Received: 6 September 2022 | Accepted: 11 August 2023

DOI: 10.1111/inm.13217

International Journal of Mental Health Nursing

ORIGINAL ARTICLE

Trajectory of suicide as a transformation in obscurity—As told by the deceased's next of kin

Säidi Margot Ovox[1] | **Rikard Wärdig**[2] | **Sally Hultsjö**[3,4] | **Patrik Rytterström**[2]

[1]Department of Nursing and Reproductive Care, Institution of Health, Medicine and Caring Science, Linköping University, Psychiatric Clinic, Motala Hospital, Sweden, Motala, Sweden

[2]Department of Nursing and Reproductive Care, Institution of Health, Medicine and Caring Science, Linköping University, Linköping, Sweden

[3]Department of Psychiatry, Ryhov County Council, Jönköping, Sweden

[4]Department of Medical and Health Sciences, Linköping University, Linköping, Sweden

Correspondence
Säidi Margot Ovox, Linköpings Universitet, Campus Norrköping, Bredgatan 33, 602 21 Norrköping, Sweden.
Email: saidi.margot.ovox@liu.se

Abstract

There is a collective call from the field of suicide research for studies on the individual dynamics of suicidality in order to understand the deadliness of the suicidal process. This study examines the deceased next of kin's (‘*survivor's*) experience of the suicidal process in order to gain perspectives that can be used in the preventive care of suicidal patients. The aim of this study was to explore the suicide process through the suicide survivor's experience. The study is designed and conducted through a phenomenological, reflective lifeworld approach. Twelve in-depth interviews concerning lived experiences of a suicide were conducted. The suicide process is described as the *emerging* of an obscured *transformation* of self, and an *aligning* to this changing understanding of self that forms a unique suicidal death course. This death course contains the co-occurrence of life and death orientations. Survivors' collected knowledge of a suicidal trajectory helps us understand the life conditions of a suicidal person that has ended their life. Life orientation and experiences of self-governance are critical parts of a suicidal trajectory and can have great preventive potential for care and assessments during suicidality. The Consolidated Criteria for Reporting Qualitative Research (COREQ) were used for the reporting structure of this article.

KEYWORDS

phenomenology, postvention, suicide, suicide assessment, suicide care, suicide survivors

BACKGROUND

The words of the 11th-century poet Rumi, ‘When I die … what I shall become you cannot imagine,’ reflect a human desire to have the experience of dying (Helminski, 2000). People who have died by suicide can be said to have lived such an experience, which then remains with the people who shared both their life and their process of dying by suicide. These survivors of suicide loss amount to over 100 million people worldwide every year, in relation to the yearly loss of 700000 to 800000 people to suicide (Cerel et al., 2019; WHO, 2022). The interconnectedness between the person deceased by suicide and the survivor has been described in terms of ‘post-suicide impact’. A rich body of research has provided a fundamental understanding of the proximal and distal risks involved in being a survivor of suicide loss, expressed as existential, social and medical consequences (Bellini et al., 2018; Feigelman et al., 2021; Gaffney & Hannigan, 2010; Jordan, 2020; Jordan & McMenamy, 2004; Pitman et al., 2014). The constant is the inevitability of being affected by suicide, negatively or positively (Levi-Belz et al., 2021), together with the very intrapersonal variations in the experience of each survivor (Cerel et al., 2019; Draper et al., 2014; Miklin et al., 2019).

The individual dynamics of this interconnectedness in the pre-suicide phase is illustrated by the well-recognized interpersonal theory of suicide (Joiner, 2005; Van Orden et al., 2010). The theory proposes two key dimensions of suicidality: *perceived burdensomeness*—the person's sense of being a burden to those around them—and *thwarted belongingness*—a sense of social alienation and lack of connectedness to others. The interaction of these, together with

experiencing hopelessness/meaninglessness, constitutes dynamic risk factors for dying by suicide (Joiner, 2005; Rogers & Joiner, 2019). Since the survivors are the individuals concerned in these key dimensions, their collective experience and understanding can be seen to have valuable potential that could allow access to dynamic factors of a suicidal trajectory and expand the caregiver's toolbox for designing and assessing suicide preventive care (O'Connor & Portzky, 2018; Waern et al., 2016). The value of the next of kin's perspective is recognized in the care and risk assessment of suicidality, and care programs for suicide prevention specify the involvement of next of kin to enable caregivers to make a structured suicide risk assessment (WHO, 2021). However, the core domains in the next of kin's experience and understanding of the pre-suicide phase of the suicidal person's life, and how this understanding can interact with clinical perspectives and be utilized in suicide preventive care, remain under-researched.

