Terminal Loneliness:
A Three-Phased Phenomenological Study Exploring Previously Suicidal Youth’s Experiences of Belonging to Caring Others During Suicidal Episodes

By

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Dissertation submitted to the Graduate Program in Education
in conformity with the requirements of the degree for the Degree of Doctor of Philosophy

Queen’s University
Kingston, Ontario, Canada
January 2022

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Abstract

How can we inspire hope in youth (18–24-year-olds) who want to end their life? Suicide remains the second highest cause of death for youth (Statistics Canada, 2020). The pandemic has only increased the prevalence of suicidal thoughts and behaviours among youth (Yard et al., 2021). Belongingness may hold life-saving answers to stemming this tide. Leading frameworks for understanding suicide as a journey from ideation to attempt put belongingness at the nexus of prevention. Joiner (2005), the pioneer of these frameworks, explains that if belongingness persists “the will to live remains intact” (p. 117). Researchers, however, have yet to capture the ebb and flow of belongingness and the role close others might play throughout the suicidal episode. One enigmatic anomaly at the root of researchers’ pursuit to place belongingness is a pervading deep sense of loneliness despite the explicit caring presence of others. By listening to the stories of 20 youth with past suicidal episodes, this work offers a visceral window into the impenetrable fog of suicidal desire. This study was designed using Interpretative Phenomenological Analysis (Smith et al., 2009). Data were collected online from interviews and joint storytelling sessions, a focus group, and four supplemental data sources. Thematic patterns were identified by arranging clusters of colour-coded significant statements on a reflective wall. Fine-grain individual accounts were developed before considering patterns across cases. Youth stories shine a light into three life-saving insights surrounding belongingness: what psychosocial needs knit together to form the core DNA of the construct, how intrapersonal and interpersonal fractures in belongingness along the suicidal path increase suicidal desire, and when and how caring others can interrupt a youth’s path to suicide.
Dedication

To Rachel

Your memory has charted an unexpected and most brilliant path to hope.
Acknowledgements

For those who bravely shared their stories of resilience, overcoming, and hope;

For those who spoke belief into my canyons of self-doubt,
who sat with me in the darkness,
who willed me to reach further than I could have imagine,
who found a thousand ways to say, “keep going.”
who helped me realize the depths of my belonging.

With my whole heart, thank you.
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Chapter 1: Introduction

“Why didn't I see this coming?” This is Quinn¹, one of twenty youth with past suicidal episodes from around the world who shared their story in this study. Quinn’s feeling of ‘what did I miss?’ is but one returning wave of concern that ripples across the vast “ocean of why”, known deeply by suicide loss survivors² (Praetorius & Rivedal, p. 355).

‘We’re really close...Stella, my closest friend, attempted suicide in April.
And I didn’t see it coming. I'd messaged her three hours before she attempted, and she seemed really fine; and not just pretending to be fine, cause I can actually tell when she's pretending...At that moment, I really thought, ‘She's fine. Nothing's wrong.’

And then her brother messaged me, "Stella's in the hospital right now. We don't know if she's going to be okay." That extreme sadness and stress about, "Is she going to be okay?" really affected me.

There is a profound irony underlying Quinn’s pressing “why”. Quinn shared her perplexed pain at the end of an hour interview where she had told me her own story—hospitalized three weeks for suicidal thoughts, and two moments when she was a hair’s breadth away from attempting. Quinn was unable to conceive of the shattering relational aftermath she would have left behind until riddled with agonizing confusion at Stella’s hospital bedside.

Stella survived; as did all the other youth featured in this work. But, their stories speak into a growing global tragedy: more and more youth (10–24-year-olds) are dying by suicide. Based on the most recent National Youth Risk Behavior Survey findings, in one year, 172 students in a high school of 1,000 students will seriously contemplate suicide and 74 will attempt suicide in one year (Centers for Disease Control, 2017). Suicide remains the second leading

¹ Quinn, and any other name you read in this work, is a pseudonym.
² People who have lost a loved one to suicide.
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cause of death for youth (15–24-year-olds) in North America (Drapeau & McIntosh, 2020; Statistics Canada, 2020). In light of COVID-19, youth suicide has been called “an epidemic during the pandemic” (McKie, 2021). Just months into the pandemic, emergency room visits for suspected suicide attempts spiked 39.1% among adolescents aged 12–17 years compared to two years prior (Yard et al., 2021).

Universities around the world are experiencing a sharp increase in student suicides, particularly among first-year students. Student suicides have been “a longstanding issue” at the University of Toronto (Campbell, 2020). In May, Dartmouth College held a candlelit vigil for three first-year students who took their lives (Krantz, 2021). During the Fall 2019 semester alone, three first-year student suicides occurred at the University of Southern California (Reilly, 2019). In effort to elucidate student suicide, all participants in this work are either college or university students, mostly in first-year.

The sheer toll of student suicide has sparked some universities to take preventative action. In the wake of five student suicides in ten months, the University of Ottawa has commissioned a mental health task force to hold monthly town hall forums (Yogaretnam, 2020). Thirteen student suicides in the last three years have sparked one British university to reconsider pastoral and mental health supports offered to students (Ewens, 2019). After multiple student suicides at the University of Guelph, staff went door-to-door in residential halls to offer student support (The Canadian Press, 2017). Still, why are we losing these youth? And, more pressing, what can be done to help them stay alive? Participants’ stories in this work shine a light into both of these questions.

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3 Suicide is the third leading cause of death for 10–14-year-olds in Canada.
INTRODUCTION

Quinn’s account of Stella’s attempt exposes two haunting realities behind youth suicide: Youth vulnerable to suicide who seem ‘fine’ could be within hours of trying to take their life and the people closest to them might not have any clue. Further, suicide’s dark grip can persist despite the loving presence of another. Understanding the unbearable loneliness undergirding this subjective disconnect was the central aim of this study. The dissonant tension between apparent caring lifelines and the excruciating loneliness of suicide was a defining facet for all participants in this study. Loneliness blinded participants to life-saving connections, further propelling them deeper into their suicidal desire.

Excruciating loneliness, a vacuous and eroding force, is a dimension that arises out of a broader conversation around belongingness. Belongingness has been called the “saving grace” amid suicide’s consuming grip (Joiner, 2005, p. 117). Without belongingness, “We break. We fall apart” (Brown, 2012, p. 145), and we can become dangerously vulnerable to suicide (van Orden et al., 2010). Though belongingness remains a featured construct in suicide prevention theories, researchers have yet to understand fully the ebb and flow of the construct throughout the suicidal episode, nor what life-saving capacities close others, who make up one’s sense of belonging, might act in life-saving capacities.

This work supplies fresh insight into three crucial unknowns of belongingness: what youth consider to be at the heart of belongingness, the visceral experience of when belongingness fails despite high opportunities to connect with caring others, and in what capacities can close others jumpstart a youth’s sense belonging. Findings were generated from employing a multi-phase meaning-making design exploring participants’ perspectives and experiences around moments of excruciating loneliness. Woven together, participants’ stories paint a visceral picture of the dark, numb, and empty world inherent to youth suicide. But more
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importantly, participant stories bring us closer to knowing in what ways we might act to help youth choose to stay.
Defining Key Terms

**Caring Encounters.** Moments during suicidal episodes when a close other(s) was present or intervened in a participant’s life. Close other actions and participant receptivity both influence the nature and outcome of caring encounters.

**Close Others.** A youth’s sense of belonging is made up of frequent, positive, stable, and reciprocal relationships (van Orden et al., 2012). Consistent with Olson et al.’s (2021) terminology, this study refers to significant relationships that make up youth’ belonging networks as “close others”. Parents, siblings, romantic partners, best friends are commonly cited close other relationships that feature in participants stories. This work focuses on close others in participants’ lives from the time of their suicidal episodes and/or the time of the study phases (i.e., present participant belonging relationships). Some of participants’ close others were pivotal in facilitating life-saving interventions; others were unaware of participants’ struggles, or increased participants’ suicidal desire trying to help.

**Perceived Disconnection** (Phenomenon of Study). This study explores the phenomenon of youth feeling searingly alone during a suicidal episode despite the explicit desire of close others to connect, care, and want to save their life. Based on findings from my pilot study, searing loneliness coincides with perceived disconnection from close others. Searing loneliness is characterized by a wall-like separation from close others despite the physical presence of loved ones. Participants described feeling abandoned and given up on by close others, conveying a lack of faith on other’s behalf in participants’ ability to overcome suicide. In one case, a participant even perceived her close other’s intervention actions as encouraging her to end her life. Further, participants’ interactions with close others felt meaningless and diluted, as if participants were experiencing the world in a desensitized ‘grayscale’. This study gives shape to the phenomenon’s
essence, by surfacing new defining characteristics of perceived disconnection. The results chapter begins with a deep dive into participants’ emotions and perspectives from experiences of perceived disconnection. Based on participants’ lived experience with the phenomenon, the discussion chapter details a new definition for perceived disconnection.

**Prevention Strategies.** Evidence-based practices (e.g., Livingworks, n.d.) or recommendations from leading suicide prevention practitioners (e.g., Centre for Addiction and Mental Health, 2021) pertaining to how to respond to suicidal crisis.

**Suicidal Episodes.** A period in one’s life characterized by experience(s) from the ideation-to-action suicidal pathway: suicide-inciting pain, passive suicidal ideation, serious suicidal ideation, intent to end one’s life, and/or attempting to end one’s life (see Klonsky et al., 2018). Participant episodes varied in length, lasting days, weeks, and even months. Some participant’s suicidal episodes peaked at early ideation, or some other sub-attempt milestone along the pathway, while others’ episode spanned the entire ideation-to-action timeline (See Figure 4. Severity of Sharers’ Suicidal Episodes in Chapter 3 for a detailed explanation of participants’ suicidal episodes.)
Chapter 2: Literature Review

Rationale

Joiner (2005) authored the modern framework of belongingness within the suicide field in the development of the interpersonal psychological theory of suicide (IPTS). According to IPTS, belongingness and effectiveness are the two essential ingredients which make up one’s will to live. Intractable hopelessness stemming from an absence, failure, or a perceived distortion of these needs—referred to as thwarted belongingness and perceived burdensomeness—can render someone dangerously vulnerable to suicidal desire or attempt(s) (Chu et al., 2017; van Orden et al., 2010). Joiner (2005) placed a vital emphasis on maintaining one’s sense of belonging. So long as belongingness persists, “the will to live remains intact” (2005, p. 117).

Other researchers have stressed belongingness’ vital importance to saving lives. Even though most suicide risk factors are regarded as weak predictors of suicide (Franklin et al., 2017), researchers continue to feature belongingness as a core construct in suicide prevention theories. However, belongingness’ role with suicide remains largely unknown. The reasons behind why belongingness’ role is unknown will be explored below in the previous belongingness’ research section. Shining a light into belongingness’ relationship with suicidality requires fresh methodological insights into the nuanced facets of youth’s sense of belonging during suicidal episodes (Hjelmeland & Knizek, 2010). Perceived disconnection from the loving, caring presence of close others during suicidal episodes is one such anomaly that holds promise to more fully understand belongingness.

Findings from a pilot study conducted with three young adults, each with previous suicidal ideation, provided a preliminary framework for understanding perceived disconnection from close others. The pilot study discussed in more detail in the initial research to address gaps
in the literature section below. Participants described their interactions with close others as meaningless and “gray” during suicidal episodes. They vividly recalled close others appearing separate, out of reach, uncaring, and lacking faith in their ability to surmount suicidal desire. These perceptions expound on what Joiner referred to as the “searing loneliness” of suicidal desire (personal communication, October 19, 2018).

