. Suicidality in seemingly happy people does not make sense and hence, this conflict prompted a process finding a more logical explanation. At the end of this process, the participants concluded that the deceased likely had hidden their struggles and pretended to be happy. In so doing, the young people were able to construct a more plausible sequence of events. This allowed them to reconcile their prior knowledge of suicidality with the fact that apparently non-suicidal young people take their own lives (Roen et al., 2008).

Suicidality was constructed as a process, a way of 'coping' with an intolerable situation caused by a problem perceived as being too risky to disclose. In this scenario, the young person becomes more and more isolated, they feel trapped, want to escape but see no way out. They appear to be playing a role presenting a happy "persona" (Valentin, P08M18) to 'pass for normal' (Goffman, 1963). Yet, "behind closed doors" (Lilia, P25F20) another story takes place which is hidden from the 'audience' (Goffman, 1956). Eventually, it becomes too difficult to maintain the appearance of happiness when things look so different "behind the scenes" (Olivia, P21F19). The 'mask' threatens to slip and to reveal the stigmatised self (Goffman, 1956, 1963). So, it seems reasonable to assume that under the circumstances suicide eventually becomes a viable option in the young person's mind. At this point, however, the participants' views diverged; while some argued that the deceased had made a rational decision, others believed that the death had followed a 'moment of madness' or was an accident (e.g. the deceased tried to get attention but cut too deep and died as a result). Yet, regardless of the level of rational planning involved in the suicide, the death was attributed to the deceased's personal shortcomings, i.e. the failure to communicate their struggle. Suicide was placed at the end of a process during which the deceased would have had the opportunity to change their mind – but apparently chose not to. Some of the participants argued that support is available (e.g. mental health services, family, friends) stressing that successful interventions require a *willingness* to receive help. Although the young people discussed external contributors to suicidality (see Section 10.2.4), ultimately, ending one's life was constructed as a personal decision. Here, the emphasis on individual choice and young people's apparent (un)willingness to seek or accept help resonates with Michael Kral's (1998) notion of the 'great origin myth'. Kral argued that we tend to agree that suicidality has multiple dimensions. Yet, we eventually reduce the phenomenon to an internal issue where the suicidal person is considered 'broken' and in need of 'fixing'. Suicide becomes a highly private

event located in the mind, and detached from any historical and sociocultural contexts (Fullagar, 2003; Jaworski, 2010; Marsh, 2016; J. White, 2012).

Unlike the perception of suicide that *happens* to someone, the location of suicidality within the individual allowed the participants to hold the deceased responsible for their actions (Jaworski, 2010) – to judge them for having failed to make the right choice (Roen et al., 2008). The individualisation and decontextualization of suicide also provided a way for the young people to recommend a seemingly simple 'tame' solution for an issue that is much more complex in reality (J. White, 2012). Assigning responsibility to the individual may have helped participants to mitigate the threat stemming from the perceived unpredictability of suicide. Perhaps it is also an expression of helplessness in the face of the complex 'wildness' of suicide which compounds the prevention of suicide. The intricacy of suicide becomes more apparent in the young people's constructions of the barriers to and facilitators of help-seeking (Section 10.2.4). This added layer is important because it provides context that helps to explain why some young people might or might not seek help.

10.2.4 Barriers to and facilitators of help-seeking

The barriers to, but also the facilitators of help-seeking emerged as a core concept in this study. As stated, the young people argued that confiding in someone could help to prevent suicide. Yet, they also pointed out that a young person's willingness to confide in someone requires a sense of trust. Some of the participants felt that they could trust their parents and close friends or, in some cases, even a stranger. Fewer believed that they could confide in their peers, teachers and counsellors, because they feared that they would not be taken seriously or listened to. The young people's stories illustrated how important trust is, how difficult it is to get and, in some instances, how easily it can be broken. Many of the participants stressed the importance of privacy. Worries about how a problem might be perceived by others seems to act as an important barrier to help-seeking. Confiding in someone means to risk personal problems becoming public knowledge, which was equated with embarrassment or worse, humiliation. Humiliation is a form of stigmatisation resulting from a perceived transgression against societal norms, values and beliefs. Conformity by the majority is required to ensure social cohesion, and the stigmatisation of transgressions is the tool to enforce conformity (Becker & Arnold, 1986). Stigmatisation results in the loss of status of the stigmatised person, and this perceived inferiority can be used to justify the dehumanisation and discrimination of the Other. Some stigmas are more visible than others and hence, more likely to result in negative consequences (Brons, 2015; Goffman, 1963). As described in Chapter Nine, some young people indicated that the fear of losing face was not irrational but grounded in real

experiences with real consequences. Some participants described how the promise of confidentiality was broken (e.g. by a counsellor) resulting in the publication of their private issues. Other participants reported that they overheard their peers gossiping about someone else. In some cases, participants said that they experienced or witnessed instances of verbal and even physical attacks which were, in some instances, linked to bullying at the hands of both peers and adults (e.g. teachers).

In this study, the 'discreditable' (Goffman, 1963) problems that the young people associated with suicide appeared to be mostly invisible. As stated, the participants suggested that the deceased were purposefully hiding their issues behind a cheerful, happy façade. Hiding one's struggles makes it very difficult for someone else to know that there is a problem and indeed, the majority of the young people reported that they had not noticed anything out of the ordinary. This effort to hide one's struggles may be a result of shame, as suggested by some of the young people. As described in Chapter Two, shame is a powerful emotion that is caused by stigma (Lewis, 1998; Morrison, 1998; Scheff, 2014). Shame is a social phenomenon because it is embedded in a normative system of standards, ideals and goals that society sets out for its members. Shame is also personal because it is a product of self-consciousness and self-monitoring that occurs when we have failed to live up to these societal expectations. However, to feel ashamed, we need to agree with these expectations and moreover, we need to take responsibility for our failure. Instead of blaming external circumstances, shame occurs when we attribute our failure to a deficiency within ourselves (Goffman, 1963; Lester, 1997; Lewis, 1998; Welz, 2011). The stigmatised person may label themselves as abnormal and tainted. They may worry about being perceived as deficient by others. In this study, the findings suggest that any problem or situation has the potential to be shameful and, if discovered, humiliating. Some participants associated suicidality with individualised issues such as poor mental health (especially depression), negative self-image, low self-esteem and hopelessness. Others attributed suicidal ideation to broader societal ideals for young people including professional success, leading a moral life (e.g. no involvement with drugs), and living up to binary gender roles that some participants felt were outdates but difficult to get rid of. Given the dominance of the medicalised discourse in research, social policy and suicide prevention campaigns on mental health, it was not surprising that the young people associated suicide with mental health issues. In some cases, this inference was based on personal experiences with poor mental health and in others, the young people based their assumptions on education, campaigns and celebrity narratives. Yet, the findings in this study stressed another, and often neglected or minimised angle: Suicidality as a *social problem* (Harris, 2013; Loseke, 2003). This study accentuates how social standards may create feelings of inadequacy and shame in some young people who have 'failed' to live up these ideals (Fullagar, 2003; Rasmussen et al., 2015). As

described in Chapter Eight, the fear of being found out and potentially humiliated may lead a young person to choose concealment over disclosure. As a result, they may find themselves trapped, isolated and increasingly overwhelmed and in the end, may lead them to view suicide as a viable option.

10.3 Strengths and limitations of the research design

The findings in the current study resulted from a data gathering and analysis approach that followed the principles of the constructivist grounded theory method. In this section, I summarise why grounded theory was a good fit for this particular study. I then discuss the benefits of and challenges in employing a constructivist grounded theory method. I also describe how the quality of this study can be assessed. Lastly, I outline the strengths, limitations and implications for further research.

This study sought to explore what suicide means to young people in Ireland. Despite its challenges (see Chapter Three), the finished result demonstrates that, despite its challenges, it is feasible to include young people in research on issues that affect them. Due to the sensitivity of the topic, trust was important. Yet, despite the limited timeframe, I was able to establish enough rapport with the participants to gather good quality data. The findings provide a new angle on young people's understandings of youth suicide and makes a valuable contribution to existing research.

This study endeavoured to recruit young people who were neither suicidal nor bereaved by suicide. This was important as there is a tendency, especially in the Irish context, to focus on young people's experiences of or exposure to suicidality (e.g. Cleary, 2005a; Garcia, 2016; Sweeney, 2011). However, I was interested in the meanings of suicide beyond personal experiences which is reflected in the breadths of the findings. This facilitated the construction of a conceptual framework of young people's understandings of youth suicide. Experiences are part of this framework but also observations, stories, mental health education, and youth culture (e.g. visual art, songs, celebrities).

Suicide tends to be perceived as a gendered issue (Jaworski, 2010). Resembling most countries[63], more men than women complete suicide in Ireland (Central Statistics Office, 2017). Consequently, more research has been dedicated to male suicide (e.g. Cleary, 2005a; Garcia, 2016; Sweeney, 2011). However, suicide affects women, too, through both bereavement and suicidal behaviour. Even though fewer women die by suicide, young women engage in serious self-harm resulting in hospitalisation[64] (National

[63] One exception is China where more women than men die by suicide (World Health Organization, 2018).

[64] In the age group 15-19, almost twice as many girls are hospitalised for serious self-harm. In the age group 20-24, slightly more men than women are hospitalised for serious self-harm.

Suicide Research Foundation, 2017) which is associated with an elevated risk of suicide (Bennardi et al., 2016; Carroll et al., 2014; Castellví et al., 2017; Ribeiro et al., 2016). This study captured the voices of both young men and women and even though female suicide was not discussed sufficiently to present this in the findings, the young women were able to provide a female perspective of youth suicide in general, which was one of the strengths of the study.

The findings in this study are the result of twenty-five qualitative interviews. Due to its small sample size, the study makes no claims to generalisability. The findings are neither representative of all young people in Ireland, nor of all youth who live in the same neighbourhoods from where the participants were recruited. Researchers of youth studies (e.g. Cahill, 2015; Heinz, 2009; Wyn, 2014) have warned that young people should not treated as a homogenous group solely based on age alone. This might mean that elsewhere, young people's understandings of suicide could be different. Yet, the study was not meant to be representative, but instead, an in-depth exploration of young people's understandings of youth suicide constructed in relation to their particular socio-cultural contexts. Qualitative methods were an appropriate approach to this end.

The sample in this study, although diverse in terms of gender, gatekeeping organisations and, to a lesser extent, socio-economic status, was relatively homogenous.[65] The study design did not exclude young people with regards to ethnicity, religion, sexual orientation and disability. Yet, I did not strategically seek out, for example, young people identifying as LGBT+, religious, Irish Travellers, or young people with a disability. Suicide rates tend to be elevated among certain minority groups, such as Irish Travellers (Abdalla et al., 2010; Walker, 2008)[66] and LGBT youth (e.g. Giacomo, Krausz, Colmegna, Aspesi, & Clerici, 2018; McDermott, Hughes, & Rawlings, 2018; McDermott & Roen, 2016).

Geography, too, is a limiting factor as all participants were recruited from an urban environment. A comparative study was beyond the scope of this thesis. Yet, as reported in an Australian study (Fullagar et al., 2007), young people in rural areas may interpret suicide differently from their urban peers. Aside from Garcia's (2013, 2016) anthropological exploration of suicide among young men in Country Cork, there has not been a lack of research involving young people from rural Ireland.

[65] Most participants were ethnically and culturally white, settled Irish. Three participants had non-Irish parents, and one young man identified as Irish Traveller. Only one highlighted her Muslim identity, whereas most participants did not mention religion, or explicitly identified as non-religious. Only two young people identified as LGBT.

[66] Walker (2008) found that between 2000 and 2006, suicide rates among Irish Travellers were more than three times higher than the national suicide rate. According to the 2010 *All Ireland Traveller Health Study*, suicide rates in male Travellers were even more than six times higher than the general population (Abdalla et al., 2010).

Lastly, the sample was limited in terms of the age range. As stated in Chapter Three, I intended to interview young people aged 15 to 19 years old as minors tend to be excluded from suicide research. This study has demonstrated that a careful research design can effectively minimise any potential negative impact on research participants. Moreover, despite the sensitivity of the topic, discussing suicide can be a positive experience which reinforces the findings of previous research on the subject (Biddle et al., 2013; Deeley & Love, 2010; Dyregrov et al., 2011; Gibson, Boden, Benson, & Brand, 2014; Hawton et al., 2003; Jorm et al., 2007; Lakeman, McAndrew, MacGabhann, & Warne, 2013; Smith et al., 2010). Furthermore, young people have a legal right to express their views on issues that affect them (Department of Children and Youth Affairs, 2012b; United Nations, 1989) such as suicide. Youth participation may improve services and decision-making, promote the protection of children, enhance the skills of children and young people as well as democratic processes (Kennan et al., 2015, p. 8). A well-designed study honours young people's desire to discuss youth suicide and their right to participate in this kind of research. If ethical concerns are addressed carefully, then it is feasible to include younger people in research on their perspectives on suicide.

10.3.1 A critique of the quality of the research study

Constructivist Grounded Theory (CGT) was the most appropriate method for the purpose of this study which sought to develop a theory of young people's understandings of youth suicide. GT aims to develop a theory of the phenomenon under investigation (Charmaz, 2014; Corbin & Strauss, 2008) and thus, it was an ideally suited method for the current study.