In the field of suicide research, there is a call for studies on the individual dynamics of suicidal ideation and suicide attempts, and their progression, in order to understand the deadliness of the suicidal process (O'Connor & Portzky, 2018). A meta-analytic review of existing prospective risk and protective factors for suicide by Glenn et al. (2018) similarly emphasizes the need to move beyond 'the usual suspects' of suicide risk factors (e.g. mental disorders and the sociodemographics) in order to understand suicidal progression. By applying a phenomenological lifeworld perspective to the lived experience of witnessing suicidal progress, and to the survivors' role in the pre-suicide phase, this study strives to provide nuance and add to the field of knowledge of suicide preventive care.

Aim

To explore the suicide process through the experiences of suicide survivors.

METHOD

Design

In order to explore the variations of the phenomenon, an in-depth interview study was designed based on a reflective life research (RLR) approach (Dahlberg et al., 2008). RLR's closeness to philosophical phenomenology enabled us to explore the participants' lifeworlds and describe the phenomenon as the participants experience it (Dahlberg, 2006). The phenomenological perspective and RLR methodology were specifically chosen so as to be able to explore the shared experience of suicidality between the deceased individual and the survivor.

Sample and setting

The survivors in this study consist of people with lived experiences of suicide loss who define themselves as next of kin, which enables us to include a varied sample of experiences (see Table 1). Inclusion criteria were as follows: over 18 years of age, at least a 1-year survivor of suicide loss, and in a mental state to be able to participate in the study. A convenience sample was used. All survivors received information about the study from the chairman of the Swedish Association for Suicide Prevention and Survivor Support (SPES), which was announced on internal digital platforms and in discussion groups. People willing to participate contacted the authors directly through the contact information provided, and a time and place for the interview was arranged according to the wishes of the participant.

Data collection

In-depth interviews were conducted between October 2019 and May 2020 and lasted between 60 and 120 min,

TABLE 1 Sample, sociodemographics and interview questions.

Interviews[a,b]	12		
Participants			
	Suicide survivors	11[c]	Men: 1 Woman: 10
	Years of being a suicide survivor	1–20	Age span: 28–59
	Deceased by suicide	12	Men: 4 Woman: 8 Age span: 19–83
Relationship represented in data	Mother–son: 4 Mother–daughter: 2 Friendship: 1 Sibling: 2 Daughter–mother: 1 Daughter–father: 1 Life partner: 1		

[a]Settings: Chosen by participants; interviews were performed in personal homes, and university and hospital grounds.

[b]Interview questions: Can you tell me about the time before the death? How did you experience the communication between you? Can you tell me about the care the person received? Can you tell me about the time after the death? Could the suicide have been avoided?

[c]One participant was interviewed twice due to dual experience of suicide loss.

totalling 381 transcribed pages. Participants provided written consent prior to interviews taking place. The interviews were designed to resemble an authentic conversation structured around the participant's experiences of suicide loss before, during and after the suicide, to allow the individual timeline and process to emerge. Participants were also asked to bring an object, material or immaterial, of significance to the suicide process. The aim for this was to enable new meaning, new knowledge of the phenomenon, to appear around the object. The interviews started with a sharing of the chosen object's connection to the experience of a suicidal trajectory. The object also served as a conversation tool throughout the interview (van Wijngaarden et al., 2018). Five open-ended questions were included in all interviews and combined with follow-up questions (see Table 1) (Dahlberg & Dahlberg, 2020). Notes were made during and after the interviews, documenting implicit features such as body language and facial expressions. Audio recordings of thoughts, feelings and naïve associations on the authors' part were recorded after each interview and served as field notes during the analysis.

Analysis

A phenomenological analysis is intended to capture the essence of a studied phenomenon through a repeated analytical process. An important feature of this approach is the aim to highlight the phenomenon itself through participants' descriptions and not primarily to describe the participants' subjective experience. By applying methodical dynamics of RLR such as intentionality and experiential expressions, initial naïve understandings were identified and scrutinized in the research group in order to manage pre-understandings. The phenomenological reduction process involved in structuring the data as a whole served as a bridge between the naïve understanding of and familiarization with the data and structured reduction and analysis of the data. By following the process illustrated in Figure 1, meaning units were identified through descriptive coding and further abstracted into meaning clusters. These meaning clusters were then structured and restructured into even broader constituents that encompass meaning units and meaning clusters. This process was conducted through ongoing discussions in the research group until a coherent view and a new shared understanding of the data was reached. From this new understanding, and through the structure of the constituents, the essence could be formulated. After this, raw transcripts were read through again in order to validate their closeness to the empirical data (Dahlberg et al., 2008).