Moments of searing loneliness during suicidal episodes—despite the explicit care of others—are at the very core of critically low, or thwarted, belongingness. During the pilot study interviews, moments of perceived disconnection served as anchoring vignettes in understanding participants’ sense of belonging. The formation of significant relationships, defining characteristics of caring relationships, the dynamic and nuanced nature of belongingness, and the re-kindling of relationships after suicidal desire all hinged on moments of searing loneliness. In other words, moments of perceived disconnection from close others during suicidal episodes were the epicenters of participant’s broader landscape of belongingness.

**Research Purpose and Questions**

If we can better understand youth past experiences with suicidal desire and attempts, and the meanings they ascribe to the phenomenon of perceived disconnection from close others, then we will be better equipped to prevent youth suicide. This foremost goal is the transcendent purpose of this study. To advance this goal, the study is guided by the following principal research question: How do youth with past suicidal thoughts and suicidal attempt(s) make meaning of perceived disconnection from close others during suicidal episodes? The principal research question is divided into three secondary questions, each shedding light on perceived disconnectedness and how the phenomenon is a defining feature of belongingness (questions discussed further below in the current research section). Much remains unknown about the
belongingness construct, let alone where and how the phenomenon fits within belongingness. For this reason, one secondary question seeks to provide a robust understanding of belongingness and contextualize the phenomenon: What do youth consider to be the heart of belongingness? Charting the dynamic rise and fall of belonging perceptions to close others over the course of youth lives, especially during suicidal episodes, further contextualizes moments of searing loneliness: How does a youth’s sense of belonging fluctuate and thus trigger suicidal thoughts and behaviours throughout suicidal episodes? Finally, understanding how close others play a role in prevention and/or the escalation of suicidal desire during suicidal episodes is paramount to investigating perceived disconnection: How do close others influence youth’s sense of belonging? Figure 1 below shows how the study’s purpose is advanced by the principal research question and its subsidiary elements.

**Figure 1**

*Purpose of Study and Research Questions*

![Diagram showing the relationship between purpose, research question, and suicidal episodes.]

**Purpose**: Prevent youth suicides by understanding youth’s experiences with perceived disconnection from close others during suicidal episodes.

**Principal Research Question**: How do youth with past suicidal thoughts and attempts make meaning of perceived disconnection from close others during suicidal episodes?

How does a youth's sense of belonging fluctuate and thus trigger suicidal thoughts and behaviours throughout suicidal episodes?

“In I’m here. I care about you.”

How do close others influence a youth's sense of belonging?

“In I feel searingly alone.”
LITERATURE REVIEW

This study’s purpose and research questions arise from the existing base of knowledge in suicide prevention. The next four sections of this chapter provide essential context to this study by reviewing the broader body of research around belongingness: theoretical review of belongingness, belongingness proposed role along the suicidal path, previous belongingness research, and key gaps in thwarted belongingness, and future research implications. Theoretical review of belongingness will be considered first. This section explores the dimensional nature of thwarted belongingness and breaks down what belonging frameworks and constructs are nested within thwarted belongingness. Then, theorists’ conceptualizations of how belongingness influences suicidality at different points throughout a suicidal episode is discussed in belongingness’ proposed role along the suicidal path. Next, a review of what researchers have found out about thwarted belongingness’ role within the suicidal pathway is detailed in previous belongingness research. Previous findings are grouped by quantitative and qualitative approaches. Distilled from extant literature, key gaps in thwarted belongingness and future research implications are then presented. Following the review of relevant literature, an early attempt to better understand belongingness and perceived disconnection through a pilot study is discussed in initial research to address gaps. This chapter concludes with current research, a section that frames the guiding questions of this work around the existing gaps in belonging literature.

Theoretical Review of Belongingness

Two Dimensions of Thwarted Belongingness

IPTS theorists have yet to define belongingness. A definition could be construed from parenthetical descriptions of ‘the need to belong’ from preliminary published work outlining the
theory—meaningful, reciprocally caring, mutually supporting, and positive relationships⁴ (van Orden et al., 2010; van Orden et al., 2012). Instead, theorists identify two observable indicators and dimensions that comprise the cognitive-affective state of thwarted belongingness: absence of reciprocally caring relationships (i.e., lack of reciprocal care) and loneliness (Ma et al., 2019). Loneliness is an intrapersonal, or internal, dimension of thwarted belongingness which is shaped by an individual’s subjective experience—van Orden et al. (2010) referred to the intrapersonal aspect of thwarted belongingness as an “emphasizing perception”, which is where the “perceived” term of the phenomenon is derived. Lack of reciprocal care is an interpersonal component of thwarted belongingness shaped by external and objective factors (Hallensleben et al., 2020). Situating this study’s phenomenon among thwarted belongingness’ two dimensions, perceived disconnection is the experience of profound loneliness (subjective) while meaningful social connections are present (objective). Recent advances in the theory would call the interpersonal dynamic of the phenomenon a ‘high physical opportunity’ to satisfy one’s need to belong, and use language like ‘judgements of low belongingness’ or ‘perceived failure(s) to belong’ and ‘gut feelings’ and to account for the intrapersonal aspect of perceived disconnection (Olson et al., 2021).

**Dimensional Nature of Thwarted Belongingness**

Thwarted belongingness is a dimensional variable, which means that the threshold at which belongingness becomes critically low, to the point of sparking suicidal thoughts, differs person to person (Ma et al., 2019; van Orden et al., 2010). Although, researchers have begun to note categorical distinctions among individual experiences with thwarted belongingness based on low and high suicide risk (Witte et al., 2017). The automatic and controlled antecedents of

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⁴ Relationships are also referred to as ‘social connections’ (van Orden et al., 2010).
suicidal ideation and action model (Olson et al., 2021), a framework based on IPTS, seeks to
detangle the individual tipping point, when and how thwarted belongingness incites suicidal
desire. Olson et al. (2021) proposed that dual-process framework comprised of automatic (e.g.,
unintentional, spontaneous, or unconscious) and motivated (i.e., controlled) cognitive, affective,
and behavioural responses could help explain the dimensional nature of the construct. Still,
researchers strive to answer this key question: “At what point and under what conditions does a
thwarted need to belong lead to suicidal thoughts?” (van Orden et al., 2010, p. 582).

Who comprises a person’s sense of belonging adds a layer to the dimensionality of
thwarted belongingness. Worth noting, belongingness is a broadly defined construct across
extant literature. Someone might belong to a physical place (Antonsich, 2010), a cause (Allen et
al., 2021), a cultural identity (Stoor et al., 2019), spiritual beliefs and practices (Keepin, 2016),
and even a pet (Douglas et al., 2021). Within suicide theory, close interpersonal relationships are
at the vital core of meeting one’s need to belong (van Orden et al., 2010). Individual connections
may impact one’s sense of belonging differently, further complicating thwarted belongingness’
dimensionality. Although this claim has only recently begun to be explored. Among a sample of
239 young Iranian women (i.e., 20–30-year-olds), a particularly vulnerable group to suicide,
Kamalipour et al. (2019) found that different belonging relationships (i.e., family, friends, and
significant others) impacted participants’ suicidal ideation differently. Changes in family and
friend social supports were stressed as the key determinants of suicidal desire.

**Belonging Frameworks Woven within Thwarted Belongingness**

**The Need to Belong.** Multiple belonging frameworks are woven together to create the
thwarted belongingness construct. Baumeister and Leary’s (1995) four conditions of belonging
provide the backbone of thwarted belongingness’ twin dimensions. According to Baumeister and
LITERATURE REVIEW

Leary (1995), one’s need to belong is typically met by forming and maintaining a minimum of interpersonal relationships. For relationships to contribute to one’s sense of belonging they must be frequent, positive, caring, and stable. Stability and care relate to the lack of reciprocal care subconstruct of thwarted belongingness, while frequency and positivity relate to loneliness (van Orden et al., 2012). Worth mentioning, a common thread between Baumeister and Leary (1995) and IPTS theorists’ understanding of belonging is Durkheim’s (1897) writings on social integration and suicide. Baumeister and Leary (1995) cite Durkheim as one thread substantiating one’s need to belonging. Joiner (2005) considers Durkheim’s work seminal to IPTS, particularly egoistic suicide—people feeling disconnected from society due to a low sense of social integration.

**Psychaches.** Two of Schneidman’s (1996) five principle psychaches, or psychological pains, thwarted love and ruptured key relationships are considered as key elements to the thwarted belongingness construct (Joiner, 2005). Theorists do not attribute psychaches to either subdimension of thwarted belongingness, possibly because both psychaches are associated with affiliation of others, which could be associated with loneliness, and capture an element of nurturing, which could be associated with lack of reciprocal relationship. The remaining psyches: assaulted self-image, fractured control, and excessive anger are considered central to perceived burdensomeness.

**Relatedness.** IPTS theorists consider their theoretical conceptualization of belongingness to be identical to relatedness, a central psychological need of self-determination theory (Ryan & Deci, 2017; van Orden et al., 2012). Low relatedness has been statistically linked to higher thwarted belongingness in university student samples (Hill & Pettit, 2013). Tucker and Wingate (2014) conducted a mediation analysis of IPTS and self-determination theory constructs, which
also support IPTS theorists’ claim. Their findings suggested that relatedness’ relationship to suicide ideation can be explained through the presence of thwarted belongingness. However, the relationship between belongingness and relatedness may not be this clear. Self-determination theorists explain that having a sense of belonging is part of meeting one’s relatedness need. Feeling socially connected—perceiving like one is contributing to others, feeling cared for, being integral with an organization larger than oneself, and feeling significant to others—are all key to experiencing relatedness (Ryan & Deci, 2017). As a fundamental need, self-determination theorists believe that the thwarting of relatedness can precipitate suicide (Ryan & Deci, 2000). Like IPTS theorists, Ryan and Deci (2017) cited Baumeister and Leary (1995) as a seminal framework to understanding relatedness. Although, Baumeister and Leary used belongingness and relatedness interchangeably through parts of their article, further complicating belongingness and relatedness delineation. Complications aside, Ryan and Deci insisted that the core of relatedness is comprised of these two facets: “the feeling of belonging and of being significant or mattering in the eyes of the other” (2017, p. 96).

**Mattering.** IPTS theorists did not originally incorporate mattering, or one’s perceived significance to others and the world around them, into their belongingness construct. However, mattering has shown to have a robust presence within thwarted belongingness (Drabenstott, 2019). Belonging, communion, and connection are relational byproducts of integrating and feeling significant to another or others (Adams & Marshall, 1996). Being noticed and seen by others, the most fundamental form of mattering, shape one’s sense of loneliness (Rosenberg & McCullough, 1981). Perceived care of others is considered an essential factor of whether one feels like they matter, and subsequently whether they wish to live: “When others care about our
welfare and seek to improve it, they help us realize that life is worth living” (Elliott et al., 2005, p. 225).