Although I argue that grounded theory (GT) was a good fit for the current study, Charmaz (2014) emphasises that the method is only a tool which, on its own, does not account for the *quality* of the study. In quantitative research, quality tends to be assessed in terms of 'validity' (i.e. Can the findings be generalised?), 'reliability' (i.e. Can the study be reproduced?) and 'truth' (i.e. How objective are the findings?). By contrast, subjective inquiry does not seek to be generalisable or objective. Furthermore, qualitative studies cannot be reproduced in the same way as quantitative ones and thus, requires a different set of evaluation criteria (Corbin & Strauss, 2008; Lincoln & Guba, 2016). A range of authors, including grounded theorists (e.g. Charmaz, 2006, 2014; Corbin & Strauss, 2008; Glaser & Strauss, 1967; Lincoln & Guba, 1985, 2016) have debated best approaches to the evaluation of qualitative research. Charmaz (2014) provides a comprehensive set of criteria specifically for the evaluation of GT studies: Credibility, originality, resonance and usefulness. Thus, they are appropriate for the assessment of this study.

Credibility. The reader may assess the credibility of the current study by examining whether enough evidence has been provided to merit its claims. The methodology chapter (Chapter Three) is a detailed 'roadmap' of research design and processes. Here, I outline how I collected the data through interviews, and analysed the data following the principles of GT. Moreover, the appendices contain examples of the materials which I used during the fieldwork (e.g. information and consent forms, topic guide). This 'audit trail' (Lincoln & Guba, 1985) enables the reader to trace the research process and replicate the study. Another measure of credibility is the researcher's degree of familiarity with the topic (i.e. young people's understandings of youth suicide). I have described the five key categories (perceptions of youth suicide, stigmatisation of suicidality, problems associated with youth suicide, explanations of youth suicide and barriers to and facilitators of help-seeking), contextualised with participants' stories that illustrate the prevailing norms, values and beliefs in their communities. Verbatim quotes from the interviews in Chapters Four to Eight allow the reader to assess whether the claims of the study are indeed grounded in the data. I have illustrated how the categories that emerged from the data relate to the social constructs of shame and stigma. The plausibility of the links between the gathered data, argument and analysis was established through a process of abductive reasoning (Chapter Three). This involved checking possible theoretical explanations against the data, until the most plausible explanation remains (Charmaz, 2006, 2017; Foley & Timonen, 2015). Moreover, this entailed the rechecking of earlier codes and concepts against new ones and, where appropriate, the assigning of new labels. Furthermore, the analysis also involved an element of triangulation (Bryman, 2015). On several occasions, I cross-checked with a fellow PhD student to see whether the emerging framework made sense to her as well.

Originality. The current study makes claims to originality because it taps into a previously underexplored aspect of suicidology: young people's own understandings of the phenomenon. Despite repeated appeals for more qualitative studies that creatively approach suicide as a multifaceted issue, responses have been sluggish. Instead, suicide continues to be framed as a mental health issue which influences how suicide is approached by policy makers and practitioners (e.g. Boldt, 1988; Douglas, 1967; Hjelmeland, 2016; Marsh, 2016; Stubbing & Gibson, 2019; J. White, 2012). The current study approaches suicide from a social constructivist philosophical position which emphasises the multiplicity of perspectives on any one phenomenon (Burr, 2015; Charmaz, 2006; Lincoln & Guba, 2016). Moreover, this study emphasises that the researcher took an active part in the construction of young people's understandings of suicide.

Although limited to a small sample of young men and women from Dublin, the findings from the current study provide greater conceptual clarity about the meanings of suicide to young people. Moreover, this

study offers an alternative reading of suicidality. In addition to the dominant bio-psycho-medical model, this study invites the reader to consider the role that various social processes play in youth suicide. In so doing, the study challenges taken for granted meanings of suicide such as the 'ninety-percent-truth', which maintains that mental disorders play a significant role in suicidality (Hjelmeland et al., 2014; Hjelmeland & Knizek, 2017; Marsh, 2016). Instead, this study offers an alternative understanding which may encourage new approaches to suicide prevention (J. White, 2012; J. White & Kral, 2014).

Resonance. One important quality measure in GT is the fullness of the studied phenomenon which refers to the 'theoretical saturation' of the data - the point at which additional data would not have changed existing categories in any meaningful way (Charmaz, 2006; Corbin & Strauss, 2008; Timonen et al., 2018). This study sought to cover young people's understandings of youth suicide as fully as possible within the limited timeframe of a PhD thesis. Although this study did not result in a fully elaborated theory, it has produced a conceptual framework which extends our understanding of the topic. However, to what extent does this framework resonate with the participants? Sometimes, researchers check with earlier participants whether the emerging grounded theory makes sense to them ('member-checking') (Bryman, 2015; Charmaz, 2006). While this practice was beyond the scope of this thesis, I checked emerging concepts with subsequent participants during the theoretical sampling phase. As an example of the emerging category 'barriers to help-seeking', I asked Phoebe (P09F21) what she thought about a previous participant's statement suggesting that suicidal young people can only be helped by someone with similar experiences. Phoebe disagreed with this assertion suggesting that help-giving was not necessarily dependent on shared experiences but on the young person's willingness to be helped. Phoebe's perspective is an example of how checking with subsequent participants can contradict earlier constructions of suicide. This was not a problem however because it simply was an additional piece of the puzzle which allowed me to gradually fill out the category 'barriers to help-seeking'.

One key strength of this study is that it contextualises taken-for-granted, mundane meanings of suicide and in so doing, offers deeper insights into the phenomenon. For example, young people commonly described suicide as shocking. On the surface, shock appears to be an unsurprisingly common reaction to a sudden, violent death (Jordan & McIntosh, 2011). However, when contextualised through the participants' experiences and observations and connected to the categories 'suicide is a serious issue' and 'suicide is wrong', the stigma and shame surrounding suicide becomes apparent. The implications of the stigma of suicide are discussed in Section 10.4.

Usefulness. This study is useful because it expands our current knowledge of young people's own understandings of youth suicide. The current research illustrates how prevailing social norms, values and standards may provoke feelings of shame and fear of stigma and contribute to a young person's decision to end their life. These findings offer an additional youth perspective of suicide which - to some extent - diverges from the taken-for-granted view of suicide as a mental health problem (e.g. Hjelmeland & Knizek, 2017; Marsh, 2016). As White (2012) states, a reconceptualization of suicide may help expand the possibilities of suicide prevention (Section 10.4.1) which the findings in this study encourage.

Furthermore, the usefulness of this study is constituted through the applicability of its findings to other areas of social life. Young people's attempts to avoid a stigma by concealing a discreditable problem is not limited to suicidality or the youth world but, as Goffman (1963) illustrates, can potentially be applied to a myriad of areas of life. Adults, too, may choose not to disclose a problem which may have far-reaching consequences. Moreover, the importance of trusting relationships between peers, and between young people and adults as a facilitator of help-seeking may spark further research in other relevant areas, such as the quality of support services available to young people, or how instances of bullying are handled (e.g. at school).

In the current section (Section 10.3.1), I have critiqued the quality of the current study by assessing its credibility, originality, resonance and usefulness. Constructivist Grounded Theory (CGT) (Charmaz, 2006, 2014) was an appropriate strategy to address the research question of this study (*How do young people in Ireland understand youth suicide?*). Yet, the question arises whether a qualitative interview study could have produced the same findings. This is unlikely, because no two qualitative studies can ever generate the exact same findings. Even if two CGT studies produced similar ideas, their theoretical interpretation would likely differ, because CGTs "*depend* on the researcher's view" (Charmaz, 2014, p. 239, emphasis in original) who is actively involved in the co-constructions of the findings.

Equivalent qualitative methods, such as thematic analysis (TA) (Braun & Clarke, 2006, 2012), qualitative content analysis (QCA) (Cho & Lee, 2014) or discourse analysis (DA) (Starks & Trinidad, 2007) share certain similarities with GT, such as a search for themes and patterns, and comparison of data with data. Yet, there are significant differences pertaining to the philosophical origins, research goals, and processes of data collection and analysis and hence, the research outcomes will differ. A detailed discussion of the similarities and differences between these methods is beyond the scope of this chapter. However, I outline why an equivalent method could not have produced the same findings by contrasting the current study with two relevant qualitative studies. Roen et al. (2008) explored how young people in the UK make

sense of suicide through interviews and focus groups. Stubbing and Gibson (2019) present young people's explanations for youth suicide – generated through focus groups - in the context of New Zealand. All three studies are underpinned by a social constructivist foundation[67]. All sought to explore how young people make sense of/explain suicide in relation to a particular sociocultural context. Some overlap of themes/concepts can be found in all three studies (e.g. othering, feeling trapped and wanting to escape, pressure on young people, mental illness, attention seeking). Yet, the studies differ in terms of goals and hence, outcomes. The current study sought to develop a conceptual framework of the psychosocial processes – thoughts, actions and emotions (Corbin & Strauss, 2008) underpinning young people's understandings of youth suicide. I interpreted participants' constructions of suicide drawing on Goffman's (1963) theory of stigma and consequently, shame (Lewis, 1998; Morrison, 1998; Scheff, 2014). By contrast, Roen et al. (2008) aimed to illustrate how language produces the power relations which play a role in a young person's decision to suicide through Foucauldian discourse analysis. Using a deductive thematic analysis approach, Stubbing and Gibson (2019) analysed the data for themes in relation to their research question. Unlike CGT, TA seeks to produce a list of themes (Braun & Clarke, 2006, 2012; Cho & Lee, 2014) without aiming to integrate the findings theoretically, i.e. refining concepts and identifying the relationships between them (Corbin & Strauss, 2008; Timonen et al., 2018). To conclude, although equivalent qualitative studies can generate similar ideas, they may be interpreted differently. Yet, different interpretations do not invalidate the findings but reflect the researchers' social constructivist positionings. Moreover, varying explanations highlight the complexity, or the 'wildness' (J. White, 2012) of suicide demonstrating that there is no one-size-fits-all approach to address suicidality.

10.3.2 Benefits of and challenges of employing a constructivist grounded theory method

Due to time and financial constraints, this study did not result in a fully developed theory. However, Timonen et al. (2018) have argued that whilst not ideal, a GT study that seeks to achieve "conceptual clarity" (p. 4) through rich descriptions of the relevant categories and the relationships between them will suffice. The findings in this study contribute to a better understanding of the meanings young people attribute to youth suicide. Greater conceptual clarity was achieved by teasing out the relationships between the participants' perspectives of suicide, and the sociocultural standards, norms and values that prevail in their local communities. This framework sheds light on the reasons why suicide may become a

[67] TA studies do not necessarily have a theoretical foundation (Braun & Clarke, 2012).

viable option for some young people. For example, the data indicated a plausible relationship between the concepts of 'hiding a problem' and 'fear of losing face'. This connection was contextualised through examples of gossip and bullying that some of the participants had either witnessed or experienced personally. The conceptual framework this research has produced highlights the complexity of suicidality. Resonating with the findings of previous studies (e.g. Fullagar et al., 2007; Gilchrist & Sullivan, 2006b; Rasmussen, Hjelmeland, & Dieserud, 2017; Roen et al., 2008; Stubbing & Gibson, 2019), the current research provides further evidence that mental illness is but one among many possible ways of understanding suicide.

The conceptual framework resulted from the engagement with the GT method which facilitates flexibility and open-endedness (Charmaz, 2006, 2014). Remaining open to new ideas instead of imposing existing concepts on tentative findings is a crucial prerequisite in all variants of GT (Charmaz, 2014; Corbin & Strauss, 2008; Timonen et al., 2018). Given that youth understandings of suicide was an underexplored and poorly understood topic, CGT was an ideal fit. The guidelines and explanations of the GT method (Charmaz, 2006, 2014; Corbin & Strauss, 2008; Foley & Timonen, 2015; Timonen et al., 2018) provided enough structure to navigate the data collection and analysis without being so rigid as to risk forcing emerging findings into a corset. The iterative and comparative cycle of data collection and analysis facilitates the process of initial coding which allows for the gradual emergence of concepts and categories. For instance, in the current study, participants' understandings of the barriers to help-seeking in relation suicide were an unexpected finding that started to emerge early on in the field work. I did not expect to develop participants' recommendation that young people in distress should talk to somebody into a core category. Initially, this emerging concept was felt unremarkable and removed from the topics of young people's understandings of youth suicide. However, this finding was connected to the question: 'What prevents help-seeking?', which is an important question given that most young people who engage in self-destructive behaviour will not present to health professionals (McMahon et al., 2014). And, as discussed in Chapter Two, self-injurious behaviour puts young people at an elevated risk of suicide. Following the process of focused coding, I decided to pursue this question in subsequent interviews, which eventually resulted in the category 'Barriers to and facilitators of help-seeking'.

However, openness to all possible ideas was not always easy to achieve. As explained in Chapter Three, I received Government funding for this study which required familiarity with relevant literature. Although CGT does not require researchers to take a 'blank slate' approach (Charmaz, 2014; Corbin & Strauss, 2008; Timonen et al., 2018), it is quite impossible to unlearn prior knowledge and inevitably, I noticed when

emerging findings resonated with the results of other studies. For example, reactions of suicide were commonly described as 'shock', which echoed the results of a UK study (Roen et al., 2008). The authors discussed their finding in relation to the concept of 'othering' which seemed to fit my emerging concepts. Yet, it was too early in the analytical process to locate the developing framework within other relevant studies (Charmaz, 2006). Hence, when this problem arose, I made a note of this possibility while remaining cognisant of the fact that this was *just one* possible conceptualisation.