An important feature of essence is its openness; it is not a closed-off, overarching category, but a dynamic

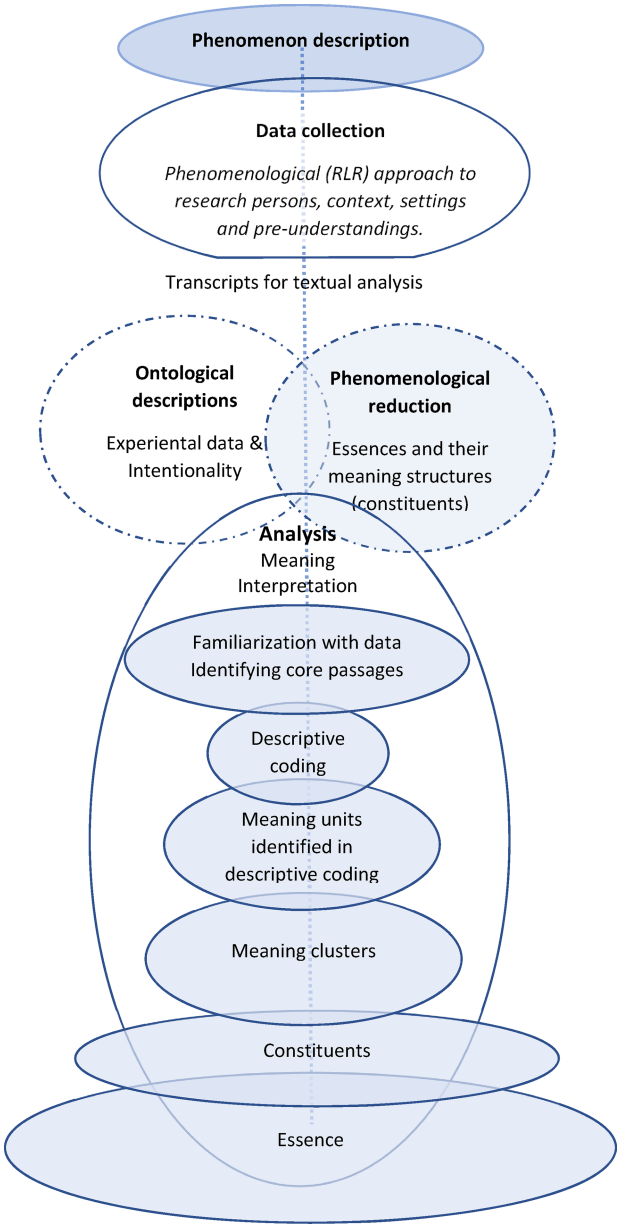

FIGURE 1 Overview of analysis process.

description of a phenomenon that changes depending on perspective or context. The constituents are interconnected and are the building blocks of the essence. The results presented in this study therefore constitute variations of this essence, as expressed by the data in the three presented constituents and by applying a phenomenological perspective that is not defined by the content and the world but by the internal descriptions of the presented data (Dahlberg et al., 2008; see Figure 2).

The aim of lifeworld research is to capture every day, unreflected and naïve experiences—in other words, new knowledge of a given phenomenon. In this study, the main focus of analysis is the shared experience of the deceased and the survivor. In order to capture these naïve experiences, a key element is the