**Connectedness.** Connectedness is also an important construct in the context of this discussion on thwarted belongingness. Ryan and Deci (2017) considered social connectedness as one aspect of their relatedness construct. Indeed, thwarted belongingness was originally referred to as “thwarted connectedness” (Joiner, 2005). Later, connectedness variables were formally classified under one’s need to belong (van Orden et al., 2010). Still, the language of connectedness features in the construct. The loneliness dimension of thwarted belongingness is captured in the model as “I feel disconnected from others” (van Orden et al., 2010, p. 581). In the early conceptualizations of the construct, Joiner (2005) described the loneliness dimension of thwarted belongingness as “the sense that sustaining connections are obliterated” (p. 120). The “disconnection” term of perceived disconnection is derived from van Orden et al. (2010) and Joiner’s (2005) language used to frame the loneliness dimension of thwarted belongingness. Lack of reciprocal care, the other construct nested within thwarted belongingness, is summarized in the model as “I have no one to turn to and I don’t support others” (vanOrden et al., 2010, p. 581). Perceived disconnection encompasses the first facet of lack of reciprocal care (i.e., “I have no one to turn to.”) in the context of a close other(s) presence and even their caring actions. Reflective of ‘searing loneliness’ experienced from perceived disconnection, “I am alone” is the summarizing sentiment of the entire thwarted belongingness construct (van Orden et al., 2010, p. 581).

In a review of connectedness throughout suicide prevention theories, Whitlock et al. (2014) spliced connectedness into two life-saving dimensions: subjective connection and structural connection. Subjective connection, an intrapersonal dimension, refers to an
interpersonal closeness that is sparked from feelings of belongingness, in addition to value, respect, trust, and care. In an earlier manuscript on connection-centered suicide prevention for university-aged young adults, Whitlock et al. (2012) explained that subjective connection, referred to in this work as a perceived psychological state, “serves as the best gauge for one’s state of connectedness,” as opposed to “the actual presence of people” (p. 8). Structural connection, an interpersonal dimension, refers to which communities surround an individual, the strength of social bonds, and how resources can play a role in relationship. IPTS incorporates both dimensions of connectedness, beginning with a distorted self-narrative of belonging (subjective) that is reinforced through interactions and subsequent perceptions of interactions with individuals and social circles (structural) (Whitlock et al., 2014).

This theoretical review raises several questions about the thwarted belongingness construct. Namely, does thwarted belongingness reflect one cohesive construct, or is it a composite of fundamental, psychosocial needs? More specifically: Are relatedness and belongingness synonymous? When at risk of suicide, does a youth’s sense of belonging fully reflect meaningful connection with another? When and how does belongingness thwart to the point of inciting suicidal desire? Taking an inventory of how ideation-to-action theorists have operationalized thwarted belongingness raises still more questions about the construct’s core and how belongingness plays a role along the suicide pathway.

**Belongingness’ Proposed Role along the Suicidal Path**

IPTS was the first theory to separate suicidality into a multi-phased path to suicide, starting with pain, then escalating into mild ideation, then severe ideation, and eventually to a suicide attempt. This linear approach later became known as the ideation-to-action framework

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5 The term psychosocial refers to needs that are met through interpersonal and psychological factors (Loughry & Eyber, 2003).
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(Klonsky et al., 2018). The precise mechanics of how ideation leads to action (i.e., a suicide attempt) remains largely unknown (Bryan & Rudd, 2016). Still, theorists seek to discover the intricacies of the suicide pathway.

There are three other known ideation-to-action frameworks: integrated motivational-volitional model (O’Connor & Kirtley, 2018), three-step theory (Klonsky & May, 2015), and the fluid vulnerability theory (Rudd, 2006). Ideation-to-action theorists agree that belongingness plays a critical role in suicide prevention. However, theorists are divided on the point at which belongingness becomes pivotal in the path to suicide. IPTS theorists see thwarted belongingness as an enduring pain that grows into suicidal desire (Chu et al., 2017). For integrated motivational-volitional model theorists, suicidal ideation is the result of defeat, humiliation, or social rejection and a pervading sense that life will not improve. Within the integrated motivational-volitional model, belongingness can act as critical buffer against the development of suicidal desire. That is, a lack of belongingness can act as the catalyst to suicidal desire and even suicidal intent (O’Connor & Kirtley, 2018). Three-step theorists agree with IPTS that belongingness can be a critical pain which leads to suicidal desire. Unlike IPTS, however, three-step theorists see suicide-inciting pain as idiosyncratic. Accordingly, low belongingness is not necessary to produce suicide ideation. Similar to the integrated motivational-volitional model’s placement of belongingness, belongingness (termed connectedness) can buffer or catalyze serious suicidal development (Klonsky & May, 2015). Although not considered an ideation-to-action theory, Zhang’s (2016) two-factor model of suicide supports integrated motivational-volitional model and three-step theory conceptualization of belongingness; he described thwarted belongingness (termed low connectedness) as a moderating factor that can intensify suicidal ideation, leading to suicidal behaviours. Fluid vulnerability theorists do not ascribe a particular
role to belongingness but see low belongingness as one dynamic risk variable that fluxes throughout one’s suicide journey, in part with how belongingness interacts other risk variables (Bryan & Rudd, 2016).

**Previous Belongingness’ Research**

To date, the vast majority of research testing belongingness’ relationship with suicide has been completed using the 9-item thwarted belongingness subscale developed by IPTS theorists—the Interpersonal Needs Questionnaire (INQ; van Orden et al., 2012). INQ thwarted belongingness subscale items (INQ: TB) are listed in Appendix B. IPTS derives thwarted belongingness items from two sources. Most thwarted belongingness items were derived from Baumeister and Leary’s (1995) belonging framework (van Orden et al., 2012). A few items were said to have been adapted from a self-esteem indicator referred to as inclusionary status (Leary et al., 1995). van Orden et al.’s (2012) INQ: TB subscales have been utilized in numerous studies testing IPTS constructs. Integrated motivational-volitional model and three-step theorists use these nine items to operationalize belongingness and connectedness variables respectively (discussed below).

**Review of Thwarted Belongingness Quantitative Findings**

**IPTS Theorists’ Findings.** The research examining thwarted belongingness, taken together, reveals inconsistent findings about belongingness’ role in suicide and suicide prevention. A recent attempt to validate the IPTS with a college student sample (n = 1, 686; 87% of participants were first- or second-year students) found that thwarted belongingness was only correlated to suicidal behaviour when participants also reported elevated levels of perceived burdensomeness and fearlessness about dying (Becker et al., 2020). Chu et al. (2017) conducted a meta-analysis of 114 published and unpublished studies, which included 122 distinct samples
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(N = 59,698) that tested IPTS constructs using the INQ. Univariate analyses of thwarted belongingness and suicide-related variables revealed significant weak-to-moderate correlations between thwarted belongingness and suicide ideation ($r = .37$), suicide risk$^6$ ($r = .33$), and suicide attempt history ($r = .11$). When thwarted belongingness’ impact on suicide-related variables was tested alongside perceived burdensomeness, significantly stronger associations were noticed with perceived burdensomeness. Perceived burdensomeness demonstrated a significantly higher correlation to suicide ideation ($r = .48$) and suicide risk ($r = .42$) than thwarted belongingness. Chu et al. concluded their review citing that thwarted belongingness and perceived burdensomeness, as operationalized by the INQ, “appear to not be better predictors of suicide risk than many traditional and often-studied risk factors” (2017, p. 1332).

Similar findings regarding thwarted belongingness were echoed in another review. Ma et al. (2016) conducted a systematic review of 66 studies that tested IPTS constructs as measured by the INQ and suicide-related variables. Thwarted belongingness’ effect on suicide ideation was found to be significant in 40% of studies ($n = 22$) of examined studies ($N = 55$). Thwarted belongingness’ effect on suicide attempt was found significant in about a third of studies ($n = 4$) assessing suicidal attempts ($N = 11$). Like Chu et al. (2017), Ma et al. highlighted a more salient impact of perceived burdensomeness on suicide risk, particularly regarding suicidal ideation. Perceived burdensomeness’ effect on suicidal ideation was noted as significant for approximately three times more studies than thwarted belongingness—82% of reviewed studies ($N = 57$). Ma et al. (2016) summarized their results by stating, “at this point in time, the IPTS may not be as clearly defined nor supported as initially thought” (p. 40).

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$^6$ Proneness to suicide based on both ideation and attempt history (Chu et al., 2017).
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**Temporal Dynamics.** Bryan et al. (2012) posited that thwarted belongingness has yet to show a meaningful relationship with suicide risk factors through quantitative approaches because thwarted belongingness is an acute variable that shifts over time. Researchers are just now beginning to consider the shifts, or temporal dynamics, of belongingness throughout the day-to-day reality of suicidal episodes. Tracking how belongingness’ fluctuates and interacts with other risk factors over time seems to underscore a stronger connection to suicidal ideation. Rogers and Joiner (2019) digitally surveyed 91 adults ($M_{age} = 27, SD = 8$ years) with “significant suicide ideation” six times over the course of 16 days (p. 58). The survey battery assessed for thwarted belongingness, perceived burdensomeness, and suicidality. Thwarted belongingness by itself, measured using INQ subscales, did not appear to influence participants’ suicidal thoughts. However, when participants expressed high levels of perceived burdensomeness, they also exhibited elevated levels of thwarted belongingness and suicidal ideation. Rogers and Joiner (2019) postulated that it may be the case that thwarted belongingness influences suicidal ideation indirectly through perceived burdensomeness.

Kyron et al. (2019) found a more direct predictive link between thwarted belongingness and suicidal ideation. They collected daily questionnaire responses from 491 patients at a psychiatric inpatient facility ($M_{age} = 39$ years, $SD = 16$ years) for six days. In addition to assessing for suicidal thoughts, their questionnaire included for measures for perceived burdensomeness, thwarted belongingness, and hopelessness. To reduce respondent burden, Kyron et al. created two items to capture thwarted belongingness, both based on INQ subscale items: “In the past 24 h, I have felt that people care for me” and “In the past 24 h, I have felt close to others” (2019, p. 317). Thwarted belongingness was found to be a significant predictor of lasting serious ideation beyond admission. In other words, patients entering the facility with
serious suicidal thoughts and an elevated sense of thwarted belongingness were likely to maintain suicidal thoughts throughout the six-day survey period.

Badcock’s (2021) dissertation work provides a complementary perspective to the temporal shifts in thwarted belongingness. She conducted two experimental and two naturalistic studies to understand temporal changes in belongingness on suicidal thoughts in university students. She concluded that belongingness could act as an acute or a chronic risk variable. While short-term (acute) fluctuations in belongingness were found to impact early ideation in young adults, prolonged (chronic) thwarted belongingness was linked to increased, more serious ideation. Badcock drew special attention around acute shifts in belongness given the magnitude of effect for sudden (perceived) loss in relationship. Under experimental conditions (i.e., Interpersonal Persistence Task\(^7\)), perceived loss in belongingness exhibited a significantly stronger magnitude (13 times) on influencing participants’ decision to quit the simulation compared to gains in belongingness influencing participants desire to continue the task. Badcock did not comment on what accounted for fluctuations in belongingness, nor how the construct shifts from acute to chronic risk. However, her suggestions for future research align with Kyron et al. (2019) and Rogers and Joiner (2019): there is pressing need for more research to explore the multifaceted nature and change processes of the construct.