Another challenge posed by the GT method is that the analytic process extends well beyond the fieldwork and into the write-up phase. Conceptual clarity may require several drafts and hence, the final conceptual framework may not emerge until the end (Charmaz, 2006). In the current study, the possibility that stigma and shame play an important role in young people's decision to suicide emerged across the data. Stigma and shame were implied, for example, in the connections that some participants drew between unattainable gender norms and suicide. Men who disclose personal struggles run the risk of being perceived as 'unmanly' which may result in public shaming and humiliation. In such cases, concealing personal problems and, if the situation becomes unbearable, suicide may be considered the 'safer' option. Familiarity with relevant studies (e.g. Cleary, 2005a; Fullagar, 2003; Rasmussen et al., 2015), and theories of stigma (Goffman, 1963) and shame (Lewis, 1998; Morrison, 1998; Scheff, 2014) helped explain how emerging concepts fit with the existing literature and theory. Lastly, on several occasions the writing and re-writing process, I constructed stronger categories by collapsing several concepts that lacked substance (Charmaz, 2006). For example, I realised that the concepts suicide is (a) ubiquitous, (b) novel and (c) unpredictable were all part of the category 'suicide is a serious, social problem' as they fit neatly with Loseke's (2003) definition of a social problem or White's (2012) conceptualisation of suicide as a 'wild problem'. The collapsing of less substantive concepts into categories was also a means towards achieving greater 'theoretical saturation' - the point at which additional data would not have changed existing categories in any meaningful way (Charmaz, 2006; Corbin & Strauss, 2008; Timonen et al., 2018).

10.4 Implications for policy and practice

This study has demonstrated that suicide is a complex issue whose meanings vary depending on the social contexts in relation to which suicide occurs (Colucci, 2013; Kral, 1998; Lester, 2013; J. White & Kral, 2014). The findings which emerged from the present research, and which resonate with prior studies, have implications for suicide prevention, policy and practice, which I discuss in the following sections.

10.4.1 Suicide prevention

The findings in this study indicate that suicide is a complex issue which means that suicide prevention requires a creative, multifaceted approach (J. White, 2012). Participants described suicide as an omnipresent, novel and unpredictable threat and commonly recommended that young people in distress should seek help. Yet, their categorical rejection of suicide as wrong casts suicide and suicidal individuals as 'Other', which may allow young people to keep a safe distance. This historical stigma of suicide was amplified by the limited conversations among young people and within their communities. Instead of creating an environment where young people feel safe to confide in someone about their problems, the taboo surrounding suicide appears to foster the substantiated fear that disclosure will result in humiliation. Hence, this fear seems to act as a barrier to help-seeking and may facilitate young people's perception of suicide as a viable option (Fullagar et al., 2007; Roen et al., 2008).

This study has highlighted the tension that exists between appeals to young people to seek help on the one hand, and their reluctance to do so on the other. The findings underline the importance of trust - how quickly it can be eroded and how difficult it is to regain following a negative experience (e.g. with peers or mental health professionals). This has serious implications for suicide prevention: Without assuring young people that their privacy will be respected, it will be difficult to offer support to them, both formal (e.g. through mental health services) and informal (e.g. through friends or trusted adults). From a policy perspective, much responsibility for suicide prevention is placed on professional mental health services (Chambers, 2017) which perpetuates the one-sided view of suicide as an issue of the mind (Kral, 1998). And yet, the findings indicate that some young people may find it difficult to relate to or trust mental health professionals, which has the effect of discouraging them availing of these services, meaning this is not seen as an option. Instead, participants tended to feel more comfortable with informal sources of support, i.e. parents and friends. This resonates with the *My World Survey (MWS)*[68] (Dooley & Fitzgerald, 2012) which emphasised the positive impact of "One Good Adult" (p. 94) – both related (e.g. parents) or unrelated (e.g. teachers, coaches, youth workers, others) – can have on a young person's life. By contrast, the survey suggests that the absence of at least one trusted adult might increase the likelihood of self-harm and suicide. However, regardless of whether support is offered by lay people or professionals, the findings, which resonate with an Australian study (Gilchrist & Sullivan, 2006a), indicate that accessibility or approachability may not be enough. The present study revealed young people's frustration and distrust

[68] The *My World Survey* (Dooley & Fitzgerald, 2012) is a national study which sought to "provide a baseline of youth mental health on risk and protective factors in Ireland" (p. 2).

stemming from a sense of not being listened to or not being taken seriously, which may hinder young people's willingness to confide in someone.

The present study revealed that the absence of common warning signs of suicide does not mean that a young person is not at risk of suicide. Claims on public mental health education websites such as the HSE's (2011) that "most people who become suicidal will have told someone" might lead to the mistaken belief that the absence of visible signs of suicidality means there is no cause for concern (Hjelmeland et al., 2014). The invisibility of suicidality in some young people reinforces the notion that seeking help can help to reduce suicide rates. Generally, earlier research appears to support this assumption (Dooley & Fitzgerald, 2012). Yet, attributing the sole responsibility for their well-being on a young person in distress perpetuates the common belief that suicidality originates from within the individual (Kral, 1998). The individualisation and responsibilisation of suicide direct our attention away from the underlying societal factors that may facilitate suicidality, such as hegemonic gender norms or narrow definitions of success. Suicide then becomes the failure of the individual even though the significance of society and culture for suicide has been stressed throughout several decades (e.g. Boldt, 1988; Colucci, 2013; Douglas, 1967; Hjelmeland, 2013). I do not wish to suggest that society must take full responsibility for its citizens' well-being, or that young people can be shielded from experiencing problems. However, as Rose and Lentzos (2016) suggest, individual resilience – the ability to cope with adversity – "grows out of protective sociality and generates such sociality in turn" (p. 16). Hence, an environment which nurtures young person will likely enhance their ability to deal with adverse life events without turning to suicide.

10.4.2 Social policy and mental health practices

In this section, I discuss the findings from the present study in relation to relevant current Irish policies on suicide prevention and public and mental health promotion, as well as public mental health campaigns which have grown out of these policies[69]. The findings suggest that suicidality is a complex issue which goes beyond individual risk factors and cannot be dealt with via a one-size-fits-all approach (J. White, 2012). This sentiment tends to be acknowledged in Irish policy documents. *Connecting for Life* (CfL) (Health Service Executive et al., 2015) [70], states that "[u]sually no single cause or risk factor is sufficient to

[69] A more detailed review of Irish policies and campaigns was provided in the Introduction of this thesis (Chapter One).

[70] *Connecting for Life* (Health Service Executive, Department of Health, Healthy Ireland, & National Office for Suicide Prevention, 2015) is the current national suicide prevention strategy which builds on previous policy documents, i.e. *Reach out: National strategy for action on suicide prevention 2005-2014* (Health Service Executive, National Suicide Review Group, & Department of Health and Children, 2005) and *A Vision for Change* (Department of Health and Children, 2006).

explain a suicidal act" (p. x). CfL suggests that an accumulation of risk factors, both individual (e.g. mental health difficulties, alcohol and drug use) and socio-economic (e.g. global recession, social exclusion, poverty) are likely to play a role in suicidality. CfL endeavours to take "a whole-of-society" (p. 28) cross-sectoral approach to suicide prevention involving the collaboration between individuals and their communities, governmental departments and NGOs alike. Similarly, *Better Outcomes, Brighter Futures* (BOBF)[71] (Department of Children and Youth Affairs, 2014) highlights the role of parents, schools, youth and community organisations "in developing a positive culture of equality, inclusion, empowerment and achievement" (p. 79). Likewise, the *National Youth Strategy 2015 – 2020* (NYS) (Department of Children and Youth Affairs, 2015) also stresses the positive influence of friends, family, other adults and the wider community. This corresponds with the finding of the present study that some young people may be more comfortable with informal sources of support, such as close friends or 'One Good Adult', a concept introduced in the *My World Survey* (Dooley & Fitzgerald, 2012).

In the present study, the participants tended to associate youth suicide with bullying – a consequence of a socially defined discreditable stigma (Goffman, 1963). The association between bullying and suicide – with special reference to homophobia and transphobia - is also being addressed in BOBF (Department of Children and Youth Affairs, 2014). The document acknowledges that bullying entails "humiliation, fear, frustration, social isolation and loss of self-esteem" (p. 79) which may lead to suicide. Consequently, "[a]ll forms of bullying and discrimination are unacceptable and must be challenged (*ibid.*). Although BOBF states its commitment to address bullying, it does not outline concrete actions to tackle the issue. However, BOBF references the Department of Education and Skills' (2013) *Action Plan on Bullying* which presents nine principles[72] to tackle school-based bullying. However, the action plan underlines that schools alone are unable to tackle the issue of bullying and takes "parents and other adults" (p. 9) to task. CfL also seeks to reduce the suicide stigma through additional research and public education (e.g. through awareness campaigns) "to improve understandings of, and attitudes to, suicidal behaviour, mental health and well-being" (p. 39).

[71] *Better Outcomes Brighter Futures* (Department of Children and Youth Affairs, 2014) is the national policy framework for children and young people 2014-2020.

[72] The nine principles to address bullying in schools are: A positive school culture and climate, a school-wide approach, effective Leadership, a shared understanding of what bullying is and its impact, anti-bullying policies, consistent recording of reported bullying behaviour, education and Training, prevention strategies including awareness raising, established evidence-based intervention strategies (Department of Education and Skills, 2013, p. 9).

Another issue in the present study was young people's frustration with not being heard or not being taken seriously. Several policy documents, such as the *National Youth Strategy* (Department of Children and Youth Affairs, 2015) or *Better Outcomes, Brighter Futures* (Department of Children and Youth Affairs, 2014), as well as working groups such as the *National Taskforce on Youth Mental Health* (Department of Health, 2017) pledge to listen to and involve young people. The *National Taskforce on Youth Mental Health* appears to have consulted young people for their "critical input into the policy thinking and recommendations of the Taskforce" (Department of Health, 2017). The consultation with young people seems to be in line with a general trend to involve young people in decisions on issues that affect them (e.g. Dooley & Fitzgerald, 2012; McMahon et al., 2014; Scoliers et al., 2009). Yet, to what extent this will also result in young people being listened to and their concerns taken seriously in practice (i.e. by teachers or mental health professionals) remains to be seen.

However, despite acknowledging the role of social injustices in youth suicide, policy documents still place greater emphasis on the association between suicide and mental health. This is evident in both of Ireland's national suicide prevention strategies. *Reach Out* (2005) argues that suicidality is "strongly associated with mental health problems" (p. 34). Ten years later, CfL (Health Service Executive et al., 2015) states that "[i]n high-income countries, mental health problems are present in up to 90% of people who die by suicide" (Health Service Executive et al., 2015, p. x). Moreover, the NYS (2015) worries that "[t]he majority of young people who die by suicide have not had any contact with a mental health professional" (p. 9). BOBF (Department of Children and Youth Affairs, 2014) endeavours to "improve access to early intervention youth mental health services and coordination of service supports, with a focus on improving mental health literacy and reducing incidents of self-harm and suicide" (p. 57). Certainly, improved accesses to mental health services for young people who need it is to be welcomed. However, the singular focus on suicide as a mental health problem is also problematic as it is too narrow an understanding of the causes of suicide (e.g. Hjelmeland et al., 2014; Hjelmeland & Knizek, 2017; Kral, 1998; Marsh, 2016; McDermott & Roen, 2016).

Lastly, a key issue which emerged in the present study was the association between internalised failure (i.e. the failure to live up to societal norms or expectations), resulting in shame and suicide. Indeed, the *National Youth Strategy* (Department of Children and Youth Affairs, 2015) illustrates the social pressure put on "*all* young people to realise their maximum potential" (p. 8, emphasis added). Yet, as McDermott & Roen (2016) ask: "What happens when young people feel they have failed?" (p. 24). Ultimately, social policy appears to take a largely deficit-based approach to suicide prevention and more broadly, young

people's well-being. Suicide is constructed not as an outcome of social injustices but as the failure to self-manage one's own well-being (Chambers, 2017). This is reflected on the website of the *National Youth Mental Health Task Force* which was set up "to consider how best to introduce and teach resilience, coping mechanisms, greater awareness to children and young people, and how to access support services *voluntarily* at a young age" (Department of Health, 2017, emphasis added). This focus on teaching young people to cope with adversity makes it seem as if a young person who struggles is somehow 'broken'. This perpetuates the individualisation of suicidality (Kral, 1998) and diverts attention away from social injustices, such as bullying, or unattainable expectations.