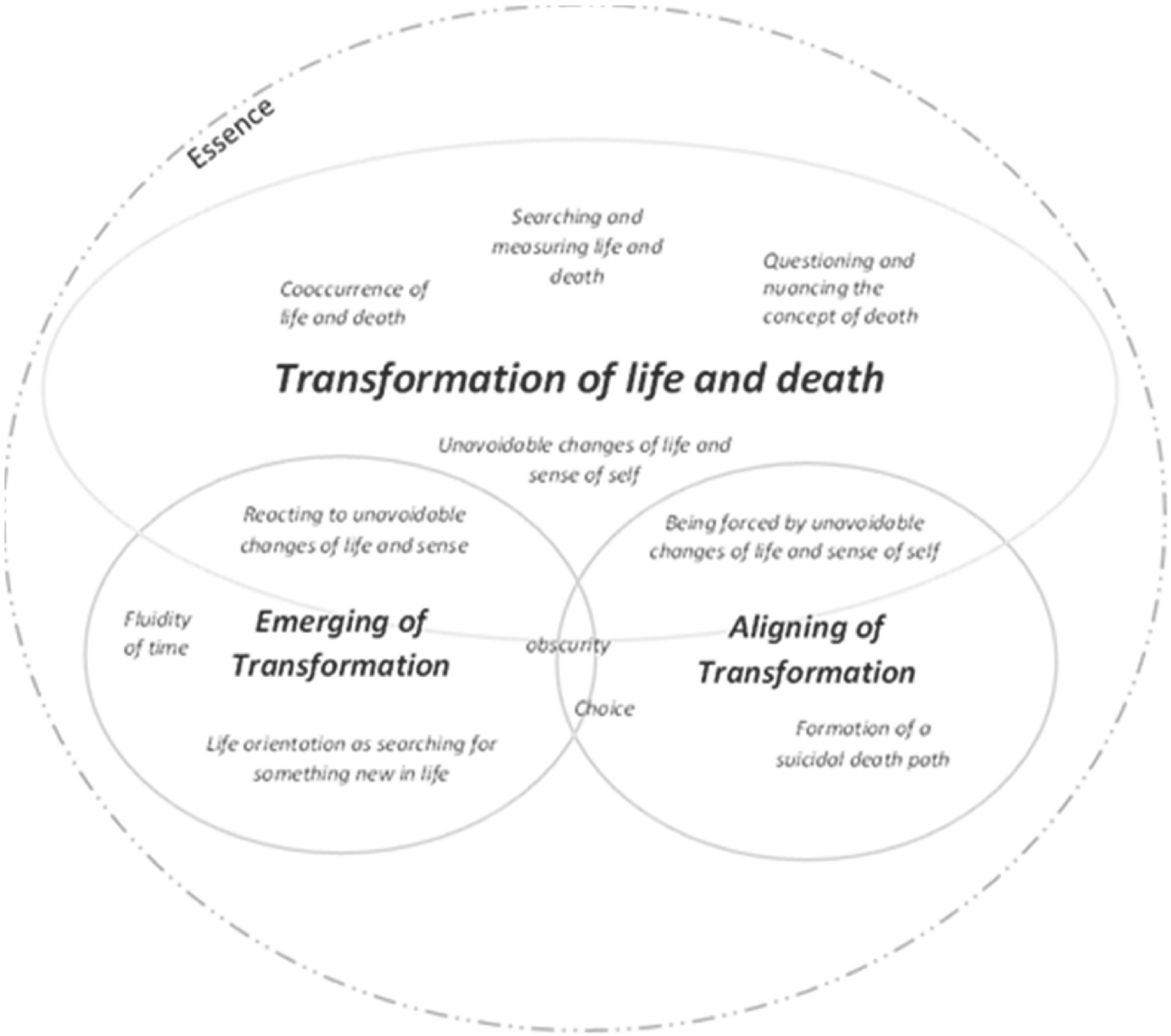

FIGURE 2 Interwoven constituents as part of the essence in the phenomenological analysis process.

researcher's openness to the participant's lifeworld, and specifically in this study, the shared lifeworld between the deceased and the survivor. By maintaining a reflective and critical mindset ('bridling'), the researchers' pre-understandings, beliefs and attitudes can be managed and the openness can be allowed to imprint on the process (Dahlberg et al., 2008). This bridling of preunderstandings together with a closeness to the phenomenon throughout the entire scientific process contributes to the objectivity of the study, as illustrated in Figure 1. Interviews were recorded using a tape recorder and transcribed in their entirety, and the transcript was written verbatim. The text was read through several times, and a naïve understanding was written down from the beginning so as to remain close to the data. The authors evaluated the research process step by step to adjust the closeness to phenomenological methods during the work, and then to confirm the relevance of the findings and the study's credibility. The findings are presented as an essence description followed by a description of the three constituents.

Ethics

The research application Dnr 2016/343-31 was approved by the Ethical Review Board in Linköping, Sweden. The ethical standards of the World Medical Association's Declaration of Helsinki (2013) were followed. Possibilities for follow-up contact were offered to the participants.

RESULTS

Three constituents vary the essence of the phenomenon of the suicide process from survivors' perspectives: the

transformation of life and death, the emerging of transformation and the aligning of transformation. These constituents will be described in further detail below. Also, see Figure 2 for overview.