**Other Ideation-to-Action Theorists’ Findings.**

**Integrated Motivational-Volitional Model.** Integrated motivational-volitional model theorists have sought to test belongingness’ role within their ideation-to-action frameworks using INQ: TB subscales. In line with IPTS’s prediction that the interplay of perceived burdensomeness and thwarted belongingness together bring about suicidality, Lucht et al. (2020)

\(^7\) Tests for desirability to escape adverse interpersonal circumstances (Collins et al., 2016).
sought to understand the moderating role of these constructs on entrapment and suicidal ideation in a population of 308 psychiatric patients ($M_{age} = 36$ years, $SD = 14$ years). When both present, thwarted belongingness and perceived burdensomeness were found to be significant moderators of entrapment leading to suicidal ideation. Ordóñez-Carrasco et al. (2020) conducted a multiple linear regression to determine the moderating relationship of perceived burdensomeness and thwarted belongingness separately on entrapment and suicidal thoughts and intent for 644 young adults ($M_{age} = 25$ years, $SD = 5$ years). Thwarted belongingness marginally increased suicidal ideation and intent when individuals reported elevated levels of both perceived burdensomeness and entrapment. This finding corroborates Rogers and Joiners’ (2019) postulation that thwarted belongingness influences suicidal thoughts indirectly via perceived burdensomeness. Alone, however, thwarted belongingness did not exhibit any direct relationship with suicide ideation (Ordóñez-Carrasco et al., 2020). Another study determining thwarted belongingness’ effect on entrapment utilizing a young adult sample also found thwarted belongingness to not be a significant moderator between entrapment and suicidal desire (Forkmann & Teismann, 2017).

**Three-Step Theory.** To validate their three-step theory, Klonsky and May (2015) theorists examined correlations between thwarted belongingness and suicide-inducing pain ($r = .61$), hopelessness ($r = .61$), suicide ideation ($r = .45$), and suicide attempt ($r = .15$) using a sample of 245 adults with past suicide ideation and 127 adults with prior suicide attempt(s) ($M_{age} = 31$, $SD = 10$). Klonsky and May (2015) also tested how connectedness (also measured using thwarted belongingness subscales) might buffer against suicide. Results indicated that connectedness showed promise in warding off suicidal ideation ($r = .36$) for participants who indicated high pain and perceptions of hopelessness ($n = 283$). Of note, however, neither ideation-to-action study was included in Ma et al. (2016) or Chu et al.’s (2017) review. More
recent attempts to validate the suicidal pathway using three-step theory confirm Klonsky and May’s (2015) findings that connectedness (operationalized using INQ: TB subscales) is protective against developing suicidal ideation in university students (Dhingra et al., 2019; \( n = 665 \)) and psychiatric inpatients (Tsai et al., 2021; \( n = 190 \)). Connectedness exhibited a particularly strong negative relationship to suicidal desire with patients admitted to psychiatric wards that tested high in pain and hopelessness \( (r = -.53) \) (Tsai et al., 2021). An important contextual piece to this finding is that Tsai et al. collected questionnaire responses at three time points: 1. During patient intake; 2. Approximately ten days into the participant’s stay; and 3. About two months after being discharged. As compared to a one-time measure, the 80+ day span included during the survey period may capture a broader net of belongingness perceptions.

Based on the research to date, the INQ has become the gold standard of measuring belongingness within the suicide field. Thus far, however, the research findings have found only a weak-to-moderate relationship among belongingness and suicide-related variables. Among all suicide risk variables, the strongest relationship was observed between thwarted belongingness and suicide ideation. Even so, perceived burdensomeness often eclipsed thwarted belongingness’ effect on ideation as the more dominant influence or thwarted belongingness’ effect was only observed with high levels of perceived burdensomeness, and not all researchers found a statistically significant relationship between thwarted belongingness and suicide ideation. Three-step theory research indicated that belongingness is strongly correlated to pain and hopelessness and buffers against developing suicidal ideation, reinforcing IPTS’s prediction that belongingness plays an early role on suicide development (van Orden et al., 2010). Numerous studies have found significant correlations between belongingness and suicide attempts, though the connection was weak. In all, these findings point to belongingness as a promising prevention
variable, but they also necessitate a broader examination of how belongingness is conceptualized in future research.

Indeed, researchers are calling for new ways to measure and understand thwarted belongingness. Ma et al. (2016) concluded their review expressing the possibility that the INQ does not “fully capture” the belongingness construct (p. 40). Other researchers posit that the INQ “misrepresents” thwarted belongingness (Hallensleben et al., 2020, p. 2). Researchers recently developed and validated an alternative measure for thwarted belongingness: the Thwarted Belongingness Scale (Ma et al., 2019). Ma et al. (2019) expressed doubt, however, that either the Thwarted Belongingness Scale or the INQ adequately capture the thwarted belongingness construct. IPTS theorists recommended that researchers employ alternative methods to understand IPTS constructs (Chu et al., 2017).

Review of Qualitative Approaches to Understand Thwarted Belongingness

Only recently have researchers begun to utilize alternative approaches to examine the role of belongingness’ role in suicide, especially youth suicide. A handful of studies stand out in implementing qualitative methods to understand belongingness using youth samples. These are summarized here. There are other fields, however, in which a qualitative approach is being used to understand belongingness, namely in the military and in the analysis of suicide notes. Some of these studies are also reviewed.

Studies Featuring Youth. Meissner (2013\(^8\)) offers an early glimpse into belongingness couched within a qualitative methodology. To investigate higher male suicides in South Africa, Meissner interviewed third-year university students (\(M_{age} = 22\) years\(^9\)) to understand attitudes

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\(^8\) This citation refers to Meissner’s master’s thesis research. Also see Meissner et al. (2016) for a more concise publication of her work.

\(^9\) Standard deviation is not provided.
and beliefs surrounding male’s vulnerability to suicide. During interviews, she shared one or two suicide vignettes to prompt conversation around four key psychological risk factors. One of these four vignettes was rooted in belongingness—the vignette featured a young man who discovered his girlfriend was cheating. Though this vignette only touches on one painful condition of thwarted belongingness, namely the loss of relationship(s), it is an oversimplistic representation of the construct. Further, the vignette was not used in all interviews, and not all participants had experience with suicidal ideation or making a suicide attempt. Still, the vignette elicited perspectives around feeling isolated, a lack of supporting relationships, and loneliness, many from participants with suicidal pasts.

Thwarted belongingness surfaces as a key contributing factor to suicide attempts for youth with no direct prompting around belongingness. O’Brien et al. (2021) sought to explore what and how suicide risk variables contribute to youth suicide. They interviewed 20 adolescent suicide survivors ($M_{age} = 14$ years) within two weeks of an attempts. Interview questions broadly explored contributing factors that led to attempts and what mediated the transition from ideation to attempt. Thwarted belongingness was found to be intrapersonal factor contributing to suicide attempts for 13 adolescents. One youth expressed “[I] wanted to be disconnected from everything. I guess I felt like I didn’t belong and an outcast and was really alone” (p. 277). For four of these adolescents, thwarted belongingness influenced the transition from ideation to making a suicide attempt. O’Brien at al. (2021) concluded that thwarted belongingness, in concert with other intrapersonal factors, seem to be the driving force behind the ideation-to-action transition. However, they placed an emphasis on needing to understand how these factors catalyze suicide risk.

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10 Standard deviation not provided.
11 Emphasis used in original text (see p. 283).
Research by Gulbas et al. (2019b) that explored the suicidal behaviour of Latina adolescents is perhaps the most robust and systematic example of qualitative inquiry into belongingness. Gulbas et al. (2019b) interviewed 30 Latinas ($M_{age} = 16$ years, $SD = 2$ years) who survived a suicide attempt. Interviews were conducted within six months of participants’ suicide attempts. Participants were asked about their perceptions of familial and broader social circle connections, as well as a retrospective account of their suicide attempt. Researchers applied a deductive analysis to data, associating significant statements to codes capturing IPTS constructs. Researchers operationalized thwarted belongingness as “social isolation” or “unmet need for social connection.”

Nearly every participant ($n = 26$) shared experiences of thwarted belongingness. The greatest causes of a significant increase in thwarted belongingness were stark disruptions in participant social networks (e.g., immigration, death of family member, changing schools) or feeling alienated from peer and family relationships. Many participants reported social supports at the time of their suicide attempt. Nevertheless, they conveyed a sense of loneliness and reluctance to engage those supports either socially or emotionally. Instead, researchers found that most participants shied away from these connections to avoid what others might say about their suicidal experiences. Seventeen of these participants participated in a follow-up interview one year after the initial interview. Follow-up interviews included questions about overall well-being, major life changes happening in the past year, and perceptions about social networks. Though supporting individuals felt distant during suicidal episodes, many participants reported a renewed sense of connection with family in the months that followed. For many participants, the professional services (i.e., therapists) to which they gained access boosted perceived social
support. Researchers considered ongoing social support (i.e., professional and familial) a critical factor of Latina well-being following a suicide attempt (Gulbas et al., 2019a).

Gulbas et al.’s (2019) research underscores youth perceptions of social connections as a key to future inquiry. However, there are two considerations worth noting about their study. First, Gulbas et al. used a simplified framework of thwarted belongingness when coding participant interviews (i.e., ‘social isolation’ or ‘unmet needs for social connection’). In so doing, they potentially overlooked fresh, rich descriptions of social disconnection or belonging-related constructs (e.g., mattering). Moreover, the study did not track participant’s sense of belonging over the course of suicidal episodes, although the exact interview protocol is not provided. A better way to express this concern may be this question: How did key relationships with family members, peers, and broader social networks ebb and flow along the path of suicide? A related question is this: How did relationships shape prevention and escalation of participants’ suicidality?

Weniger’s (2017) doctoral research sheds light on this very question. She sought to understand how parental relationships might shape preadolescent children’s suicide attempts. Weniger interviewed 10 children, 10–13 years old, in an inpatient setting following a suicide attempt. Though Weniger positioned her study as examining thwarted belongingness, her interview questions were modeled after a parent-child connectedness framework (i.e., Lezin et al., 2004) and targeted a narrow window of parent-child relationship (i.e., just before suicide attempt). In the conclusion of her dissertation study, Weniger recommended that future studies explore “other dimensions of thwarted belongingness that are not accounted for in the parent-child relationship” (2017, p. 107).
Hunt et al. (2020) recently examined belongingness in the context of transgender youth’s experiences with suicidal thoughts and attempts. They interviewed 85 transgender youth (\(M_{\text{age}} = 21\) years, \(SD = 3\) years) about how gender identity intersected with suicidal desire. Sixty-six participants disclosed having suicidal thoughts or making a suicidal attempt. Suicide-related portions of the interview were thematically coded using open codes. Like the approach utilized by Gulbas et al. (2019b), transcripts were then deductively coded for IPTS constructs. Belongingness, and the lack of it, accounted for half the study’s findings; “It is concerning how often participants described a lack of caring relationships” (Hunt et al., 2020, p. 346). A loved one’s rejection and refusal to embrace a participant’s chosen gender identity and subsequent isolation were frequently cited thwarted belongingness experiences. This finding aligns with previous trans suicide research. Inversely, Moody et al. (2015) found that among youth and adult trans persons with past suicidal thoughts, living and being seen as their authentic selves was a life-saving catalyst for intra- and interpersonal connection. Moody et al., however, did not frame this finding in the context of IPTS.