The emphasis on self-management is also reflected in campaigns promoting mental health practices. One example is the *Little Things* mental health campaign (Health Service Executive, 2018), which was born out of *CfL* (Health Service Executive et al., 2015). The campaign focuses on the little things that everyone can do to improve or safeguard their mental well-being. These include keeping active, talking about your problems, looking out for others, doing things with others, eating healthily, staying in touch, drinking less alcohol, sleeping well. Although the campaign may help to broaden our understanding of suicidality (Chambers, 2017), its focus is on the self-management of one's well-being. Similarly, the slogan of the *Cycle Against Suicide* campaign encourages help-seeking suggesting that "it's okay not to feel okay, and it's absolutely okay to ask for help" (Cycle Against Suicide, 2019). The campaign makes substantial efforts to destigmatise suicidality through an annual, two-week cycle throughout Ireland which is hoped to spark discussion about suicide. Yet, its message is focussed predominantly on the individual's capacity to ask for help. However, as stated, sometimes young people have good reason not to disclose their struggles as the consequences may be severe. Perhaps, in keeping with Rose and Lentzos (2016) suggestion that individual resilience needs a nurturing basis, youth suicide is best addressed by paying more attention to the social issues that facilitate it.

10.5 Implications for future research

This study has demonstrated that a study exploring young people's understandings of youth suicide is feasible and, if designed thoughtfully and ethically, it is unlikely that research participants will be affected adversely. This thesis provides a 'roadmap' which can help guide future researchers who may hesitate to engage in research on sensitive issues such as suicide.

The findings from this study are relevant for future research as they provide an alternative angle to some taken-for-granted beliefs about suicide. Yet, as the results are based on interviews with a small sample of

young adults, it does not claim to be representative. Younger teens, young people belonging to minority groups or youth from a different geographical area may have a different perspective on suicide. Both the present and future studies involving young people's understandings of suicide are hoped to encourage a broader, more inclusive debates about youth suicide which involve young people's active participation. White (2012) for example suggests that young people should be enlisted as "knowledgeable consultants" (p. 48) rather than mere recipients of information. Jigsaw, Ireland's National Centre for Youth Mental Health works with a youth advisory panel[73]. In so doing, the organisation sets a positive example for the active involvement of young people in matters that affect them.

[73] The youth advisory panel is comprised of young people aged from 16 – 25 years (https://www.jigsaw.ie/what-we-do/what-we-do/youth-engagement/).

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Appendix I. Breakdown of deaths following deliberate self-injuries categorised as suicide

Intentional self-poisoning	
X60	Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics
X61	Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, anti-parkinsonism and psychotropic drugs, not elsewhere classified
X62	Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified
X63	Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system
X64	Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances
X65	Intentional self-poisoning by and exposure to alcohol
X66	Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapors
X67	Intentional self-poisoning by and exposure to other gases and vapors
X68	Intentional self-poisoning by and exposure to pesticides
X69	Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances
Intentional self-harm	
X70	Intentional self-harm by hanging, strangulation and suffocation
X71	Intentional self-harm by drowning and submersion
X72	Intentional self-harm by handgun discharge
X73	Intentional self-harm by rifle, shotgun and larger firearm discharge
X74	Intentional self-harm by other and unspecified firearm discharge
X75	Intentional self-harm by explosive material
X76	Intentional self-harm by smoke, fire and flames
X77	Intentional self-harm by steam, hot vapors and hot objects
X78	Intentional self-harm by sharp object
X79	Intentional self-harm by blunt object

X80	Intentional self-harm by jumping from a high place
X81	Intentional self-harm by jumping or lying before moving object
X82	Intentional self-harm by crashing of motor vehicle
X83	Intentional self-harm by other specified means
X84	Intentional self-harm by unspecified means

Table 2: (Central Statistics Office, 2017)

Appendix II. Examples of searches for relevant literature

Searches carried out: Campbell, Academic Search Complete, ORB, SCOPUS

Search results:

Campbell:

no relevant results

Ulrich's Web:

I used the following search terms:

Search 1: suicidology

Resulted in journals with 'suicididology' in the title but excluded other relevant journals.

Search 2: suicide OR "youth suicide" OR suicidology

Inclusion of other relevant journals

Academic Search Complete

I carried out three searches (please see Academic Search Complete search terms and results document)

Search 2: I limited the range of publication dates: 2000-present

Search 3: I limited the results by language: English and German

I then selected the most relevant results and saved the items

ORB

Search for 'suicide' only did not produce any results

Search categories: health and well-being, mental health, age 16-18 (unfortunately there were no other suitable age ranges): this produced a small number of results relevant to suicide research in Ireland

SCOPUS

I found SCOPUS to be the most useful database for my study and I carried out four searches, including:

Search 1: Keyword search (see document)

Search 2: Limited keyword search to most relevant studies -> saved search

Search 3: Article title (among relevant studies from search 2) resulting in both reference lists and useful citations -> to be explored further

Search 4: author search – I searched for the name of one pioneering author that I already knew which resulted in a list of useful studies and collaborating authors in the field.

Tracking and evaluating citations

	Article	**Number of citations**			
		Google scholar	**Microsoft Academic Search**	**Web of Science**	**SCOPUS**

Search One	Hjelmeland, H., & Knizek, B. L. (2010). Why we need qualitative research in suicidology	135	150	54	69
Search Two	Hjelmeland, H. (2013). Suicide research and prevention: The importance of culture in 'biological times'.	9	Title not found	Title not found	Title not found

I used the above databases and search engines to track the citations of a 2010 publication calling for more qualitative research in the field of suicidology that takes into account the socio-cultural contexts in which suicide occurs. Following the helped me track current developments in suicide research in the past six to seven years. Microsoft Academic Search listed the greatest number of citations (150) followed by Google Scholar (135), SCOPUS (69) and Web of Science (54).

Evaluation of results

Microsoft Academic Search and *Google Scholar* were the most useful search engines for this particular search, both in terms of quality and quantity of results.

Microsoft Academic Search indicated that the article was cited 150 times but when I followed the citation link, there were only 93 works listed. By default, results are sorted by relevance. Alternative options include 'newest first', 'oldest first' and 'most citations.' I kept the default setting (relevance) and then limited the results selecting the most relevant options for my study ('qualitative research' and 'social psychology'). However, this narrowed down the results to only 10 hits which excluded other relevant studies. Thus, I removed the limitations and evaluated the results one by one. Although only a handful of results are directly relevant to my study, this dearth of relevant studies confirms what pioneers in the field of social meanings of suicide have criticised before: there is a preponderance of hypothesis-deductive risk factor studies which, in isolation do not advance our understanding of youth suicide. What I really liked about this search engine is how they list the sources for these studies.

Google Scholar

Unfortunately, Scholar only seems to have three sorting functions: 'custom time range', date, or relevance. Since the cited article was published in 2010, there seemed to be little value in limiting the results using the sorting functions offered. However, I found a newer book chapter by one of the authors cited 9 times (see search two). Following this citation, I found another publication that I had not known before.

What is nice about Scholar is the brief abstract shown with every title which makes it easier to make a decision about whether the publication is going to be relevant or not.

SCOPUS seems to sort the results by date only rather than relevance. As my study is informed by a 'Western' sociocultural perspective, I limited the results by 'country' (Europe, America, Oceania) and 'subject area' (Social Sciences). This resulted in five relevant studies.

Web of Science had 54 citations, out of which the majority (23) were psychiatric studies and thus, of limited relevance for my project. I therefore limited the results by the following research areas: social sciences biomedical (5), social sciences interdisciplinary (4), multidisciplinary sciences (4), women's studies (1), sociology (1), social work (1), social issues (1). This resulted in 13 results out of which five were relevant.

Using repositories

Repository	Search Term	results	Evaluation
Lenus	Youth suicide "youth suicide"	3772 110	Great repository to track Irish research and especially policy developments with regards to youth mental health and youth suicide. I narrowed down the second search by subjects (suicide) which resulted in 34 titles out of which 27 were reports. However, this risks excluding other relevant results categorised under the heading 'mental health'
Rian	Youth suicide	16	Not as fruitful as Lenus but still useful. Overlap between results.
Arrow@DIT	"youth suicide" (limit search to: 'all repositories') (limit search to: 'suicide') (limit search to: 'social & behavioural sciences')	 736 72 38	Great repository, I rediscovered some very useful and relevant publications.

Search term: "youth suicide".

Appendix III. Sample characteristics

#	Pseudonym	Associated With	Gender	Age	Interview Date	Exposure to Suicide
1	Lucca	Local football club	male	18	04.11.2015	Former fellow student's suicide
2	Sean	Further education centre 1	male	19	12.11.2015	Knowing of suicide in extended family
3	Anna	Further education centre 1	female	18	12.11.2015	Loss of friend to suicide
4	Cillian	Further education centre 1	male	20	27.11.2015	Loss of friend to suicide
5	Emily	Further education centre 2	female	20	16.12.2015	Suicide attempts among close family members
6	Alison	Further education centre 1	female	19	25.02.2016	Loss of close family member to suicide; Suicide of neighbour
7	Aidan	Further education centre 1	male	19	26.02.2016	suicide of former fellow student
8	Valentin	Local football club	male	18	02.03.2016	suicide of former fellow student
9	Phoebe	Further education centre 2	female	21	11.03.2016	Loss of friend to suicide
10	Finn	Local youth centre	male	22	11.05.2016	Loss of five friends to suicide
11	Alana	Local GAA club 1	female	22	30.05.2016	Attempted suicide of acquaintance Suicide of former fellow student
12	Quinn	Further education centre 3	male	20	01.07.2016	Previous suicide attempt Suicide of acquaintance
13	Dean	Further education centre 3	male	19	03.07.2016	Previous suicide attempt
14	Alva	Further education centre 3	female	18	04.07.2016	Loss of friend to suicide
15	Sophia	Further education centre 3	female	20	05.07.2016	Loss of two friends to suicide
16	Elias	Local GAA club 2	male	22	12.07.2016	Suicide of fellow student
17	Cian	Local GAA club 2	male	22	14.07.2016	Suicides of "two or three" fellow students
18	Ben	Local GAA club 2	male	20	22.07.2016	Loss of friend to suicide
19	Amie	Local GAA club 2	female	21	15.08.2016	Suicide attempt of close family member

20	Saoirse	Local mosque	female	18	20.09.2016	Friend's suicide attempt; Suicide of fellow student's father
21	Olivia	Further education centre 3	female	19	29.09.2016	Previous experience of suicidal thoughts; possible suicide attempt in friend'; seeing one body of three unknown victims of suicide; trying to comfort friend with suicidal thoughts
22	Archie	Further education centre 1	male	19	04.10.2016	Suicide of acquaintance Neighbour's suicide Seeing body of suicide victim
23	Aven	Further education centre 3	female	18	05.10.2016	Suicide of friend's friend Suicide in neighbouring estate
24	Chris	Local martial arts club	male	18	14.10.2016	Previous suicide attempt Ex-partner's suicide attempt
25	Lilia	Further education centre 3	female	20	07.11.2016	Loss of friend to suicide

Appendix IV. Information for gatekeepers

Information for organisations

Hello! Thank you for taking the time to read about my project.

My name is Melanie Labor. I am a PhD student at Trinity College Dublin and I am trying to find out about young people's general views on youth suicide.

I am writing to you to ask for your help with this study.

contact

Melanie Labor

Trinity College Dublin
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085 .. ..

supervised by

Prof. Robbie Gilligan

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approved by

Research Ethics Committee

School of Social Work & Social Policy
Trinity College Dublin

Approval period:

July 2015 – December 2016

About my study:

We know that youth suicide is a serious problem in Ireland. One third of all deaths among young people aged between 15-24 years is through suicide. Yet, we haven't really asked young people about their views about youth suicide.

Young people's general views are very important. How they think or talk about youth suicide may play a role in whether a young person decides to end his or her life.

If we want to reduce youth suicide rates, we need to start talking to young people. This will help us understand better why some young people decide to take their lives.

What am I trying to do?

I would like to meet individual young people for an interview. This will take about **one hour**, depending on how much the young person has to say.

Who are the young people I am looking for?

I am looking for young people from the **greater Tallaght area (including Area 1, Area 2 and Area 3)** aged between **18-22** years old.

What am I asking you to do?

I need your help with identifying any young people in your organisation that you think might be interested in taking part in my study.

I prepared a leaflet with a brief description of my study. I also included my email address and phone number so that the young person can get in touch with me directly.

Melanie Labor
Irish Research Council Government of Ireland PhD candidate
School of Social Work and Social Policy
Trinity College Dublin, the University of Dublin
Dublin 2, Ireland.
email: laborm@tcd.ie mobile: 085 .. ..
http://www.socialwork-socialpolicy.tcd.ie/

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

IRISH RESEARCH COUNCIL
An Chomhairle um Thaighde in Eirinn

I am asking you to give this invitation to any suitable young person and to encourage him or her to contact me.

Lastly, I am asking for your permission to meet the young people at your organisation. I think it would be best to interview them in a familiar environment that they can access easily.

It is possible that in isolated cases, a young person has said something during the interview that is either not quite clear or really interesting and relevant. If it is a case of minor clarification, a phone call should suffice. Otherwise, I would need to meet the young person once again.

What else?

- Participation is **voluntary**. This means that the young person may leave at any time, for any reason, without penalty.
- Interviews are **anonymous**. This means that I will not use the real name of the young person or of your organisation.
- Interviews are **confidential**. This means that any information provided by the young person or by your organisation is kept private[i].
- Some young people may find it upsetting to talk about their views about youth suicide. Taking part in the interview would **not** be helpful to young people who, **within the last 12 months**:
    - lost someone close to them through suicide
    - suffered from depression
    - deliberately injured themselves
    - actively thought about suicide
- As a general means for support, all young people will be provided with information about support services available to them.
- The information provided by young people may become part of my study. Findings may be published in academic journals or presented at conferences.