Essence description

The suicide process is the emerging of an obscured transformation, which involves an aligning to a changing understanding of self. This transformation transcends the physical suicide act and creates a unique suicidal death course. This course contains the co-occurrence and interconnectedness of life and death.

Constituents

The transformation of life and death

The suicide process is here understood as a transformation that precedes and results in the final suicide act. This transformation is oriented towards death, but until death occurs, is also oriented towards life. Unavoidable changes in the person's life and sense of self appear to condition the person to a transformation that leads to physical death by suicide. Luis,[1] who lost his brother, expresses an understanding of this transformation as the formation of a death course, a chain of events that leads to a physical death.

> When you kill yourself, it's not a spur-of-the-moment thing. The process goes: "Okay I feel like shit!" Then it turns into: "I feel so much like shit that I cannot handle it anymore," and then: "What can I do about it?" That's when you start looking at options. Then, when you understand that there is no option, it is like: "Okay this is the deal!" Then it can take one day or 10 years. But the last stop is not something you arrive at without the steps in between.

Here, Luis also highlights the transformational dynamics that are active in the creation of the suicidal death course as searching, understanding and doing, as the transformation appears as not necessarily following chronological time or a linear set of events. This non-linear death course in the suicidal transformation is further explained as containing the co-occurrence and interaction between dynamics such as: life and death, sickness and health and the personality of the person being stable as well as changed. Lena, who lost her young adult daughter, expressed this co-occurrence, the orientation towards both life and death simultaneously:

> She suffered with depression for several years before it happened, so we did know, and still we could not have imagined it because at the same time she worked to the very end, and she was very active with her friends and socially involved.

This co-occurrence of life and death, together with the transformational dynamics of searching, understanding and doing, in the suicidal death course are also described as leading to a nuanced and broadened experience of the concept of death. This concept includes various different endings in the person's life which are themselves perceived as 'deaths' leading up to the final physical death. These endings are explained as changing the person's understanding of themselves in regard to, for example, age, gender, identity and social position. Sophie, who lost her brother, expresses this nuanced view of the deaths that occur on the way to the actual physical death:

> I was so impressed by him, his courage in choosing a new professional path; but after 1 year he had to apply to the unemployment office. It was shame that he died from. He lost his identity and dignity.

This idea of the suicidal transformation as containing several deaths is also experienced by the survivor themselves. Martha, who lost her young daughter, expresses how she felt when her daughter made her first suicide attempt:

> And then I died too. When she later died from suicide, then I died again another death.

The co-occurrence of life and death in the suicidal transformation also appears as an active measuring of each towards the other. Linn, who lost her friend, says:

> It was like she had a feeling about her of not having the strength to live but not really wanting to die either. Like a power balance.

This idea of a power (im)balance highlights the interconnectedness of and oscillation between, life and death in the suicidal transformation.

The emerging of transformation

The beginning of the transformation that led to the suicide is reflected upon in terms of the kind of life the

[1]All names are pseudonymized.

person lived and their personality traits and is described as oriented towards life. This emerging is understood as being fluid in time and is expressed through dynamics going back to a person's childhood as well as the time leading up to the suicide. Lena, who lost her daughter, reflects on how the transformation started:

> She lived her life in a grand way; she was in a way larger than life. She lived her life hard and fast, travelled the world, and then she lost the will to live, as if there was a void, after having experienced so much.

Linn adds to this by describing a dynamic of reacting to changed life circumstances as the beginning of the transformation:

> The real start of the deterioration was at her workplace, and then a break-up. She did have contact with the psychiatric care before, but in a sporadic, light kind of way. But then it went quickly from the everyday functional to the dysfunctional.

This reacting to unavoidable change is followed by an integration of this change into the understanding of self and is explained in terms of the person searching for something new in life. This integration and searching are seen in the data as outer behaviours such as moving house, finding a new career or community, contacting healthcare services, or risk taking; and also as inner dynamics such as searching for a new meaning in life, or changing one's demeanour. These changes are further discussed in terms of their inner meaning, and take on multiple understandings, both positive and negative. Mona, who lost her son, describes his change towards isolating behaviour as having several meanings of importance to the suicidal process:

> He got completely lost in video games; he isolated himself. At the same time, he was trying to find a community in this, somewhere to belong.