While Hunt et al. (2020) frequently coded participant responses as expressions of thwarted belongingness, they found no references to perceived burdensomeness in transcripts. This finding stands out considering the quantitative trend, which point to perceived burdensomeness as the principal suicide risk factor. Although, Hunt et al. provided few details about the questions asked in the interview. Moreover, the researchers conceded that their study likely does not capture IPTS constructs: “It seems most probable that the experiences of thwarted belongingness and perceived burdensomeness do exist but have not been explored accurately in this study” (Hunt et al., 2020, p. 350).
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**Studies Featuring Military.** Multiple qualitative studies have been conducted to understand belongingness’ role on suicide with military personnel. This is not surprising considering the continued rise in active-military and veteran suicide. Brenner et al. (2008) interviewed 16 veterans, between 18 and 55 years old, using questions extrapolated from the IPTS. The sample question for thwarted belongingness was this: “Is it really necessary to have social connections with others, or are some people just fine completely on their own?” Experiences of connection with a military unit and disconnection within civilian settings was shared by numerous participants. However, prior suicidal experience was not a criterion for participating in the study. And, according to their method, only one participant explicitly disclosed past suicidal desire, casting doubt on the applicability of findings to individuals with lived suicidal experience.

Similar limitations underscore other military-focused studies. Lusk et al. (2015) conducted an interview study examining IPTS constructs with 68 soldiers who had recently returned from international deployment. Phone interviews were conducted with soldiers as a part of a post-deployment health assessment. One thwarted belongingness question was asked—“Have you had periods of time in which you felt like an outsider within your unit, at your job, or in social/family situations?” Though participants voiced feeling separate and isolated from their unit, loved ones, and broader society, no participants indicated prior experience with suicidal ideation or attempt. Anestis et al.’s (2009) case studies of two active-duty military personnel comes closest to providing lived experience with suicide ideation stemming from deployment. However, neither participant made a suicide attempt, limiting findings to thwarted belongingness’ potential impact on suicide ideation development.
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**Suicide Note Analyses.** Suicide notes are an “ultrapersonal” way for researchers to gaze through a looking glass into the suicidal mind (Leenaars, 2002a). Analyzing hundreds of suicide notes left behind, researchers have unearthed concern for others and positive relationships as common topics, but none appear to bear much weight in the decision to end one’s life (Gun III et al., 2012; Sanger & Veach, 2008). Between the twin IPTS constructs, thwarted belongingness themes appear more frequently in suicide notes than perceived burdensomeness, especially in younger suicide victims (Gun III et al., 2012).

Freuchen et al.’s (2018) thematic analysis of 18 adolescent suicide notes offers perhaps the most focused window into youth suicide. Their research brings to life the dissonant reality of intolerable pain amid interpersonal connection. Before taking their life, adolescents called to mind and addressed close others in their note. One youth addressed his many friends and his parents expressing: “You mean everything to me” (para. 24; also see Freuchen & Grøholt, 2015). Another adolescent relayed to his girlfriend, “I love you more than anything on earth” (Freuchen et al., 2018, para 24). Other writers expressed a sense of love or affection, a desire to maintain relationships, a hope of reconciling close relationships, and even asking for forgiveness for wanting to end their life (Freuchen et al., 2018; also see complementary findings in Sanger & Veach, 2008). Interestingly, Freuchen et al. (2018) concluded their analysis with this sobering observation—There was nothing in the suicide notes they examined that indicated youth were not looking for help. This finding suggests that youth may have been holding out hope for someone to intervene.

**Key Gaps in Thwarted Belongingness and Future Research Implications**

After laying side-by-side belongingness theoretical frameworks and research findings to date, three vital gaps remain in our collective understanding of belongingness: a lack of construct
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clarity; the role of thwarted belongingness throughout the ideation-to-action suicide timeline; and the impact of key relationships on belongingness and suicidal desire. After reviewing each gap, implications for future research are considered.

Construct Clarity

At its core, the belongingness construct within the suicide field embodies a vital, dynamic, and psychosocial need to maintain stable, positive, and caring interpersonal relationships. Perceived or physical absence of meaningful social connections can induce searing loneliness and a feeling that no one cares. Based on all that has been found to date, much remains unclear. For instance, how do theorists differentiate belongingness from similar, or seemingly identical, constructs (i.e., connectedness and relatedness)? Or, what critical relational factors kindle a sense of belongingness (e.g., mattering, value, fit, and integration into others’ lives)?

Suicide theorists have favored testing thwarted belongingness’ role on suicide using the nine-item INQ: TB subscale. The INQ: TB scale principally reflects Baumeister and Leary’s (1995) four qualities of belonging (i.e., proximal, stable, frequent, and caring relationships), along with a couple items about a person’s inclusion in certain social groups. Three-step theorists’ construct of connectedness, which might prevent escalation of suicidal ideation, aims to encompass a broader sense of belongingness. However, connectedness has historically been operationalized using the INQ. Recent qualitative literature has begun to discover new language and lived experience around (dis)connection to key relationships, loneliness, acceptance and rejection, and social supports. Still, qualitative studies to date have conceptualized belongingness within a narrow scope, such as using one interview question to

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12 Three-step theorists have recently assessed connectedness using five different measures of social connectedness other than the INQ. A moderately higher negative correlation was observed between connectedness and suicidal desire, but theorists concluded by iterating the importance of discovering “more comprehensive measures of connectedness” (Pachkowski et al., 2021, p. 8).
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account for the construct (or including no direct prompts about belongingness), focusing on one type of belonging relationship, or simplifying definitions of belongingness in deductive coding.

Within the broader literature on belongingness, suicide theorists have made limited advances in how the construct operates in interpersonal relationships. Mahar et al. (2013) conducted a scoping review 8,000 articles that defined or measured belongingness. Analyzing 22 qualitative studies that featured belongingness, Mahar et al. found five key themes of belongingness: subjectivity, reciprocity, groundedness, dynamism, and self-determination. Fully understanding one’s sense of belonging is a complicated matter, as belongingness is fluid, transitory, and shaped by internal (i.e., subjective) and external environmental factors (Mahar et al., 2013). A more limited review of studies assessing for or describing belongingness ($N \approx 150^{13}$) suggested that more internal than external factors contribute to meeting one’s need to belong (Allen et al., 2021). Allen et al. developed a four-component framework to explain how people experience belongingness. Three of these components are internal: skillsets and abilities to belong (i.e., competencies), the inner drive to belong, and perceptions of belonging. The fourth component, opportunities to belong, as well as the environment and context a person is living, are external factors which also determine whether someone experiences belonging.

Seeking to capture the fine-grain complexity and dynamic shifts in belongingness were important next steps to better understand the construct for Allen et al. (2021). Mahar et al. (2021) offered one explanation into the messiness of belonging: they found that individuals can maintain mutually independent belonging perceptions. For example, people can hold connections with multiple relationships, groups, or systems at the same time. Amid this complex web, some belonging relationships thrive while others wane, which echo Kamalipour et al.’s (2019)

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13 Allen et al. (2021) did not provide a detailed method outlining how many studies were included in their review.
findings. May (2013) referred to one’s sense of belonging in terms of a plurality of overlapping connections that deeply shape one’s sense of self. As a dynamic and multifaceted need, theorists consider belonging to be fragile, a “messy and uncertain process fractured” at the intersections of many relationships (Benson, 2014, p. 3110; Blank et al., 2016). During secure and connected seasons of life, belongingness can usher feelings of “at-homeness”, presence, and render life meaningful (Antonsich, 2010; Tajfel & Turner, 1979; Tangvald-Pedersen & Bungaardt, 2017).

Past research efforts have been unable to penetrate this fog: the multifaceted messiness surrounding the link between belongingness and suicide. IPTS theorists have recommended exploring alternative methods to clarify the core construct of belongingness and expand its frame in ways that clarify its role. One imperative in achieving greater clarity appears to be understanding key relationships far better. In particular, an improved understanding of perceived disconnection from close others brings sharper focus to belongingness’ core. That is because moments of searing loneliness seen through the unique lens of an individual’s suicide episode capture the very essence of the construct’s nuanced, dynamic, and fragile nature. In short, one’s sense of belonging throughout a suicidal episode is anchored in moments of perceived disconnection and reconnection to close others.

**Construct in Context**

Theorists have yet to pinpoint with any certainty when or how thwarted belongingness has salient impact on the ideation-to-action suicide timeline. Researchers have plotted belongingness role at various intersections of this timeline. Thwarted belongingness is considered an early pain that sparks suicidal desire (IPTS & three-step theory), a catalyst or buffer of suicide ideation (three-step theory & integrated motivational-volitional model), a contributing factor to suicide intent (integrated motivational-volitional model), and even a
variable that runs throughout the suicidal episode (fluid vulnerability theory). Testing the
temporal dynamics of thwarted belongingness raises questions about the acute and/or chronic
behaviour of the construct at various points along the suicidal pathway. Quantitative findings
suggest weak-to-moderate relationships among belongingness and suicide-related variables. The
strongest relationship has been found between thwarted belongingness and suicidal ideation,
though thwarted belongingness’ relationship is eclipsed by perceived burdensomeness’ much
stronger correlation. These findings raise questions about whether existing measures (i.e., INQ
and Thwarted Belongingness Scale) fully capture the belongingness construct.

Qualitative methods shine at helping to clarify complex constructs, illuminating nuanced
relationships among variables used in quantitative studies (Chwalisz et al., 2008; Flick, 2007).
However, researchers have only recently begun to study belongingness’ role in suicide with
qualitative approaches. Research has started to illuminate what kinds of relationships (e.g.,
parent and romantic) contribute to belongingness, and confirm belongingness is a part of the
transition from ideation-to-action for youth who have made suicide attempts (i.e., O’Brien et al.,
2021); but, we lack insight into how belongingness shifts throughout suicidality. Tracing
belongingness’ impact along the entire suicide pathway remains a pressing need in the field.

To better understand belongingness in the total arc of the suicide pathway, researchers
must situate suicide in the broader context of one’s life (Kjølseth, 2010). Hirst (2010) explained
that experiences with suicide “can only be fully understood by careful, nuanced exploration of
each person’s unique experience” (p. 71). After carrying out a scoping review of the literature, to
my knowledge, no published studies have developed a detailed timeline of suicidal episode(s)
(i.e., spanning from initial pain to a suicide attempt), let alone traced belongingness throughout
the ideation-to-action timeline. Qualitative methods are well suited to this requirement, as they
naturally gather contextually rich narratives of risk variables throughout one’s life, especially during suicidal episodes (Hjelmeland & Knizek, 2018). A complex interplay of intrapersonal, interpersonal, and environmental factors contributes to experiences of perceived disconnection. The more we account for an individual’s own life-perspective, the better we can understand belongingness’ ebb and flow throughout the ideation-to-action suicidal pathway.

Assessing Belongingness via Significant Relationships

IPTS theorists hold that proximate, stable, positive, caring relationships are at the heart of a healthy sense of belongingness (Joiner, 2005). However, researchers have yet to trace the influence of close relationships in defining the course of one’s suicide path. How do close others shape the prevention of and/or the escalation of suicidality? Weniger (2017) has come closest to studying this question. But her research exclusively examined parent-child relationships just prior to a child’s suicide attempt. Freuchen et al.’s (2018) also found that individuals acknowledge key belonging relationships in notes just prior to an attempt. Other studies have captured broader relational and social networks’ influences on suicidality (e.g., Gulbas et al., 2019).

The absence of key relationships, or disruptions within them, can readily thwart one’s sense of belonging (rejection and family conflict are two examples found in this review of current literature). The thwarting of one’s perceptions and feelings toward healthy, caring relationships remains an enigmatic phenomenon. Before conducting the pilot study that informed this dissertation, I reached out to Thomas Joiner (personal communication, October 19, 2018). During our conversation, he shared how many people have come to his public lectures mystified about recent suicide loss: “I don’t understand. They had so many supportive people in their life. They had a child. They had a partner. They were well known in their community…” For Joiner,
the “searing loneliness of suicidal desire, a type of loneliness felt in the bones” can render someone blind to the overt loving care of others. Joiner emphasized that understanding the subjective disconnect from supportive, caring relationships is a pressing frontier of belongingness.