If you would like any further information about this study please do not hesitate to contact me, **Melanie Labor** on mobile: **085 .. ..** or at laborm@tcd.ie

[i] Please note that if I am concerned about a young person's well-being, or if a young person discloses that they are in crisis (e.g. thoughts of suicide or engaging in self-harm behaviour) I will not be able to keep this to myself. Then I will need to talk to the young person about getting help. This includes taking steps such as identifying and contacting an adult they trust within your organisation, a young person's parents or guardians, their GP, A&E or a support service, such as *Pieta House*.

Melanie Labor
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Dublin 2, Ireland.
email: laborm@tcd.ie mobile: 085 .. ..
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Appendix V. Participant invitation

TELL ME ABOUT IT

do you live in Area 1 or Area 2 or Area 3?

are you between 18-22 years old?

I need your

Coláiste na Tríonóide, Baile Átha Cliath
Trinity College Dublin

IRISH RESEARCH COUNCIL
An Chomhairle um Thaighde in Éirinn

Hello! My name is Melanie. I'm a student at Trinity College Dublin.

I'm trying to find out about how young people **think** and **talk** about youth suicide.

We know that youth suicide is a topic that is important to many young people.

Yet, we haven't really ***asked*** young people about their opinions on youth suicide.

your voice matters!

I'd like to talk to **you** and other young people about your general views on youth suicide.

Your opinions are really important.

You can help us understand better why some young people end their lives.

Your views can help **reduce youth suicide rates** in the future.

so, what *do* you think?

THANKS
For reading on

find out more

Let's meet for a chat.

I will explain to you what I'm trying to do and what I'd like you to do.

You can ask me anything you like.

Then, if you're still interested in taking part in my project we will start our conversation.

don't be shy, get in touch

Melanie Labor

085 .. ..

laborm@tcd.ie

Trinity College Dublin, the University of Dublin
School of Social Work & Social Policy
3 College Green, Dublin 2

this may not be the right time to do this

I will ask you questions about your views on youth suicide. You could find this upsetting.

Within the last **12 months**, have you:

- lost someone close to you through suicide?
- felt very down (almost) every day?
- deliberately injured yourself?
- been actively thinking about suicide?

Did you answer any of these questions with **yes**? Then meeting with me probably wouldn't be helpful to you.

but it would be really good if you talked to someone

"it's absolutely okay to ask for help!"

call, **text** or **email** someone now

Samaritans	free-phone **1850 60 90 90**
Accident and Emergency (A&E)	
Area Hospital	call **01 ... ...**, **999** or **112**
Jigsaw ... www.headstrong.ie/jigsaw/	call **01 ... ...** email **...@jigsaw.ie**
Teenline Ireland www.teenline.ie	free-phone **1800 833 634** text TEEN to 50015
Pieta House www.pieta.ie	call **087 .. ..** or **01 .. ..** email **mary@pieta.ie**

Appendix VI. Participant information and consent

Information and Consent

Hello and welcome!

My name is Melanie Labor and I'm a student at Trinity College Dublin. I'm trying to find out about how young people in the area think and talk about youth suicide.

What are you asking me to do?

I'd like to have a conversation with you about your views about youth suicide. Before we start, I will explain to you what I'm trying to do and what I'd like you to do. You can ask me anything you like. You should let me know if there's something you don't understand.

How long will this conversation take?

About **one hour**, but it depends on how much you want to tell me.

Will others know what I told you?

I **will not use your real name** anywhere, at any time. I may use what you told me during our conversation in my essay, but I will change your name so nobody will be able to know what you said.

What you tell me is private unless I am concerned about you. Then I will have to talk to you about getting help and I will not be able to keep to myself what you said. But I will try to find a solution together with you.

What will happen with the information I gave you?

I will listen back to what you (and other young people) have said. This will help me get an idea of young people's general views about youth suicide. I will then use this information in my essay. I may also use this information in other essays or at conferences.

Will I get paid for taking part?

There will be no payments or gifts.

I changed my mind about taking part.

You are free to leave at any time, for any reason and without penalty.

Anything else I should know?

I will use a voice recorder to record our conversation so I can concentrate on what you're saying. Nobody but myself will listen back to what you told me. This will also help me with the write-up of my essay.

It is possible that I find afterwards, that you said something during our conversation that is either not quite clear to me or that I think is really interesting and would like to know more about. If that's the case, I would like to contact you once again. If it is something small, a quick phone call may be all that's needed. If it's something bigger, it would be better to meet once again.

contact

Melanie Labor
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085 .. ..

supervised by:

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approved by:
Research Ethics Committee
School of Social Work & Social Policy
approval period:
July 2015-December 2016

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The University of Dublin

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Please read this carefully and tick the relevant boxes:

1	Melanie asked me if I had any questions or if there was something I did not understand.	
2	Melanie answered all my questions and I understand what her project is about.	
3	I understand that it is my choice to be here and that I can leave at any time, for any reason, without penalty.	
4	I understand that what I say is private unless Melanie is concerned about me, or if I tell her that I'm at risk of harming myself or someone else. I understand that in this case Melanie will not be able to keep this information to herself.	
5	Melanie may use an audio recorder. I understand that nobody but her will listen to the recording.	
6	I understand that I will not receive any money or gifts.	
7	Melanie may contact me once again if there is something she wants to understand better.	

Melanie's signature:
I believe that _____
Is giving informed consent to be part of this project.

Your signature:

Please **PRINT** your name here	
Please **SIGN** here	Date

Melanie Labor	
Melanie's **print** name	
Melanie's **signature**	Date

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Just one more thing before we start

I will be asking you questions about your views about youth suicide.

You could find this upsetting.

Within the last 12 months , have you:

- lost someone close to you through suicide?
- deliberately injured yourself?
- been thinking about suicide?

Did you answer any of these questions with **yes**? Then being part of this project wouldn't be helpful to you.

But it would be really good if you talked to someone.
It's absolutely okay to ask for help!

call, text or **email** someone now

Samaritans Ireland
free-phone **1850-60-90-90**
free text **087-2-60-90-90**

Teen-Line Ireland
free-phone **1800-833-634**
free text **TEEN** to **50015**

Accident & Emergency (A&E)
Area Hospital
call **01 .. ..**, **112** or **999**

Jigsaw
call **01-464 9350**
email **...@jigsaw.ie**

Pieta House
call **087.. .. ...**
or **01 .. ..**

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Appendix VII. Interview Schedule

Topics	Sample interview questions
About the young person – finding out about young people's lives to build rapport and to gain contextual data that may be relevant to young people's understandings of youth suicide.	Sometimes people have books written about them, and when you read it you know more about that person's life. If I wanted to write a book about you, what would you like me to write? What you do in your free time? Who are the people you spend your free time with? What do you do? How important is music/film/TV to you? What's your favourite kind of music/star/TV show? What are your plans for the future?
Youth suicide in young people's communities – what do young people know about youth suicide in the community?	If I asked you about youth suicide in [this neighbourhood], what is the first thing that comes to mind?
Communications about suicide – how is youth suicide talked about by young people and other people in their communities?	When a young person dies through suicide in [this neighbourhood], how would everyone react to that? Can you remember how you first found out about a young person's suicide in [this neighbourhood]? What words do people use to describe a suicide? How quickly did you know that the death was actually a suicide? Can you remember what, if anything, was said?
Cultural practices and memorials – what do young people and their communities do in response to (a) youth suicide?	If mentioned, ask about funerals, songs, poems, videos, memorials, graffiti, the internet etc. Can you tell me a bit about what happens when a young person in [this neighbourhood] dies through suicide? Sometimes, when someone dies, people do something to remember that person. What, if anything, do people in [this neighbourhood] do to remember a young person who died through suicide?
Perceptions – what are young people's perceptions about youth suicide and what influences these perceptions?	Can you remember if there was ever a moment when you heard about a suicide that someone else's view surprised you? One of the young people I talked to before said that some young people say that suicide is selfish and a coward's way out, yet other think it's a brave thing to do. What do you think? Celebrities – exploring if and how celebrity suicides influence how young people make sense of suicide.

	In the past, there have been famous people who died through suicide. I'm curious if there are any famous people that you know of who died through suicide? How did you find out about that person's suicide? Did you talk about it with your friends? What did they say? What do you think about famous people who end their lives?
Young people's explanations for suicide – finding out if and how young people explain youth suicide.	Can you remember what you were thinking or how you felt when you first heard about that suicide (assuming the young person mentioned a suicide)? What, if anything, has changed for you since you heard about that suicide? Sometimes, when a suicide happens, people feel the need to understand what was going on for that person. What do you think about that? Finality of suicide - exploring the extent to which young people understand that suicide is final. In a film, a group of young people talked about a young man who died through suicide. One girl said to another: "He's gonna regret this [his suicide]." What do you think about this?

Appendix VIII. Interview excerpt (Alison, P06F19)

Code: Alison, P06F19

Date of recording: 25-02-2016

Ethnicity: white European

Gender: female

Age: 19

Melanie: Uhm, do you maybe, want to tell me a little bit about yourself? You're here in Org2 and …

Alison: Doing education, yeah.

You're doing education…

Yeah.

What does that mean?

Just doing my Level 4, my Leaving Cert.

Okay.

I don't know what else to say.

That's okay. What do you do for that? What kind of subjects?

Eh … communication, work experience, maths and all. *[mhm]* That kind of stuff like.

Okay. What does work experience mean?

Like, to go out and for work experience and then, find something else to do like. Whatever I'm interested in. *[mhm]* That kind of stuff.

What are you interested in?

Ehm … probably childcare.

Childcare?

Yeah. *[yeah?]* Yeah, I done it last year. *[mhm]* Hopefully I'm doing it this year, so.

Childcare in Org2 or …

No, outside Org2.

Outside Org2? What does that … where outside Org2?

Eh, d'you know in ehm … [suburb in Dublin]?

That's an area here?

Near [suburb in Dublin].

Okay.

Yeah, it's an area. *[okay]* I done it up there.

Right. Was it like an organisation or …

It was more like a house kinda thing. But it was real good [???] for it like. So, it was good.

So, you like children?

Uh, I enjoy it yeah but I just wanna see what else *[yeah]*, what else I enjoy and then … *[yeah]* I get to do it like.

What else do you enjoy doing, outside of…?

Sorry?

What else do you enjoy doing, like, what else do you like to do, say, outside of Org2?

Uh, I like relaxing. Just chilling like. Going on walks. *[Okay]* Whatever like, socialising.

Yeah. What does chilling mean, when you say chilling?

Relaxing and all.

Relaxing?

Yeah. Being able to watch TV and all. *[Uhu]* That's what I like doing.

What do you like watching on TV?

Anything really.

Anything?

Yeah. I don't really mind.

Do you have any favourite shows?

Ehm, I'll watch movies. *[mhm]* Like, comedies and stuff.

You like comedies?

Yeah, and uh, scary movies as well.

Scary movies?

Yeah.

What was the last one that you saw?

The last movie I saw? *[mhm]* Of any movie?

Yeah. Or the last one that you really liked maybe.

I can't even remember.

Okay. That happens to me too.

I watch so many movies, I can't even remember any of them.

Is watching movies something that you mainly do?

Yeah.

Yeah?

Mhm.

And when you say socialising, who do you socialise with?

My boyfriend.

Your boyfriend?

Yeah, and me cousins, my friends… *[mhm]* Yeah. It's good.

Are they close to you like? Do they live close to you like, your boyfriend, your cousins, your friends?

My cousins do, my boyfriend does as well.

Pardon?

My boyfriend does and my cousins as well *[okay]*, they live close by and they come up to me all the time, so *[mhm]*, so I just sit down, talk to them, socialise.

Do you live in the area?

Yeah.

Yeah.

Yeah. Near Org2. *[okay]* Close by.

And what do you guys do?

Sorry?

What do you guys do, like, your friends and cousins …

Aw, we just sit around and chat, go on a walk *[mhm]*. That's it, really. There's nothing really anymore.

What do you mean?

Just to social … social … the sociality, is that what it's called?

Pardon?

The social-loyalty … I can't even say the word.

Describe to me…

People like socialising *[yeah]* nowadays, they don't really go out much. They just have a [stare?] on the internet and all like. *[okay]* Or just go out, probably drinking or something.

They stay on the internet …

Yeah.

… go out, drinking?

That's really it that people do nowadays. I'm not a big drinker though. *[No?]* No.

When you mean now[adays], when you say nowadays, like, does that mean…?

It's not like what people used to do like, go out and all. Y'know like, find something to do and all. Mainly people just … sitting indoors and all. I just don't really bother with … people so. I just stick to myself.

To yourself?

Yeah. And whoever is close to me.

Okay. It sounds like you have like a circle of friends or…?

Mhm. I'd rather like … just stick to people that are like … I know like and trust more *[mhm]* instead of just going out to anybody like.

People that you trust …

Yeah.

… and people that you know?

Mhm. [pause] Yeah.

What does trusting a person mean to you?

Like, being able to talk to them about things *[mhm]* really. Instead of like … 'cause you really need to know who you're true friends are like … and you are able to tell people things and talk to them without them going back to somebody else and tell them that. That's … what I mean by 'trusting'.

Okay. How do you know that you can trust a person?

'Cause mainly I just tell my cousin or my boyfriend. That's the only people I talk to. *[okay]* I wouldn't talk to anybody else.