The inner meaning of the changed behaviour is explained as obscured in the emerging of the transformation. This obscurity is linked to perceptions of suicide as having a forbidden nature, which creates preconceptions about what kind of person dies by suicide and how they are supposed to act, and therefore an inability on the part of the survivor to see signs of importance to the suicide process. Lena explains:

> I want to talk about how it can be, that we were so close, and she was so open about her darkness, and still it was impossible for us to understand and predict [her] suicide. It was not in our perception of her—she was not that kind of person. It might come across as prejudice but that's how it was.

Nina, who lost her young adult son, tells us that this inability to see the signs is also about not wanting to see:

> I can see the signs now when I look back. But then I was blind and completely unaware, maybe because I didn't want to see. I don't know.

These two quotes highlight the obscurity in the emerging of a suicidal transformation as both an incapability and a reluctance to see the inner meaning of changes in suicidal behaviour as they occur.

The aligning of transformation

In contrast to the active searching for something new that occurs in the emerging of the suicidal transformation, the dynamic of aligning is explained as involving an experience of being forced into changed life circumstances and thus into adopting a new understanding of oneself. Sophie tells us about her brother:

> He could not handle his new identity, it kind of clashed with his own sense of self and he fell under it in a way.

This changing understanding of self can be seen as a movement by which the person 'falls under' or turns away from their present self, followed by the ability to 'come back' and rise to meet themselves again. Lena describes this movement of turning around and coming back:

> She bounced a lot of her dark thoughts off of us. She could be very open and transparent, and so we could turn her around. We have always said that what we had to do was to turn her around.

This concept of the person repeatedly moving away from who they are, to somewhere 'underneath' or away from themselves, and back again is what characterizes the aligning dynamic of the suicidal transformation. This movement is also expressed as a progression of the suicidal death course, where the concept of the 'choice' of suicidal death is explained as an inability of the person to return to themselves.

Luis nuances the idea of 'choice' as the end of both the will and strength to live:

> I think that his will [to live] ended and ran out in a way. There is nothing anymore and no strength to get up.

Similarly, Martha equates her son's claim that he chose his own death with him having lost his strength to live:

> Yes, he did write: "Forgive me, I do this by my own will, and it is not your fault." It's not really an explanation but more an expression of the fact that he couldn't do it anymore; he didn't have the strength.

Martha's son's words also highlight how the concept of having *chosen* the suicidal death seems to be viewed as levelling out or distributing guilt between the person and the survivor. 'Choice' are further explained trough expressions of outer dynamics, such as longing for something to happen, a sense of fulfilment of a life purpose and as practical preparations made before the suicide. Lena, who lost her daughter, nuances the understanding of choice:

> I am convinced that you do not choose. But I do think it is because you are sick that you do not have the right judgement, or rather, she wasn't really herself. At the same time, she had made preparations. In that there is comfort.

This explanation of 'choice' in the suicidal trajectory as containing both a shrewd perspective (e.g. suicide as a disease), and reflecting the personality (e.g. by caring for the people they leave behind), is further developed in data by descriptions of 'choice' as containing dynamics of learning, escaping and accepting. Luis says about his brother:

> I don't call it suicide; I want to say an exit, because a suicide is when you die against your will, but he had tools to die by, he had made a snare, and then you have to learn how to make a snare. It's not possible to aim for such a death without planning.

In fact, the choice itself is reflected upon as something that develops over time and consists of social, existential and medical domains. Sophie nuances the choice of suicide as something happening for quite a long time before physical death occurs:

> No, I do not look at the death as a choice. His choice, however, was to not allow us into the process while he was still here. He made that choice around 6 months before he died.

In this understanding of choice, the suicide becomes unavoidable and understandable. Andrea, who lost her father to suicide, explains:

> There was really no alternative other than to sell the house. It was his lifework …and actually, in a way, impossible to do anything else than to end his life there because then it was complete in a way.

Nina expresses the unavoidability of suicide as the inability of loved ones to reach the person, or the person's inability to reach out.

> I think it could have been avoidable if we could have reached him, that if he had eased his thoughts and feelings…then we could have acted on that. At the same time, I do not see that he would have done that no matter what we would have done at the time.

DISCUSSION

This study formulates suicide survivors' lived experiences of the suicidal process as a transformation by which a unique suicidal death course can take shape. It further describes this transformation in terms of the overarching dynamics of emerging and aligning, and the concepts of obscurity and choice. The study further highlights the co-occurrence of life and death orientations in the formation of the suicidal death path. Another important finding is the development of a new conceptualization of death during the suicidal process.