Contextually rich narratives of suicide survivors are needed to understand the intrapersonal and interpersonal dynamics of close relationships over the course of one’s life, especially during suicidal episode(s). Those narratives are mostly missing in the overall body of suicide research today. Gathering perspectives from youth with past suicidal experiences and their close others can further illuminate how belongingness ebbs and flows throughout critical phases of the ideation-to-action timeline.

**Initial Research to Address Gaps**

As a first attempt to address the aforementioned gaps, I conducted a pilot study to examine three young adults’ \( M_{\text{age}} = 24 \text{ years} \), \( SD = 3 \text{ years} \) perceptions of close others during previous suicidal episodes. See Appendix A for an abstract of my pilot study. Semi-structured one-on-one face-to-face interviews were conducted with participants using an interview protocol derived from seven belongingness-related measures (e.g., INQ: TB subscales; Basic Needs Satisfaction Scale: Relatedness subscales (Gagné, 2003); Mattering to Others Questionnaire (Marshall, 2001)). Interviews explored interactions, perceptions, and feelings toward close others during past suicidal episodes, and how connection was re-established with close others during or after suicidal episodes. Dynamics with close others that contributed to participants’ sense of belonging at the time of the interview were also discussed.

Analysis unearthed a trove of language detailing participants’ perceptions of close others during their suicidal episodes. Participants recalled feeling a wall separating them from people
who tried to show care: "It genuinely felt like there was a wall...like I’m in a bubble, almost like a fog.” Isolation was compounded by feelings of desensitization and insignificance: “There is no distinguishing characteristics about me. If I just have my hood pulled over me because I could be anybody. Don’t look at me. I don’t want to be here.” Though participants could observe caring actions of others, they reported feeling empty and numb: “I couldn’t feel anything. My heart was flatlined...I was just flat.” Participants also highlighted three ways close others could help re-spark belonging during a suicidal episode: taking concrete action (e.g., taking someone to the hospital, low-pressure check-ins); remaining a consistent support; and creating opportunities for reciprocity of care.

Pilot Limitations

This pilot offered a glimpse into the nuanced, subjective shifts in belongingness during suicidal episodes, but it was limited in addressing the three critical gaps identified above. First, the study focused on only three participants. Moreover, only two of the three participants had made a suicide attempt, further limiting the study’s ability to speak to the full suicide pathway. On a related note, due to the ethical guidelines that governed the study, no direct questions about suicide ideation or behaviours were asked, making it impossible to pinpoint when belongingness’ had critical influence along the timeline of suicide ideation-to-action. The study produced rich perceptions of close others couched within a detailed life context. Still, participants only made meaning about their experiences through one research format (i.e., semi-structured interview). In this way, the selected method only elicited participant and researcher perspectives about the individuals’ sense of belonging.
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Current Research

This research aims to inform the critical gaps in belongingness research by improving on the pilot research design. The three secondary research questions underlying this study’s inquiry seek answers to the critical gaps outlined above. As review (see research purpose and questions section above), the secondary questions are:

1. What do youth consider to be at the heart of belonging to close others?
2. How does a youth’s sense of belonging fluctuate and thus trigger suicidal thoughts and behaviours throughout suicidal episodes?
3. How do close others influence youth’s sense of belonging?

These questions overlap and inform one another. Yet each question targets one of the gaps in our understanding of belonging. The first question seeks to understand the language and lived experience surrounding the dynamic, subjective, and nuanced facets of the belongingness construct. The second question seeks to understand belongingness within the context of a youth’s own narrative. In effect, this captures the ebb and flow of belongingness in the build up to the actual attempt and the aftermath of suicidal episodes. The third question seeks to uncover the influence (or lack thereof) of close others in suicide development and prevention. A critical point of inquiry is understanding their role when, in the youth’s mind, they seem separate and uncaring amid the fog of suicide. Together, answers to secondary questions inform the principal question guiding this work: How do youth with past suicidal thoughts and suicidal attempt(s) make meaning of perceived disconnection from close others during suicidal episodes?
Chapter 3: Methodology and Methods

This study aimed to provide a more robust understanding of perceived disconnection and the role of belongingness in suicide by exploring youths’ perceptions and the meaning they ascribe to relationships with close others during suicidal episodes. Meaning making was the principal engine of this study, because the meaning making process exposes the heart of a phenomenon.

Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA; Smith et al., 2009) is an ideal approach for making meaning of youths’ sense of belonging to close others during suicidal episodes because IPA elicits a layered understanding and depth to nuanced, complex, and ambiguous phenomenon (Smith, 2011). Researchers have utilized IPA to understand lived experiences such as miscarriage (Meaney et al., 2017), cancer treatment (Smith et al., 2018), living with HIV (Skinta et al., 2014), and even suicide attempts (Hirst, 2010). IPA research can supply fresh insights to complex phenomenon by developing ‘fine grain’ narrative accounts of individual lived experiences with the phenomenon and then considering patterns and connections across cases (Smith et al., 2009). IPA research renders a contextually rich understanding of the phenomenon that “reawakens or shows us the lived experience in a fuller and deeper manner” (van Manen, 1990, p. 10), while maintaining the integrity of participant voices (Smith et al., 2009).

Three Lenses of Interpretative Phenomenological Analysis

Before delving into the mechanics of the study’s design, the three theoretical lenses undergirding the IPA approach are reviewed: ideography (focusing on the particular), phenomenology (focused study of lived experience), and hermeneutics (interpreting lived
experience). These three theoretical lenses guided the design and execution of this study. In this section, each lens will be extensively reviewed.

**Ideography**

Ideography refers to the intense study of purposefully selected individuals to provide a rich, detailed account of an individual(s)’ lived experiences with a phenomenon (Leenaars, 2002b; Smith et al., 2009). Suicide is a complex and multifarious phenomenon that spans interpersonal, psychosocial, cultural, and philosophical influences (Leenaars, 2002b). Understanding suicide requires exploring the “fascinating individuality” of people who have considered or tried to end their life (Allport, 1962). Someone’s experience(s) with suicidal desire or behaviour cannot be summed up in a theory or the literature. Rather, the details of one’s suicidal journey resides with the individual (Alvarez, 1971). Stars (2002) used a drama metaphor to explain how the true motives of suicide belong to the individual: “[Suicide] is an intrapsychic drama played out on an interpersonal stage. We in the stalls can only wonder at the whys and wherefores of the performers...the reasons are only truly known to the actor of the event” (p. 38).

Leenaars (2002a) extended Stars’ metaphor to the field of film. He explained that surveys, suicide notes and artefacts, and other popular research instruments can only provide a “snapshot” of suicide motives. To grasp one’s suicidal desire fully “requires a full-length movie” (Leenaars, 2002a, p. 20). In other words, we need to consider suicide in the rich context of an individual’s story. Without the ‘silent voices’ of suicide survivors, “we are unable to account for the particular developmental-existential perspectives of these people” (Cutcliffe, 2005, p. 144). To lift out and amplify the unique experience of each voice, IPA studies often are comprised of smaller samples, generally featuring 1 to 10 participants (Smith et al., 2009).
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Delving into particular accounts of youth with past suicidal thoughts and behaviours brings the field closer to understanding other’s experiences with suicide. Smith et al. (2009) explained this generalizing principle further: “Our experience is in-relation-to phenomenon...Experience is uniquely embodied, situated, and perspectival...On the other hand, [phenomenon is] worldly and relational” (p. 29). In short, understanding nuanced lived experiences illuminate a phenomenon that is deeply relatable despite entirely different circumstances. IPA theorists put it this way, “The insightful case study may take us into the universal because it touches on what it is to be human at its most essential” (Smith et al., 2009, p. 38).

**Why College and University Students.** Post-secondary students, especially those in their first year of study, are a particularly vulnerable population to suicide, making them an optimal group to shine a light into perceived disconnection. Lang and Klonsky (2018) surveyed about 700 first-year university students when they arrived on campus and after their first semester. During students’ first semester, the researchers found that 8% of the surveyed students considered attempting suicide, about 5% made a suicide attempt plan, and 4 people had made an attempt. Stories of grief and loss featuring first-year university students are prolific. Consider the stories of Luke, a first-year student at Harvard University (McKim, 2019), Kathyrn or Madison, first-year students at the University of Pennsylvania (Scelfo, 2015), Chase, a first-year student at the University of Waterloo (Goffin, 2017), or Jack, a first-year student at Queen’s University (Wong, 2011).

The reasons for increased vulnerability to suicide among first-year students are not fully understood, although interpersonal factors appear to be key. The first year at a university is fraught with transition and new experiences. Many students find themselves living away from
home for the first time, leaving behind key supportive relationships and networks. First-year students are exploring new aspects of their identity in a new social landscape (Liu et al., 2019). Balancing longstanding relationships and at the same time striving to navigate and establish new relationships adds to the fragility of one’s sense of belonging. Indeed, Lang and Klonsky (2018) found that interpersonal stressors (e.g., family relationships and making friends) were the most statistically significant stressors correlated with first-year university students’ suicidal ideation. Given the transition to adulthood within a university setting and all its attendant shifts in relationships, first-year students are a prime target audience to understand the dynamic ebb and flow of belonging to close others.

**Phenomenology**

Phenomenology seeks to uncover the richness of a phenomenon, to “grasp the very nature of a thing” (van Manen, 1990, p. 177). The very nature of a phenomenon is most often referred in phenomenological literature as the essence of a thing. A phenomenon’s essence is determined by triangulating multiple individuals’ lived experience with the ‘thing’. Put another way, essence represents the common thread that runs through multiple individuals’ lives (van Wijngaarden, 2015). Researchers explore phenomena through the detailed study of individuals’ lived experience.

Through a phenomenological lens, experience is embodied, self-evident, and situated in a relationship with the external world (Smith et al., 2009). “There is no separate (or objective) reality for people,” Patton (2002) explained: “There is only what they know their experience is and means” (p. 106). People are caught up in the world, in a constant flow of experience and a continual process of becoming (Gadamer, 2004; Sartre, 1948). People can observe, and even empathize with, the subjective experiences of another, but it is not possible to wholly share
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another’s experience (Merleau-Ponty, 1962). In this way, a person’s lived experience(s) can never be fully captured (Smith et al., 2009).

Phenomenology seeks to capture a phenomenon in its own terms by going “back to the things themselves” (Husserl, 1970, p. 252). Study participants are considered experts of their own experience, a primary source to the phenomenon of study (Castelli Dransart, 2013). Tapping into lived experience is complex, as all lived experience contains some degree of “unpredictability, chaos, and mess” (Smith et al., 2009, p. 55). To get at the heart of a phenomenon’s essence, researchers create a space where participants can make meaning of their experiences (Patton, 2002). Phenomenological meaning making requires someone to temporarily disengage from their world and cast a reflective gaze onto their experiences (Smith et al., 2009). Delving into experiences results in an “unfurling of perspectives and meanings” (Smith et al., 2009, p. 29), shining a light on hidden meanings, and reaffirming or reconstructing meaning around pivotal moments (Castelli Dransart, 2013; Frey et al., 2017). The content-specific details of participant experiences are systematically sifted and bracketed out until the common thread, or essence, that runs through all accounts is exposed (Smith et al., 2009).