When you mean 'talk to them', do you mean about something that's personal to you or …

Oh, if I need to talk to somebody like *[okay]*, I just ask can I talk to them like. *[okay]* Whatever is on my mind, I just talk to them and they help me out *[mhm]*. [pause]

Uhm, do you find it easy or difficult like to go to a person and ask them, can you talk to them or…

It's easy, but sometimes it's not easy to find the right words to say it. *[okay]* You kinda need to know what to say to them and all. Or if I don't know it I'd be like: 'yeah, I don't know.' I just … I wouldn't know the right words to say it I would … just that kind of things.

Mhm. [pause] *You just said there that uhm … if you, if you can't … or if you tell the right, the wrong person, they might tell somebody else. Is that right or … ?*

Yeah, I just don't really … some, sometimes I don't really trust people *[okay]*, 'cause I know that sometimes, if you tell somebody and all, they're just gonna go back and say it to somebody else. I just don't trust anyone.

Has that happened to you or…

I don't know, because … you never know. Some people could talk about you behind your back and you wouldn't know *[mhm]*, but if they're a real friend, they'd go back and tell you that someone said something *[mhm]*. So I don't really know like.

Have you seen it happen to somebody else?

Eh, some people that I do be around, they do talk about some people, so, I always wonder to myself like, what do they say about me? *[okay]* So, that's why I wouldn't tell anybody anything. *[yeah?]* I'd just try and say it to somebody real close *[mhm]*, than anything. [pause] *[yeah, I guess…]* Or I'd talk to me Ma. *[Your Ma.]* Yeah.

Are you close?

Yeah, me and my Mam are close. *[mhm]* Some people think that we're sisters, 'cause we're so close like. *[okay]* It's good though.

So, would you trust your Ma?

Yeah. 'Cause my Ma like, if anything was wrong with me, I'd tell me Ma and Mam would help me out. *[Mhm]*, and she'd talk to me like.

Do you find it important that young people can go to their mother, or their father maybe…?

Yeah, they should, instead of keeping it to theirself. Whatever is wrong with them, they should go and talk to somebody. Just get it out in the open. *[mhm]* 'Cause if they just keep it in, that'd just drive them insane now, they'd just do something stupid.

What would they do?

Like, if they're really in a deep, deep thought, and if they felt really upset or depressed or something, they could … it could lead them to suicide or something.

To suicide?

If they're really bad like. They could hang theirself, they could do anything. *[okay]* That's why it's important to talk to somebody *[mhm]*, and always have somebody close by. That's what I think.

Would it have to be a person that you're close with or…?

It could be anyone *[anyone.]* your friends, teachers: anybody. But somebody who you mainly trust who won't go and tell somebody. *[mhm]* So, I've … I'd pick my Ma.

You'd pick your Ma.

Yeah. *[okay]* 'Cause I know my Ma'd help me. *[yeah]* Yeah.

How would she help you if … if you felt really …

She has … she has really wise words to say to me. She … she'd understand me like and she'd talk, talk to me like and help me, and she'd always be there for me, 'cause at least I know that my Ma'd never just go and leave me like, 'cause I know she'd always be there. Unlike friends, they come and go.

They come and go.

Yeah. They never stick around.

Mhm. And you did say you have a boyfriend like… is he somebody you feel you can talk to as well or…?

He's like my best friend …

Your best friend.

He's awesome. I'd tell him everything like. *[yeah]* I always talk to him and he's a really good listener as well so. *[mhm]* I enjoy talking to him.

Being a good listener?

Yeah. And he always has something good to say back, so. *[mhm]* It's real good.

Have you been going out long?

Two years. Nearly three years. It doesn't really feel like it but …

No? It doesn't feel like it?

Now, he makes me happy, he does. *[mhm]* Like, something to look forward to, just seeing him all the time.

Do you see each other often, would you say?

Yeah, we see every day.

Every day.

Yeah, that's how close we are.

Would you have similar friends or like, would you be part of a friendship group or …

Eh…

Like you and your boyfriend, like would you have mutual friends?

I know his friends, and he knows some of my friends but *[mhm]* I wouldn't hang around with his friends or anything. He'd be with his own friends like, that kind of thing. *[okay]* It's just … if it's … it'd just be me and him and my cousins. Just hanging around like.

Hanging around.

Yep. That's the only word I have.

That's okay. But describe to me a bit, what hanging around looks like.

Like, just going places. *[mhm]* Or chill in my house, just … y'ou know, relax. Have a laugh. Get to watch movies and *[uhu]* talk about things like. That's really it, isn't it?

Where would you go when you go out?

We'd go for a game of pool or something *[mhm]*, or go out on a drive or anything. Go up to my other cousin's, I'd say.

Do you drive yourself?

No. *[No?]* I'd love to but I don't think.

[…]

You said a little bit earlier on that … uhm … if somebody felt really down or depressed or … y'know, they might do something stupid to themselves [mhm] *and uhm, I think one of the things you said was, they might end up … uhm, suicide. Is that something you would've come across, like?*

Me?

Not you personally but like heard about somebody, or …

No. Nobody that I know. *[Mhm, okay.]* If anyone like was to do it though, like I'd literally be there for them like. I'd talk to them. No matter what like.

You'd talk to them.

Yeah. If I seen them look down or … and they said they didn't want to talk about it, I'd try and get it out of them.

If they looked down like … what do you mean?

Like, if they looked real like, different or real upset looking or anything like that I'd talk to them.

Okay. You would go to them?

And I'd probably tell them to stay with me for a while like and talk to me, instead of letting them go on their own? Some people would probably just go on a walk and … you know, and end up leading to something. Y'know? So, I'd just … I'd be there for them. And if it came up to a worst to worst, I'd tell their parents. *[okay]* I would. I wouldn't leave it like, if someone was like: 'aw, I'm thinking of doing suicide', I'd tell their parents. Make them be aware of them like, keep an eye on them. I'm that type of person, like, I worry about people and all sometimes, so. If anything like happened to them …

You worry about people?

If there's something wrong like, I do be worried about them. I'd just sit up, like I hope that person is alright like. *[mhm]* I'm that type of person, I'm real like soft sometimes; towards people like.

You're soft towards people?

Mhm.

Do you feel a person is soft when they're there for somebody or…? [pause] *Or when they're like be worrying about somebody or … what does soft mean?*

Like, you know like, real emotional or *[mhm]* … think real emotional and *[emotional]* it gets to you, really like. That kind. I never used to be like that, don't get me wrong. I used to be like … y'know, nothing to worry about, nothing like that. Ever since I got older I think, just everything hitting me now, so ... *[okay]*. I'm always like, sometimes I do be worrying about things or whatever like. I think it's age getting to me. I think it is.

An age thing.

Yeah. Ever since I started getting older. I think it started happening when I was … I think when I was 18; everything started getting to me like. Making me realise things are up.

What kind of things?

Just everything really. About people, whatever. 'Cause when I was younger I didn't care like. But now, since I'm older I care a lot.

Was there anything that happened that, y'know, brought that no somehow or?

What d'you mean?

Uhm, sometimes … is it, I'm wondering, is it something that like just started to happen like, slowly or is … was there an event or something that made you change a bit?

Well …

That made you start worrying… like, because you said you weren't worrying so much like when you were younger.

It's to really think like, people still gonna stick around. Like, when I … I used to be close with people and … they all just ran off kind of thing? Never like, contact … like, contacted me or anthing like. So then I … I said to myself like, getting older and older, they're not my real friends. So, I just kinda like, I

don't really need friends. I have one best friend like, and I have my boyfriend. He'd be more close than anyone.

Your best friend, is he or she an old …

A he …

He.

Yeah.

Is that like a childhood friend or …

No, uhm, I think I'm like friends with him for like five years, best friends with him five years. But if there's anything wrong like, he'd know straight away but … I think I'd go to my boyfriend more because … I think I trust my boyfriend more because I know he wouldn't say anything to anyone like. *[mhm]* If I like, if I felt like upset or sometime, I'd tell him and then he'd talk to me and then, I feel much better after it. *[mhm]* But if it was, say, if it was other friends that I wasn't really talking to, and they asked, they're being real nosy, and they're asking things like, I wouldn't bother telling them. *[mhm]* 'Cause I see the way some people talk about people. 'Cause I don't wanna be one of them.

Can you tell me a bit about that? Like, what do you see or hear people say about others…

Like, if someone said … if I said something to you about somebody *[yeah]*, and I said: 'don't tell anybody.' You'd go back and tell somebody and it'd come back to me. Say, then I'd be like I don't trust that person. *[mhm]* That's why I wouldn't tell anybody anything like.

And what if somebody was, say, worried about a person and they didn't really know how to deal with that person like, and then said it to somebody else: would you also feel like, you know, that's like a breach of trust or…?

If it came up to like … what kind of thing like?

I don't know?

Like anything bad?

Maybe so, yeah. Like, could it be anything uhm, that … y'know, if I told you something, uhm … and that had you worried but you didn't really want to, you didn't really know how to deal with that and you went to somebody else asking them, what's the story like, what should I do? Would you also say like …

If it was anything got to do with really like … going into deep depression or something and not being able to control it, and if you told somebody: okay, fair enough. But if it was my life, and you told somebody, about whatever was going on in my life, then I wou[ldn't], I probably woulnd't talk to that person anymore. *[mhm]* 'Cause I … first things first, it's nobody's business. That's what I'd say. *[okay]*. 'Cause as I said, I don't really trust anybody anymore. That's just me like. I just rather keep the … probably … the closest people, probably my … just my family members, and my boyfriend. That's the only people I … stay close to. Anyone else really I just … probably talk to them or something. Have a laugh with them and that's about it. Wouldn't talk to them [about] my life story. *[okay]* [pause]

And that's mainly from like seeing what has happened to other people, is that right or…?

Mhm. Ah yeah, you literally grow up to see, to realise … like, you open your eyes and see what people are really like. *[okay]* That's just what I feel like, y'know. Like I … I used to not care what people think. And now I do care. *[mhm]* Like, if they told something of me, I'd probably get upset but back then, I wouldn't care. So, I can see myself changing like.

Yeah. That's interesting.

My boyfriend always says to me, he goes: 'don't care what anybody thinks.' It just gives them something to talk about. So I just take that advice of him. *[mhm]* He gives me really good advices. Really wise advices. *[yeah?]* Like everything he says makes sense like. And I know like, if I told him, anything like … 'Cause I always say … like, we're two peas in a pot like? That's what we're like.

Two peas in a pot?

Yeah. So like, if anything was wrong with him, he'd talk to me. If anything was wrong with me, I'd talk to him. *[mhm]* It kinda works out that way. So yeah.

It sounds like you feel that talking is important.

Mhm. 'Cause if there was something like, if I needed to talk to somebody, and I didn't talk about it I think it'd just make me worse.

Not talking would make you worse.

Yeah. It'd make me more upset. *[mhm]* So, if I talk to somebody, I feel much better. Or, not much better but I'd be getting there. *[mhm]* I always just put my head high and just walk it off.

Walk it off?

Yeah. As in like, everything is gonna be okay. I'm still alive. Still living.

Were you ever worried that you wouldn't be alive anymore?

Ah yeah! *[yeah?]* Yeah. You never know what's around the corner, as I say. Anything could happen to you like. Any day, any minute, any second: anything. Like, I could walk out in front of … in front of the road, and a car could hit me like. So, I don't really know like.

Like, in an accident?

So, that's why always be careful.

Mhm. Always be careful.

Like nowadays, what's happening to people; people are dying and all like. So, that's why always be careful.

Dying in accidents or otherwise?

Anything! *[Anything?]* People could be … go out into a pub or something, and somebody could spike you, you could die. Somebody could spike you, you're allergic to that stuff, you can die.

Spike you, like …?

Put something in your drink, you can die. Anything like that. That's … you have to be like, careful. Anything. You can bit by a spider and you can still die. So these things you have to think about like.

And then there are some people who choose to die.

Yeah, some people choose to die. Some people can't take life anymore. Some people think that … their life is just … complicated, it feels like the weight is just on their shoulders like and they just … they don't know what to do anymore with it, it leads to … to suicide.

They don't know what to do anymore?

See, people think it's selfish! [raised tone of voice] *[mhm]* That they take their own life. I don't think it's selfish.

You don't?

No. It's their own … I know like, they should be like, some people should be here right now and all but … like, I understand they couldn't hack life anymore, they have their own life problems. Couldn't do anything about it. I don't think it's selfish. *[okay]* Some people would say it's selfish though.

Have you heard somebody say that it's selfish?

Nowadays people are saying it's selfish. *[mhm]* Not caring about other people. They obviously do care about other people. It's just they … obviously can't take life anymore.

What makes you say that?

Like, maybe you could talk to somebody but it's not enough. Like, what else was I gonna say? Like, I say I'm gonna put myself into any [inaudible]. Say, if I was talking to you *[yeah]*, and I was like: 'oh yeah, I feel so much better.' I'll go home, I'm lying down in bed, and I'm overthinking things again. And then you just get worse and worse and worse. *[mhm]* And knowing that it won't go away. That kind of things like. That's what people have been saying. [pause] Yeah, so I don't think it's selfish. *[okay]* Like, say that people, they mainly think it's selfish for the people who have kids and a family. But these things happen. Y'know? [pause]

Uhm, when you say that other people feel it's selfish like, is that something that you heard somebody say?