This life orientation of the suicidal state has been described as missing from suicide care (Andershed et al., 2017). Several studies have found that patients express a dominating approach of control and a focus on risk factors and symptoms of mental disease on the part of healthcare personnel, in contrast to their own expressed needs for being met in their suicidal experiences and life conditions (Hagen et al., 2017a; Mulder et al., 2016). This study adds to our understanding of suicidal life conditions through the survivors' descriptions of the occurrence of many endings or 'deaths' leading up to the actual physical death by suicide. These 'deaths' are oriented around sociodemographic and socioeconomic factors that correspond to statistical risk factors used in suicide risk assessment (O'Connor & Portzky, 2018). However, this study underlines that it is the content of a risk factor's implication on the person's understanding of self and on their developing conceptualization of death that is of importance in suicidal progression. Therefore, the use of validated statistical risk factors as a means of reaching these inner experiences in assessment and care might have preventative potential. There are currently no structured tools developed for healthcare personnel aimed at reaching inner perspectives based on statistical risk factors as part of assessment and evaluation. Allowing a caring approach to assume a higher priority in the assessment of suicidality could be a way to reach these inner perspectives (Sellin et al., 2017). Too et al. (2019) have highlighted the inadequacy of the current tendency in clinical healthcare to understand suicidality from a

medical perspective, as only 21% of suicides could have been prevented by preventative measures aimed at treating mental disorders. We believe that the lack of a caring approach in clinical suicide assessment and care is one of the missing pieces in capturing the dynamics of the deadliness of a suicidal trajectory.

Capturing deadliness of the suicide process is one of the current focal points in the field of suicide research and is described by O'Connor and Portzky (2018) as the need to understand the difference between suicidal intent and a suicide attempt. This study describes a dynamic of emerging, which bears similarities to descriptions of suicidal intent, and a dynamic of aligning, with similarities to descriptions of suicide attempts. The emerging of the suicidal transformation is expressed in this study as obscured at the time it occurs, which is in line with research showing that suicide was shocking for the surrounding community, even if it was expected on some level (Kõlves et al., 2019). The survivors in this study explain this obscurity as linked to preconceptions of a suicidal person based on a limited perspective of suicidality that led them to fail to identify suicidal progression. A missing part of this limited perspective of suicidality is identified in this study as the understanding of life orientation co-occurring with signs of orientation towards death during the suicidal trajectory. This perspective is also highlighted by Moscardini et al. (2022), that discuss psychopathology and mental health as coexisting and show how reasons for living, and life meaning, are important factors in understanding and assessing suicide risk. The survivors in this study describe that the way to access and identify this co-occurrence in the suicidal process is by perceiving the inner meanings of behaviours that occur in the suicidal trajectory. The emerging dynamic of the suicidal process described in this study therefore suggests that by accessing the individual experiences, suicidality can be understood and evaluated as constituting both life and death. This may have preventative potential as the participants in this study described the absence of understanding the co-occurrence of life and death orientations as the obscurity that made them not identify early signs of a suicidality. In addition, it does suggest that the co-occurrence of both life and death orientation in the suicidal trajectory might be an area of preventive potential for care and assessment.

In contrast to the emerging dynamic of the transformation, the dynamic of aligning described in this study is characterized by a forcing of change and habitual dynamic. This finding highlights the inability to experience and practice self-governance as an important factor in suicidality that ends in suicide. This is of importance, considering that research shows that patients often experience a dominating approach of control by healthcare personnel. This is also reflected in research on care culture surrounding suicidality (Hagen et al., 2017b; Rytterström et al., 2020). How this dynamic interacts with the suicidal experience of forcing, as described in this study, is yet to be researched. However, the survivors in this study emphasize the seriousness of the experience of control in a suicidal trajectory, as they draw a connection between the sense of agency over one's life in the suicidal process and the concept of 'choice' of the suicidal death.

This concept of 'choice' is described in the data as part of the process of aligning in the suicidal trajectory. This aligning, the moving back and forth, or in other words, the aiming towards a suicidal death, can be compared to suicidal ambivalence, often expressed in suicidal behaviour (Joiner, 2005). The survivors explain this oscillation as the person moving between their core personality and suicidality. This implies that this ambivalence is not merely a changing of one's mind back and forth, but also involves a continually changing understanding of self that constitutes the 'choice' of the suicidal death. This also strongly implies the preventative potential of care aimed at the changed understanding of self that occurs in suicidality. The survivors' description of the 'choice' of suicidal death as the person's inability to 'come back' to the core personality might also indicate that assessment and care of suicidality need to be oriented towards individual personality factors and life orientation, and not focused solely on assessing occurrence of statistical risk factors and signs of mental illness, in order to capture the deadliness of suicidality.