Examining lived experience requires an openness, sensitivity, and willingness to allow a phenomenon to present its ‘full otherness’ (Smith et al., 2009; van Wijngaarden, 2015). In any research, there is always ‘noise’ between a researcher and the participant(s) (Vatne & Nåen, 2012). The researcher’s pre-existing frame of reference for the phenomenon, a collection of assumptions, biases, and prejudices, creates this dissonance with hearing participants’ experiences (Beierling, 2017). Through a process called “bracketing,” researchers seek to set aside any personal experiences with or emotions about the phenomenon, suspending judgements about the research topic (Creswell, 2013). I have offered bracketed considerations about myself.
and how I employed bracketing throughout analysis in the next chapter. Stripping away biases and opinions throughout duration of the study permits the researcher to listen fully, to see, to understand, and to best represent participants' experiences (Smith et al., 2009; van Wijngaarden, 2015).

**Hermeneutics**

Hermeneutics refers to the interpretation of lived experience. Outside of IPA, hermeneutics addresses a broader realm of interpretation (e.g., textual analyses). Hermeneutics provides a complimentary meaning making perspective throughout a study. Whereas phenomenological meaning making is concerned with sifting through the context of lived experiences to render an objective description of a phenomenon’s essence, hermeneutic meaning making beckons the researcher to immerse themselves into participants’ stories, evoking empathy with the phenomenon. IPA theorists liken hermeneutic empathy to two orientations: an attempt to stand in someone’s shoes and to stand next to the person inviting them to consider their experiences in new ways (Smith et al., 2009).

Researchers facilitate meaning making by developing an intimate familiarity with, entering into, and responding to the participant’s world (Smith et al., 2009). This process guides data collection, analyses, and writing. Gadamer (2004) stressed the importance of researchers to give themselves over to participants’ lived experiences, emotions, and thoughts. In describing the dialogic nature of hermeneutics, Gadamer explains that researchers must venture into and lose themselves in participants’ narratives. During hermeneutic conversations, researchers call attention to key moments of participants’ stories to further probe and uncover meaning. The participant and the researcher co-create meaning through a dynamic, iterative, and non-linear exploration of the phenomenon (Smith et al., 2009). The researcher generates empathy and
understanding of the phenomenon by continually shifting focus between the whole narrative and parts and from parts to the whole, in ever-widening circles of understanding. This entire process is called the hermeneutic circle (Gadamer, 2004). By using this approach, the researcher discovers harmony between nuanced details of lived experience and a phenomenon’s essence.

Hermeneutic theorists acknowledge that meaning making is inextricably entangled with the researcher’s own past experiences, biases, and prejudices (Beierling, 2017). The phenomenological approach intentionally aims to bracket these pre-existing conditions to establish distance between the researcher and participant narratives. By contrast, the hermeneutic approach calls for researchers to bring all their pre-existing conditions when considering participant narratives to place the researcher within the phenomenon. The hermeneutical lens invites researchers to consider what it feels like to stand in participants’ shoes, and from this place of empathy, to make sense of the phenomenon (Smith et al., 2009). By placing themselves within the participants’ individual and the collective narratives, researchers are able to “breath[e] new life” into the lived experience of the phenomenon (Beierling, 2017, p. 56).

Balancing phenomenological and hermeneutical perspectives throughout a study produces a detailed and rich understanding of a phenomenon that captures depth, complexity, and nuance. The interplay between these two lenses is particularly important throughout the analysis phase of research. Each lens illuminates unique facets of the phenomenon, participants’ stories, and their collective narrative. In the analysis section below, I have outlined when and how each lens was considered for throughout analyses.

**Overview of Study Sessions and Supplemental Data Sources**

I facilitated meaning making with youth with past suicidal thoughts and behaviours and their close others through three phases: one-on-one semi-structured interviews, facilitated joint
storytelling with a close other, and a focus group held with youth with past suicidal episodes. Hereafter, youth participants are referred to as Sharers of Hope And REflections on Resilience (SHARERs). For easier readability, a different type-case is used for this participant acronym (i.e., Sharer). A multi-phased approach afforded Sharers multiple windows to gaze, hold, and discover new meanings, much like slowly turning a gem reveals new patterns of fractured light with each turn. Data gathered from these phases were complemented with four supplemental data sources: personal artefacts from Sharers’ suicidal episodes, follow-up sessions, a reflective journal kept by myself over the course of the study, and detailed researcher field notes. Study phases and supplemental data sources collectively address the secondary questions posed in the literature, and thus fill in critical gaps in the belonging research.

An overview of how research phase methods conceptually align to answer research questions is presented in Table 1. Though Sharers’ meaning making in each study phase was not siloed to answering one secondary question; data gleaned from each phase spanned and informed each question. Detailed rationale for using each method is reviewed later in this chapter.

Table 1

Aligning Methods to Address Research Questions

<table>
<thead>
<tr>
<th>Principle Research Question</th>
<th>Secondary Research Questions</th>
<th>Research Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do youth with past suicidal thoughts and behaviours make meaning of perceived disconnection from close others during suicidal episodes?</td>
<td>How does a youth’s sense of belonging fluctuate and thus trigger suicidal thoughts and behaviors throughout suicidal episodes?</td>
<td>One-on-one semi-structured interview with Sharer (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Joint storytelling with Sharer and close other (2)</td>
</tr>
<tr>
<td></td>
<td>How do close others influence a youth’s sense of belonging?</td>
<td>Joint storytelling with Sharer and close other (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o One-on-one semi-structured interview with Sharer (1)</td>
</tr>
<tr>
<td></td>
<td>What do youth consider to be at the heart of belongingness?</td>
<td>One-on-one semi-structured interview with Sharer (1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Focus group with Sharers (3)</td>
</tr>
</tbody>
</table>
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Notes. Filled-in bullets in the research phase column indicate the primary data source(s) for answering the secondary question; open-circles indicate a secondary data source. Numbers in parenthesis indicate the order of research phases. Supplemental data were used to compliment answers for all secondary questions.

Participation Inclusion Criteria

The voices of this study were recruited based on the following inclusion criteria:

Past Suicidality

To participate in the study, youth needed to have past experiences with suicidal thoughts and/or behaviours. Initially, I aimed to only recruit youth who had attempted suicide. Youth suicide survivors can provide reflections spanning the entire suicidal pathway. However, after recruiting only one youth who had survived a suicide attempt within three months searching for participants, I opened recruitment to youth with a broader array of suicidal experience. This pivot resulted in unexpected insights about belongingness along the suicidal pathway.

Age

Youth needed to be between 18 and 25 years old. Age restrictions were in place to recruit participants who have some degree of homogeneity in their personal development. This homogeneity helped in bringing participant voices in the same room for analysis and writing the collective narrative. A homogeneous sample was also conducive for promoting relatability and depth of dialogue in the focus group (Kitzinger, 1994; Patton, 2002).

Stability

Prior to participation in each research phase, each participant needed to possess mental, emotional, and psychological stability. This was assessed by an individual living well in community for six months, managing suicidal ideation and any associated mental illness(es).
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Accordingly, youth could not have been hospitalized in the previous six months leading up to participation.

Support

Youth needed to have an existing personal network of positive and healthy relationships that can provide any needed support throughout and following the study.

University or College Student

Participants needed to be enrolled at a university or college. While I initially set out to only recruit first-year students, I opened recruitment to other undergraduate years of study after not meeting recruitment goals within the first two months of recruitment.

Recruitment

Prior to recruitment, I obtained ethical approval for the study from Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (See Appendix Q). Over the course of eight months, I employed a multi-stage strategy to recruit eligible youth. Table 2 reviews the Sharers who ultimately participated in the study as well as youth who were part of recruitment but did not end up being involved in the study. Depicting youth at all stages of recruitment is important for several reasons. Firstly, finding and recruiting youth with past suicidal thoughts and behaviours who were willing to be involved in a complex study such as this was a concern of myself and other colleagues. Indeed, within the first several months of recruiting, I was discouraged to not have secured a single Sharer. Though, over the course of the study, 52 youth expressed interest in participating. However, many, for undisclosed reasons, chose not to take part in the study. For each Sharer’s voice that you encounter in this work, there are two or three other youth who you are not hearing their stories. I believe it is important to
acknowledge the voices of youth were not shared in this study. Successful recruitment of Sharers also shines an encouraging light on future research that seeks to explore youths’ suicidal pasts.

**Table 2**

*Recruiting Sharers*

<table>
<thead>
<tr>
<th>Recruitment Timeline</th>
<th>Recruitment Pipelines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>University and Professional Contacts</td>
</tr>
<tr>
<td>Youth who:</td>
<td>19</td>
</tr>
<tr>
<td>Were Interested (But did not ask for LoI*)</td>
<td>0</td>
</tr>
<tr>
<td>Received LoI and 20 min. Call (But did not participate)</td>
<td>0</td>
</tr>
<tr>
<td>Consented to Participate</td>
<td>1</td>
</tr>
<tr>
<td>Withdrew Consent (Before participating)</td>
<td>0</td>
</tr>
<tr>
<td>Total Sharers (i.e., consenting participants)</td>
<td>20</td>
</tr>
</tbody>
</table>

*Notes.* Numbers of youth in each cell are mutually exclusive; From left to write, recruitment pipelines are presented in order of recruitment stage (discussed in text below). *LOI refers to Letter of Information.

I began recruitment by contacting 19 university colleagues and professionals who directly work with at-risk youth (e.g., instructors, counsellors, social workers, and youth non-profit professionals). I have accrued an extensive network of professional contacts through my work with a Canadian organization that is a network hub to more than 300 youth-serving organizations. Most of these contacts suggested one or two qualified youth who they thought would be interested candidates for the study. To my surprise, only one Sharer came through this recruitment pipeline. I then began contacting 17 secondary school- and university-aged youth...
contacts (many of whom I had gotten to know through my work with Canada-wide non-profit initiatives over the last 3 years) inquiring into possible participants within their networks. Youth contacts ranged in age from 16 to 20 years. This was the most fruitful recruitment strategy. Nine potential participants came through one youth contact. One youth contact expressed eligibility and interest in participating and became a Sharer. Another Sharer was recruited to the study through another (i.e., snowball sampling).

Recruitment via youth contacts began to slow after securing about 10 Sharers; at which point, I began pitching the study in online university classrooms. I pitched the study to a total of four classrooms. Two classes were first-year undergraduate education courses and two were first-year post undergraduate teacher education courses. A recruitment poster was created and shared with recruiting contacts and online classes (See Appendix C). Addressed in the poster and study pitches, participants were compensated with a $50 gift card of their choice. Given the belonging focus of the study, Sharers were encouraged to use the gift card to grab a meal or go out for a fun activity with a close other(s).

Initial Contact with Potential Participants

Interested eligible youth were instructed to contact me directly for more information about the study. I provided five ways that youth could contact me. I created social media profiles for the study on Instagram, Facebook Messenger, Telegram, and Discord. On these platforms, youth could send me a direct message. Interested youth could also send me an e-mail. During online class pitches, instructors permitted me to stay in the Zoom room and field questions in the chat and respond to individual direct messages. I followed up with youth who sent me a Zoom direct message via e-mail. Multiple contact methods opened the door for youth to reach out in a way they felt comfortable. There was a stark difference in tone between e-mail and social media
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recruitment correspondence. E-mails were typically longer messages, more formal (e.g., Dear Matt,...Sincerely, ‘So-and-so’), and received during work week business hours. Social media direct messages were much more informal (e.g., Hi!...[no sign off]), shorter, and received at all hours (e.g., Sunday at 11pm). I exchanged more messages with youth if they sent me a direct message via social media than if they sent an e-mail. I provided timely responses to all interested youth inquiries, usually within one to two hours.