Yeah. *[yeah?]* I heard … I heard like … when I say like, in my own personal life I told them and someone said: "that's selfish." Which I said: "It's not really selfish." *[mhm]* You do miss the person, yeah, but you get over it. *[mhm]* Y'know?

So, that was a conversation you had with somebody else?

Mhm. Pretty much. *[yeah?]* Yeah.

Is that something you can talk about a little more or … it's fine if you feel it's too personal. I don't mean to pry into your personal life.

Well. No one else is gonna listen to this, are they?

No. I promise you like …

It's not gonna be put on the web or anything?

No. Absolutely not. No.

Well my … when I was like five, I think I was five, it was in [year], my Dad done suicide. And he hung himself. And somebody … somebody was saying: 'how dare they … died like.' So I told them how my Dad died and then they said: 'That's selfish.' And I said: 'How is that selfish?' And they're like: ''Cause he left his family behind.' I was: 'Well, that's what he chose to do.' But, I wasn't gonna argue with that. *[mhm]* I didn't really mind? [raised tone of voice] I was young. [un?]experienced? But, now again, I still have my Mam, so. Eh, it probably would like … and don't get me wrong like, it does upset me sometimes but … I know I have my Mam there. *[mhm]* And my Ma gives me loads. If my Ma wasn't here – touch wood [knocks on the table twice] – I don't know what I'd do like. I'd probably feel like … everything's gone from me like. Kind of like. But I know, I have people there, so it's okay. So, I don't really care what people say, that's selfish or whatever. I know it's not. It was his own choice. Deal with it.

It was his own choice.

Yeah. I think he was really depressed and all, I don't know. I don't know. It's not really selfish though, if you ask me.

It sounds like you have a lot of understanding for people who make that choice to end their lives.

It's sad but you can't really bring them back, can you?

You can't really bring them back?

Like, you could be asleep. Boom. Next minute on the news somebody hung theirself. Y'know what I mean? Just, some people walk out of the house when everyone's asleep, they won't hear them go like, and they're gone.

D'you mean that, they're gone, because they … like, they died by suicide or like they had an accident kind of thing?

Suicide, accident: anything really like. And you'd hope to bring that time back and just change it all.

Change it all.

But you can't do anything like. You can't go back in time. *[yeah]* You have to live with what you can. [pause]

What you said about you can't bring them back is interesting. There is a film that I saw about youth suicide in Tallaght, not that long ago. I'm not sure if you've heard about it. It's called "I used to live here"? And it was done in the neighbourhood by young people and uhm, there was a group of girls who walked to a bridge and one girl said to the other … it was a boy who died by suicide and the girl said to the other: "he's gonna regret that." And the other girls says like: "but but how can you regret something when you're dead?!"

Mhm.

So, I'm wondering about your thoughts on whether like … if it's a young person who decides that they don't want to keep on living any more like, do they actually realise that you can't come back?

Like, do they realise they can't come back from … like, young people?

Mhm.

I suppose some young people would have second thoughts.

They would?

Yeah. If they're going to do something, they'll have second thoughts. But if they really wanted to do it they wouldn't care.

They wouldn't care?

No. They'd probably just have the first thought that comes in their head and do it. I don't think they'd regret because they are gone. But other people would want them to still be there; but you can't bring them back. But older people … I think it's … I don't know because you're growing up with them or whatever, ye're by their side all the time but … they're gone. And then it hits you more. But young people, they haven't lived their life as much and they … take away their life. Which I don't think is right. At least die of something else like. Die of a disease or something, don't take your life away like.

Mhm. So you feel there's a difference between a young person and an older person who dies through suicide?

They're both as bad like, they're both taking their life away like. But I think … just whatever is wrong, talk to somebody. Try and … put up your head, say everything is gonna be okay. Don't let things get to you as much. *[mhm]* Don't … die doing something that you're not meant to do? Die of a … like, a disease really like. *[yeah]* Die of smoking like, not taking your life away like. That's a big thing like.

That's a big thing?

Yeah. If people don't wanna go to their funeral, their grave … y'know?

What d'you mean? They don't want to go to their funeral or their grave…?

'Cause, if they go to their grave, you can't see them, can you? They're six feet under like. Like, you can't talk to them. You'd literally be talking to the walls and back. Talking to nothing really like. Which you'd rather just talk to them in person like. *[mhm]* Being able to have a laugh with them but you can't really do that when they're gone. And they can't talk back to you, so. *[mhm]*. It's your own imagination. [pause] Do you believe there's a heaven?

Do I believe there's a heaven?

Mhm.

If you want my honest answer: I don't.

Yeah, I don't either.

You don't?

People are like: 'Aw I'll see you soon.' How do you know? You're probably just stuck in the ground and you're not going anywhere. *[okay]* You never know these things.

But isn't it interesting then that … I don't know if you've seen that before but like, y'know, if somebody dies, be it suicide or otherwise, oftentimes like, people seem to say: 'angel in heaven' and all that…

People say that yeah [dismissive tone of voice] but … I don't think I believe in ghosts or anything like that.

Ghosts?

I don't think I've ever seen one before. So what makes you think there's a heaven? Someone could be hallucinating and see something shining in the corner like saying like: 'oh yeah, I've seen a ghost.' Anything like that but if I ever see something, and actually see it like, then I'd believe in it. *[mhm]* But ehm … you never know, there could be a heaven, there could be, we don't know it yet. Until you actually go there like. *[Mhm]* Like, you know what I mean?

I do, yeah.

I probably sound stupid talking about this but …

I don't think you sound stupid.

But that's what I think like. You're not talking … well, you are talking to the person but the person is not talking back to you, are they? You're just looking at a grave stone and … like, muck or something like you're talking to but … but you can't bring them back!

You can't bring them back.

No. unless you have a time machine and you go back in time and know what they're gonna do and stop them but … you can't do any of that. *[yeah]* As much as some people would love a time machine and help people if they know but … you can't help.

When you say that people are … talk … talking to somebody who died through suicide, they don't talk back. Have you seen people do that or heard people do that?

Like, who's dead?

Mhm, like somebody talking to a person who died through suicide or, y'knew.

What do you mean, are they alive or?

No, no, no, not so much. You just said, well, there's that gravestone and it's like you're talking to them but like they won't talk back…

Y'know like, people who goes to graveyards, you see people talking to them. *[okay]* And I'm just like thinking like, they're not gonna talk back. If ye'd stand there, think about what life would be like if they were still there, of course and want them to be there, so much like. Ye'd just gonna have to

look at it, aren't you? Face the facts. It happened, it happened. *[mhm]* It is sad to think about it sometimes but … you have to kinda move on. *[mhm]* And you always … you know, that they're always be looking down on you … and always like, be grateful for what you got right now *[mhm]* instead of losing something else, isn't it? *[mhm]* That's what I think. 'Cause I'm grateful for what I have. Even though, one was already gone like but I'm still happy like. My Ma raised me up like, by herself. *[Mhm]* And nobody else there like helping her so, I'm grateful. She had two kids like to raise up without us having a father there like. She done a good job like and I love her for that, she brought me up well.

Taking a break for about half an hour. After the break, P06 asked me questions about my course and about college in general, and about what I want to do post-college.

[…]

I don't really talk about suicide.

No?

Some people are just probably … post it up online or something. I wouldn't really talk about it.

Post it online? Where?

Facebook mainly.

Facebook?

You have a lot of people talk about it.

Yeah?

Their own opinions and all.

What's that? [misunderstood what P06 said.]

Their opinions on suicide.

Oh, people's opinions, on suicide?

Yeah. I [emphasis] wouldn't post anything on Facebook like that though.

Why is that?

Nobody's business. *[mhm]* Like, Facebook is for like … people put their life stories up on Facebook and all so *[mhm]* … but I'm sick of Facebook.

Sick of Facebook.

Sick of looking at it like. 'Cause that … that be more like … like, if people have their own life problems and they … they put it up on Facebook, which that is not the place to put it on. 'Cause you don't want the whole world knowing about your story.

Like about what's going on for you?

D'you think I'm right?

I don't know.

I know.

I haven't seen that much that people post on Facebook lately so I'm not entirely sure.

No like, it's not for other people like. I think it should be private *[mhm]* … talk like, not out in the open.

Suicide? Or people's life stories?

Like anything. Anything.

Anything?

You should really just talk to somebody.

Mhm. [pause] *And uhm … what if people don't have anybody to talk to?*

Talk to their Ma or Dad. It may be good to talk to a parent. Or if there is anything going on in the school or something, talk to the teachers. *[mhm]* It should always have someone there. No matter what. *[yeah]* 'Cause you can't feel left alone and like, thinking you have nobody to talk to. *[mhm]* [inaudible]

I don't know. But see like, uhm … it doesn't matter so much if I think … whether you're right or not, y'know, because there's no right or wrong

answer. I think. So, I'm really just interested in your opinion and in what you think, y'know like? For example, how you find out about suicide… you just mentioned that uhm … people would talk about it on Facebook.

They get really … they go like … everywhere.

Everywhere?

Yeah. Everywhere. On the news and all like. Suicide is nearly everywhere.

It is nearly everywhere?

I wouldn't go down that road.

The road of suicide?

Yeah. I wouldn't. [pause] 'Cause, if you think about it like, you see like other families and all missing people like and you think like, you wouldn't do that because you wouldn't want them to be upset and all. I'd rather live. If there's anything wrong with me I'd talk to somebody? As I said like. But I don't … I wouldn't go down that road, to take my life away like. You're here for a reason. Y'know? Any other questions?

If you don't mind. Otherwise I could come back another day if you want.

I don't mind.

Are you sure? [presumably nods] *Okay. Can you tell me a little bit about what you see online, for example, y'know, when people talk about suicide? Like, what would they say?*

I'm not really sure what they say but … some people say that … some people think it's selfish for people taking their life away and they give their own opinions and all that: 'it's not selfish.' I wouldn't read it all like, I'd just skip past it like. *[mhm, mhm]* I don't wanna see like … I'd rather look at something interesting on Facebook than anything else. *[mhm]* y'know? It's not nice talking about suicide sometimes.

It is not nice talking about suicide.

No. [pause] And like, you have to understand, that's people's lives going like. *[yeah]* [inaudible] they should be like living their life instead of going like. *[yeah]* Like, young people, age of 15 and all, they shouldn't be going. They should like live their life more *[mhm]*, while they can like. Experience the world. *[yeah]* Most of them are all in school and all, aren't they? Some of them are … that do sui[cide], do suicide.

Young people who die by suicide?

They'd probably be in school and all. *[mhm]* They gotta finish school and college, doing something good with their life.

Would they know that in that moment, that there is a life ahead of them?

Some, I don't think some people think about that. *[Okay]* I think some people are just too depressed to think about anything really. *[yeah]* And they, they go mad like and … sometimes some people probably think that their life is worth nothing *[yeah]* and some people probably think that nobody cares about them and they rather … theirself gone like. *[mhm]* That's not true! People love people around like. They've … they've loads of people that love them, care about them and all. *[mhm]* Y'know?

And like … right in that moment, y'know, do you think about that at all or … ?

Ehm, probably, some people would. *[mhm]* I don't know really. Probably … they probably say to theirselves better off if I'm gone probably?

That the people that love them are off when they're gone?

No, the people that are going to do it but other people like, they wouldn't … I don't think they probably know what's happening to them like. But I probably think that they wish they stayed and talked to them instead of going *[mhm]*, instead of like, their loved ones going, and friends *[yeah]*, you know, close friends and everything like.

What might a young person … what might keep a young person from talking to somebody like, d'you know, when they're in that frame of mind, when they're feeling really down and depressed and all?

Like, talk to them?

Yeah, what might make a person not go to somebody saying like: 'listen, I'm not feeling good?'

Can you say that again?

Okay. You said before like that uhm … like, those that are left behind [mhm] *would wish that that young person who killed themselves* [mhm] *would actually have gone and talked to them but they didn't. So, I'm wondering like, why didn't they talk? Why didn't they … seek help?*

They probably didn't want to tell anyone. Probably think that nobody really cares about that life? There could be manys of reasons why. But they should've talked to people. [inaudible] give them good advice and all. *[yeah]* Why, what I said is, you're still young. You have a life to live. You're having friends and family around you. *[mhm]* And there's nothing wrong with you. Just keep your head up high and live your life like. *[yeah]* I'd say, saying lots of good things like and then, they actually see sense into them. *[mhm]* I'm real good at saying these things to people. Like, if that happened I'd talk to them like. *[mhm]* Help them out.

How about other people? You said before like, that uhm, that some people feel that suicide is selfish like, so … would uhm … would they … do you think those kind of people would also like go to somebody and say: 'what's wrong with you?'

What d'you mean like?

You say like, you're really good uhm … talk to people, ask them what's wrong and [mhm]. *Would other people that you know be similar to you or … ?*

Like, talk to people and all? Yeah, of course!

They talk…

They're not gonna let anybody just take their own life like. *[yeah]* They're … you have to talk to people. You can't just turn around and say: 'Ah, I don't care like about your life like.' *[mhm]* You can't say that. That'd just put them down. You have to talk to peo[ple], be there for them *[mhm]* and tell them that if there's anything wrong, come back to me and talk to me, and know that they're always there for them *[mhm]*. Be a good friend. If you're not a good friend, then you're a bad friend. That's all I can say. Like, it is life that we're talking about like, your own life. It's a bad road to go down to, beyond [?] people and all. Like, if a 14-year old or 15-year old … they're very young. From that age up like. *[mhm]* 'Cause they're like little kids and all … what suicide is like. I don't know how they know. Like, I'd say there's like 11-year olds out there trying to do suicide. How do they know what suicide is?