Finding new and novel methods of understanding this deadliness is, as noted above, a focal point of the current suicide research community (O'Connor & Portzky, 2018). This study shows that next of kin possess knowledge about the suicidal progression itself by their own experiences of it. This knowledge might be of value in reaching and understanding silent parts of suicidality (Nilsson et al., 2022; Orbach, 2008). This study contributes a widened perspective on how next of kins' knowledge of suicidality and its progression could be useful for research, and in the longer term, in assessing and caring for suicidal patients in a clinical setting.

Methodological reflections

Although the analysis takes a 'theoretical approach' (Dahlberg et al., 2008), the findings support recent theoretical views, and at the same time, contribute new descriptions of a suicidal process. Thus, this study can be said to have reached the aim of uncovering new knowledge about the studied phenomenon. The participants in this study share, beyond their lived experience of suicide loss, their willingness to share their story and to be connected to a user organization involved in suicide postvention; this study therefore lacks perspectives of suicide survivors not connected to such organizations. This is a possible weakness of the study, as the participants constitute a homogenous group in that sense. The transferability of the data has to be seen in this context,

and the data cannot be said to reflect the experiences of suicide survivors as a whole. However, the credibility of this phenomenological study is supported by the variation in the sample, with a span of 1–20 years of experience of being a suicide survivor, a variety of relationships represented and a sociodemographic spread reflecting that of suicide survivors as a whole. This deliberate variation in the sample produces nuanced and varied data (e.g. individual lifeworlds) which helps to enable an understanding of the essence of the phenomenon. This reflects the specific aim of this phenomenological study; namely, to formulate *the phenomenon itself* as described by people who have lived it (Dahlberg & Dahlberg, 2020).

CONCLUSION

Survivors' collected knowledge of the suicidal trajectory helps us to understand the life conditions of a suicidal person who has ended their life. Life orientation and experiences of self-governance are important parts of the suicidal trajectory and can be areas of great preventive potential for care during suicidality.

Clinical implications

This study reinforces the idea that complementing the medical perspective with an understanding of a person's life orientation, conceptualization of death and self-governance is of importance in preventing a suicide process from ending in a suicidal death. This study describes how these complementary perspectives can be accessed by looking at the inner experiences of the suicidal individual. This study strongly indicates that a caring approach in assessing and caring for suicidal individuals is needed in order to capture the deadliness of a suicidal process. More research is needed to make this clinically applicable.

This study shows that next of kin possess knowledge about the suicide process through their own experiences of it. Understanding the suicidal person and process through a next of kin's perspective can present a new way of including next of kin in suicidal preventative care. It might also provide new perspectives to be used in postvention for suicide survivors themselves. More research is needed to confirm this.

AUTHOR CONTRIBUTIONS

Substantial contributions to the conception or design of the work: Säidi Margot Ovox and Patrik Rytterström. Contributions to the conception or design of the work: Rikard Wärdig and Sally Hultsjö. Substantial contributions to the acquisition: Säidi Margot Ovox. Substantial contributions to the analysis: Säidi Margot Ovox and Patrik Rytterström. Contributions to the analysis: Rikard Wärdig and Sally Hultsjö. Drafting the work or revising it critically for important intellectual content: Säidi Margot Ovox, Rikard Wärdig, Sally Hultsjö and Patrik Rytterström. Final approval of the version to be published: Säidi Margot Ovox, Rikard Wärdig, Sally Hultsjö and Patrik Rytterström. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: Säidi Margot Ovox, Rikard Wärdig, Sally Hultsjö and Patrik Rytterström.

ACKNOWLEDGEMENTS

Acknowledgements to the participants in this study for sharing their experiences in often emotional and difficult interviews, in order to find new knowledge. Acknowledgement also to the Psychiatric Clinic of Region Östergötland, division Motala hospital, for making this research possible.

CONFLICT OF INTEREST STATEMENT

None.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ORCID

Säidi Margot Ovox https://orcid.org/0000-0002-4185-5094
Patrik Rytterström https://orcid.org/0000-0002-2340-1451

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How to cite this article: Ovox, S.M., Wärdig, R., Hultsjö, S. & Rytterström, P. (2023) Trajectory of suicide as a transformation in obscurity—As told by the deceased's next of kin. *International Journal of Mental Health Nursing*, 00, 1–10. Available from: https://doi.org/10.1111/inm.13217