11-year olds?

Yeah, say there is: how do they know? *[mhm]* Like, there's people, do they hear people talking about it or something? They're still young like.

Do people talk about it? In the area?

Not that I know of. I'd say some people don't like talking about it. *[mhm]* I wouldn't ask people like. About … suicide like. If anyone needed my help, if I'm seeing somebody that looked really upset I'd have to talk to them. *[yeah]* I wouldn't care like. And if they said: 'I'm fine, leave me alone.' I'd be like: 'I know you're not fine. You can say you're fine all you want but I'm not gonna leave you alone.' *[yeah]* And then, you obviously eventually get it out of them. *[mhm]* Like, some people could have like, family problems? Other problems like. Y'know? *[mhm]* But your life is important and your family is important. You don't need friends: friends come and go. But your family stays there. Y'know? *[mhm]* That's the important thing, is your family. 'Cause if … friends can find anybody they want like. And family don't. 'Cause they know that's your blood like. *[mhm]* So … I advise people to go speak to people, instead of keeping it to theirselves. Instead of being trapped in their room, cry all the time like, and think negative thoughts. *[mhm]* I'd rather them think positive than negative. 'Cause, that's what destroys people is … like, negative thoughts.

Negative thoughts?

That's what destroys them all. *[mhm]* 'Cause there's no positive things going through their head. So, if anyone says positive things, you'll think positive.

Is that … like, y'know, how to help people, is that something uhm … that people would talk to you about like? Is that something that you would have learned somewhere or is that something that comes naturally to you?

It comes naturally to me like. *[yeah?]* You have to care about people. Like, that's important like. My Ma always tells me: 'No matter what, if nobody is not your fr[iend], anybody is not your friend, you still be there for them.'

Even if they're not your friend?

Yeah. You still be there for them. [pause] Why that is … I don't have any … any comment in me for any advice, so they're all good like. But anybody knows like, I'd be there for them.

Would they know?

Yeah. Like, some … I'd say some people wouldn't feel comfortable talking to other people. There's probably some people that are.

Mhm. Why would they not be comfortable talking?

'Cause probably they don't know any right things to say to them, probably … probably say something that people think it's stupid? *[mhm]* And so people just be like: 'get over it', probably. But you ha[ve], you have to be careful what you say to them.

Say to …

People who want to take their own life? 'Cause if, if you say something wrong they're probably be like, slip off the edge and be like: 'yeah, you're right about this and all, bla bla bla', but … you have to say good sense into them so they'll understand more. And you have to tell them how important things are like. And like … think of your family! What would your family be like if were gone? *[yeah]* What would they go through? And like, they'd be heartbroken if you were gone. And then that would change their mind like. [pause]

[…]

People would go to the memorial?

Mhm. They'd probably … they'd sit around like. *[yeah?]* With … yeah. Some people don't realise how badly they'd be missed. You should really think about others as well. What they think. *[mhm]* Instead of going, taking your life away.

How would one make others feel if you … if, if somebody took their lives away?

Others feel if who took their life away?

Yeah like, do you mean those who do by suicide, they should think about how it would make others feel if they killed themselves? Is that what you're saying or …

Like ehm, think about their feelings? Before you do anything. Like, oh yeah, that person cares about me, I shouldn't do anything like this. This is stupid thoughts. *[yeah]* This is like a devil talking in my head like.

A devil talking in my head?

Yeah, it's like someone taking over my head, just putting bad thought in there, just … wipe that all out and think … good stuff. Good stuff will happen.

A devil in somebody's head.

It's like a beast taking over your or something. It's like something's taken over you and putting bad thoughts into your head. Like, somebody else is talking in your head *[right]* that's not you like. So, if you just ignore that and let it go and just say: 'why am I thinking that like?' Slap yourself across the face a few times and cop on? Let it go. Better than that. Y'know? [pause]

Uhm, you say that when somebody decides to jump off a bridge, they … like, people would put up a memorial for them. Have you … do you know of any that is for a young person who died by suicide?

No.

No?

Memorials are the things that are like, on the side of the roads and all isn't it? *[yeah, yeah]* Yeah, that's it. No, I don't know anyone who jumped off a bridge. Nobdoy like that. That'd be terrifying!

Jumping off a bridge?

Cars and all going. How … how do people have the guts to do that like?! *[I don't know.]* It really makes you think, doesn't it?

Do you think you'd have to … need guts to do that?

I'd probably tr … try and do something that [???] backing out no way, for doing that.

So, would suicide be a brave thing?

No. *[No?]* Some people … well, it is brave, yeah. You're taking your own life away. You not … you don't care like, but … it's not really brave leaving people behind, is it? *[mhm]* I think that they're just, like … wait, by brave you mean: brave, like you have the guts to do it like? Some people have the guts to do these things. I wouldn't. I scared to even hold a bloody knife! The amounts of times I cut my finger with a knife like! [laughs] But I don't know how they

can do it like. I think people who like, y'knew, who slice theirselves, y'know, cut their arms? *[yeah]* I think people just do that to feel pain.

To feel pain?

Yeah. [pause] I think that's what they do. To just feel pain.

What makes you say that?

I don't know like. They feel enough pain so … I think it's to feel pain or something. Or to not feel pain or something. I don't know. I don't know. I don't know, I don't know how they're not scared like. [pause]

So suicide's a scary thing?

The amount of people that are dying nowadays.

Dying by suicide?

Like, dying … dying by suicide, dying by anything like. The amount of people that are going. [pause] You always see it on the news or something. Somebody died, somebody did this like.

When uhm … when a death is talked about on the news like, would you know if it was a suicide or not?

Mhm.

How?

Well, if someone said that a car hit them, that wouldn't be suicide. *[mhm]* Some of them can actually be. Someone can just jump in front of a car. *[mhm]* Someone could just walk across the road and a car hits you like. There's actually, there are some things that are suicide on the news, isn't there? [pause] I don't know. I don't think … I don't even watch news that much. [pause]

And if somebody in the community like … if there was a suicide: would … how would one know that it was a suicide?

How they know? *[yeah.]* Like, around the block somewhere? People talk about it?

People talk about it?

Facebook.

Facebook.

The news. So easy to know things happening like.

But would they use the word 'suicide'?

Attempted murder?

Attempted murder?

They could probably use. They could be … yeah, suicidal? *[mhm]* There could be … I don't even know any more words for things like that. Took their own life away? *[okay]* I think there's more words to it but I just don't know any more words.

That's alright.

Yeah. Huh. Any more questions?

I don't. Do you have any questions?

Appendix IX. Coding individual interviews

Interview transcript	Initial coding	Memo / possible theories
By … they probably like, have their head slumped walking up a road, where, if they're with their friends … like, if they're on their own, they'd probably be slumped walking up a road but with their friends they'd be jolly, their heads springing everywhere but then, when you see them on their own, that's when you see … like, without their friends, where they … when they're around their friends they have to have the front on of: 'aw yeah, there's nothing wrong with me, I'm perfect. I have this, I have that.' Then, when they're on their own then, that's when you see a completely different change in them.	identifying slumped walk as sign of depression; identifying requirement for boys to conceal distress in presence of friends; criticising alternating body language in private/public as 'double life';	In previous interviews, young people have often described their friends as happy, cheerful, always smiling, bubbly etc. and therefore, they described these friends' suicides as shock, surprise and out of character. This quote may help to explain why signs of unhappiness, depression, suicidal ideation may not have been picked up earlier: if young people go to great length to conceal how they 'really' feel, and if suicide is something young people will not expect despite knowledge of several suicides, then it is less surprising that a suicide comes as a shock. However, there are nuances in other interviews, for example P14: although she also described her friend's suicide as unexpected, she also acknowledged that there were times when she knew that something was going that troubled him, although he refused to talk about it. However, when she described the time leading up to his suicide, he seemed to be back to 'his usual happy self.' According to the literature on suicide, this is not unusual as suicide victims tend to appear happier or better, once they have made a plan to take their own lives. This really does present a challenge. Young people seem to think of typical suicide victims as not happy, not cheerful, not bubbly, not popular etc. It seems logical to assume that someone appearing happy etc. will not decide to end their life. How can this challenge be overcome? Some young people suggested that it was always a good idea to ask their friends how they are feeling, even if they do not seem particularly down.

Appendix X. Example of codes created during the initial coding phase

Perceptions of suicide	
neutral	
preventable	perceiving suicide as preventable
	insisting suicide can be prevented
	suggesting suicides could have been prevented if SV's had chosen different path in life
	suggesting lack of clear reasons makes suicide different from other causes of death
critical/moralistic	
selfish	criticising suicide as selfish
	perceiving suicide as selfish due to hurt caused to others
	being reluctant about labelling girl's suicide as selfish
	changing perception from suicide as selfish
	being aware of views of suicide as **not selfish**
	disagreeing with views of suicide as **selfish**
	hating views of suicide as selfish
	musing people who encountered suicide would **disagree** with **suicide as selfish**
	associating views of suicide as selfish with lacking experience of feeling suicidal
	suggesting **personal experience** with suicide could lead to **more forgiving** view of suicide
	criticising others for perceiving suicide as **selfish**
	suggesting people who lead 'normal lives' perceive suicide as selfish
	relating view of suicide as **selfish** to emotional **impact on bereaved** family
	criticising suicide as selfish due to impact on family and friends
	minimising suicide as **selfish** as minority view
	dismissing suicide as best **solution** for one's problems
	rejecting suicide as solution to one's problems
	criticising suicide as mean
	criticising suicide as messy
wrong	perceiving (youth) suicide as **wrong**
	perceiving suicide as **sometimes wrong**
	suggesting that suicide **should never happen**
	rejecting suicide as **option for self**
	feeling unable to imagine 'wanting to take my own life'
	rejecting suicide as option for self in any case
	rejecting suicide as **option** for self to avoid causing upset
	regarding self as **not having** the **courage** to end life
	rejecting suicide as **option** for teenagers
	rejecting suicide as **right answer** to problems
	understanding suicide as **irreversible**
	disagreeing with suicide as **only option**
	suggesting that all problems can be dealt with in better ways than suicide
sin	being taught that suicide is a **sin** against god who gives and takes life
	musing that 'suicide as a sin' is a debated concept in Islam
	following a scholar who perceives suicide as 'an incredible sin, but all sins are forgiven'

Appendix XI. Example of a memo

Code: Finn, P10M22

Volunteer in Youth Centre. Lost 5 friends to suicide.

With this participant, there was no 'warm-up' phase at the start of the interview. We made small talk for a while before I switched on the recorder, but even when I met him for the first time, he seemed prepared to talk about suicide. I did not know at that time that he had lost five friends to suicide.

It was easy to talk to Finn and he seemed happy to answer my questions. He tended to unpack his thoughts about the issues young men and women face in great detail. He seemed frustrated about the double-standard which allows young women to discuss their thoughts and feelings but not young men. I thought that his elaboration on a 'pecking order' or a hierarchy among young men was quite insightful. He suggested that young men who disclose their feelings to other young men will be demoted. Interestingly though he argued that change might be possible if a young man who occupies a position high up in the hierarchy decides to disclose his struggle. Then, according to Finn, it might be possible for other men to follow suit because the 'alpha male' has started a process of normalisation. I wasn't surprised to hear Finn talk about issues that prevent young men from disclosing their thoughts as this has been discussed in previous studies (e.g. Garcia, Clearly).

Interestingly, there seem to be different issues which may lead to suicide in young men and women. Finn described in great detail how women who are sexually active might be perceived as 'sluts' and shamed in the process. It was not easy to listen to how Finn talked about women. Although he suggested that he didn't agree with the double-standard, he felt that there are significant differences between men and women, and that women who have multiple sexual partners are somehow 'tainted' or 'damaged' and not worthy of being introduced to his mother. In so doing, he seemed to perpetuate a norm or value or expectation (?) of women which I tink of as outdated but seems, at least to some degree, continue to prevail in Finn's community.

It was difficult to listen to this part of the interview without challenging Finn on his views of women, but I reminded myself that this would not benefit the interview. I told myself that it was important to hear his thoughts and I worried that challenging him might result in the end of the interview, or in Finn becoming more guarded. In retrospect I think that his account of the pressures (?) on young men and women might provide important insight into the barriers that prevent young people from talking about their problems which other studies have linked to suicide. Another barrier suggested by Aidan, P07M19 and Valentin, P08M18 were stress induced by expectations of young women (one young woman? Is she the same person?) to do really well academically while juggling two jobs.

Interestingly, Anna (P03F18) seemed to hold similar views of women when she criticised young women for wearing skimpy clothes. Valentin's (P08M18) interview was interesting in that respect as well because he pointed out that there is an expectation of young men to behave in a 'manly' way which he seemed to view as problematic. It was interesting that Valentin felt that he could not identify with traditional views of masculinity, but that it was also difficult to escape this norm. Finn, too, seemed to think that these narrow views of what it means to be a man ought to be changed but he also pointed out that this was not going to be easy.