If I had not heard back from an interested youth for more than two weeks, I followed up with a quick message gauging interest. Some youth who I had not heard from in months became Sharers because I followed up (sometimes multiple times). Figures 2 and 3 below depict youths’ preferred methods of contact. In part, these figures are included to show what communication pathways worked well in this study. But also, they inform recruitment communication practices for researchers who are seeking to reach a similar demographic for suicide prevention work. Social media communication accounted for more than half of youths’ preferred communication strategies. Telegram and Discord are omitted from these charts because no youth utilized these platforms.

Figures 2 and 3

Preferred Recruitment Communication

Note. *Inclusive of youth who did and did not participate.
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Informative Video Call

After receiving communication from interested youth, I scheduled a 20-minute video or phone call to discuss the study, review the letter of information, and answer any questions youth might have. Most youth were comfortable having a video call, only three youth wished to connect via phone call. These 20-minute calls were critical to the study. During these conversations, I established my intentions as a researcher, built rapport with the potential participant, set the tone for the study, and detailed the ‘choose your own adventure’ nature of the study. Interested youth were told that they could opt in and out of any subsequent phase or aspect of the study after the one-on-one interview. Had I tried to cram every element of the multi-phased study into a study pitch or the poster, I doubt many of Sharers would have expressed interest in participating. If youth were still interested at the end of the call, I e-mailed them the letter information and other study materials. One youth expressed disinterest in the study after talking over the phone.

Sharers

All told, 22 youth consented to participate in the study. Two youth withdrew their consent before participating in the study: One no longer felt stable enough to reflect on his past suicidal episodes; another had recently broken up with her boyfriend and no longer felt like she could be adequately supported in her participation. This study features fifteen voices from across Canada (Ontario, Quebec, Saskatchewan, and New Brunswick), and five from around the world (South Africa (2), Philippines, Nepal, and Malaysia). Sharers ranged from 18 to 24 years of age. The mean age for Sharers was 20 years old. Thirteen females, four males, two nonbinary

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I used this language with interested participants; this language resonated with youth. ‘Choose your own adventure’ helped convey choices in study phases and session format (e.g., some youth did not wish to have their video camera on for the interview).
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persons, and one gender fluid person participated. Half of Sharers were first-year college or university students; the other half ranged between their second and fifth years of university. Seventeen Sharers were enrolled in North American institutions; three were enrolled in European and African institutions. Two Sharers were recruited in the final year of their undergraduate studies but began the study after they had graduated. All Sharers are referred to by a pseudonym in place of real names to protect anonymity (Creswell, 2013). Sharers were given the opportunity to choose their own pseudonym after the first phase. Six Sharers requested that I choose a pseudonym for them. Sharer demographics are summarized in Appendix D.

Sharers’ Suicidal Episodes

The length of suicide episodes differed greatly for Sharers. Sharers’ episodes typically lasted several months, some stretched over a year. Generally, suicidal episodes occurred when Sharers were between 14-19 years old, though Sharers’ episodes occurred from 11 to 22 years of age. Most Sharers reflected on multiple suicidal episodes. The start, end, and significant milestones along these episodes was not always clear for each Sharer. Wading into Sharers’ journeys with suicide was a delicate endeavour. Some Sharers were much more comfortable and articulate in talking about their suicidal episodes than others. Many Sharers commented that some details of their episode(s) were blurry, especially around suicide attempts. Figure 4 below depicts the severity of Sharers’ suicidal experiences along the ideation-to-action suicidal pathway. Sharers have been categorized by the most serious moment of their suicidal episode(s) (e.g., Emma had experiences with passive suicidality, cycled between early and severe ideation for months, and developed a plan. But, since she tried to take her life, she is considered as a Sharer who “Attempted Suicide”). Figure 4 also helps to depict visually the suicidal landscape
the Sharer collective can speak to, many of whom can speak to belongingness along the full suicidal pathway (i.e., having attempted suicide).

Figure 4

Severity of Sharers’ Suicidal Episodes

Notes. Early ideation refers to flashes of suicidal thoughts, emerging suicidal thoughts, and passive suicidality (i.e., thinking about dying, but not planning to end one’s life). Severe ideation refers to prolonged or continually cycling back to suicidal thoughts. At this point in the pathway, suicidal thoughts began to take on a ‘weightiness’ (e.g., One Sharer referred to his constant ideation as “very heavy”). Intent to end one’s life began to develop during severe ideation for some Sharers. The escalated ideation category captures Sharers who had a plan for how they were going to end their life. Most Sharers in this category also had an idea of the day they were going to end their life. In the results chapter, the term ‘near attempt’ is used to describe Sharers experiencing escalated ideation who did not act on their suicide plan.

Research Phases and Supplemental Data Sources

This section reviews the three phases and the four supplemental data collection strategies that facilitated meaning-making of Sharers’ lived experiences with belongingness during suicidal episodes. Each phase includes a rationale for choosing the methods, data collection procedure,
and other pertinent considerations. Phases and supplemental data collection strategies are reviewed in order of chronological appearance to Sharers, beginning with one-on-one interviews, followed by joint storytelling sessions, and finally a Sharer focus group.

**Phase 1: One-on-one Interview**

**Rationale for Using Interview.** Conducting interviews is an ideal method for making meaning around critical life-changing moments, such as suicide, because they elicit stories, dialogue, and empathy (Smith et al., 2009). Storytelling affords someone an opportunity to unfold their narrative with their own cadence, freely moving between vignettes and key details. The process of arranging, disclosing, and hearing one’s own story helps someone situate challenging experiences into their life and the world around them (Chan et al., 2017; Gibbs, 2007).

Dialogue is how researchers venture into, navigate, and gather the participant’s narrative. To best develop empathy with another’s lived experiences, a space must be created where both researcher and participant are drawn into dialogue (Beierling, 2017). Throughout the conversation, the researcher can zoom in and out of the participant’s narrative, calling attention to experiences salient to the phenomenon. Immediate clarity, interpretation, and meaning making is possible through dynamic conversational interplay (Beierling, 2017). Cutcliffe et al. (2004) refers to this process as a “detailed unfettered conversation about the phenomenon” (p. 309).

**Interview Procedure.** The study began with a semi-structured interview with each Sharer. The interview served as the baseline of establishing a Sharer’s narrative. Details of lived experiences shared in the interview structured subsequent meaning-making phases. All phases took place via video conferencing (i.e., Zoom). I had my video on for all study phases. All but
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two Sharers (i.e., Paul and Alex15) had their video camera on throughout interviews. Lily and Alex wished to participate in the interview by typing their answers into the chat rather than speaking. However, Alex turned her microphone on and spoke after I asked her the first question. And, Lily ended up bringing her boyfriend Justin, who acted as her trusted supporting individual for the study (this role explained in detail below), and relied on him to fill in details of her story when she felt like she could not speak. Interviews lasted between 68 and 136 minutes (about 2 and a half hours). On average, interviews lasted 95 minutes. Detailed field notes were kept throughout the interviews and all subsequent phases (McMillan, 2012). I used two recording devices during all phases to enable accurate transcripts of discussions and troubleshoot any microphone mishaps (Creswell, 2013).

The Role of Trusted Supporting Individuals. As part of ensuring wrap-around support for Sharers throughout the study, Sharers were required to secure a trusted supporting individual to be on call during the interview and subsequent study phases prior to participation. In case any aspect of the study brought up challenging and unexpected thoughts or feelings, trusted supporting individuals were to be contacted so that the Sharer could be fully supported. Counsellors, therapists, and other professionals who have expertise with caring for individuals experiencing distress or suicidal ideation were suggested to Sharers as exemplary potential trusted supporting individuals. Sharers could also elect another to act as their trusted supporting individual so long as the candidate was aware of their previous experience(s) with suicidal ideation, had a history of providing them with ‘front-line’ support in times of distress, and was someone that the Sharer was confident could and would support them in the future through

15 Alex turned on her video for the second and third phases.
challenging times. Few Sharers chose professionals to act as trusted supporting individuals; most Sharers chose close friends or romantic partners to fill the role.

Sharers communicated directly with trusted supporting individuals, sending them study materials (including a separate letter of information), and coordinating times when they should be on call for study sessions. Trusted supporting individuals were instructed to contact the Sharer within 24 hours of the Sharer completing a study session. Finding someone to act as trusted supporting individual was a barrier to participation for at least two interested youth. Multiple Sharers followed up with me to brainstorm who they could enlist as a trusted supporting individual before consenting to participate. No Sharer employed the help of their trusted supporting individual for any study session. Though, several youth commented on informative video calls that they felt more comfortable considering participation because of the trusted supporting individual component of the study.

**Data Collected.** Six pieces of data were collected throughout the interview:

- Sharer’s close other(s)
- Detailed timeline of suicidal episode(s) (pending Sharer’s level of comfort)
- Artefact(s) from suicidal episode (optional)
- Broader life narrative to situate suicidal episode(s)
- Dynamic fluctuation of sense of belonging to close other(s) throughout suicidal episode(s)
  - Experience(s) of perceived disconnection from close other(s)
  - Experience(s) of reconnection to close other(s)
  - Pivotal belongingness moments between Sharers and close other(s)
- Demographic information (see Appendix H)
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**Interview Protocols.** To ensure this study advanced a deeper understanding of belongingness, the majority of interview protocol questions were adapted from eight measures of belongingness: Interpersonal Needs Questionnaire: Thwarted Belongingness subscales (INQ: TB; van Orden et al., 2012), Thwarted Belongingness Scale (Ma et al., 2019), Interpersonal Support Evaluation List: Belonging subscale (Cohen et al., 1985), Basic Needs Satisfaction Scale: Relatedness subscales (Gagné, 2003); UCLA Loneliness Scale (Russell et al., 1980), Mattering Index (Elliott et al., 2004); Mattering to Others Questionnaire (Marshall, 2001); Short Answer Mattering Questions (Unpublished; Sheila Marshall, personal communication, March 28, 2018).

IPTS theorists found strong associations between the Interpersonal Support Evaluation List: Belonging subscale, Basic Needs Satisfaction Scale: Relatedness subscales, and the UCLA Loneliness Scale measures and the belongingness subscales of the INQ (van Orden et al., 2012). Since mattering is a robust component of belongingness (Drabenstott, 2019), I incorporated several items from mattering scales: Mattering Index, Mattering to Others Questionnaire, and Short Answer Mattering Questions.

Given the dynamic, non-linear, and co-created process of meaning-making, each interview took its own path—meandering and unfolding as Sharer and myself were drawn into dialogue. A host of questions were drafted and compiled in the interview protocol [Appendices E–I] to provide multiple avenues for navigating interview phases. Questions for each interview were selected and adapted in a way that maximized the relevance of belongingness throughout an individual’s suicide journey while also maintaining a safe space (Lester, 1999). Probing questions were used throughout the interview to capture language, emotions, and meaning around suicidal episodes and significant relationships. When possible, Sharers’ own language was used to frame follow-up questions.
Interview Phases. Interviews consisted of eight phases. The first two and last two interview phases were consistently addressed in the same order for each Sharer. Interviews began with pre-interview considerations and where the story begins and ended with demographic questions and wrap up and reflection. There were four non-linear phases in the middle of interviews: identification of close other(s), detailed timeline of suicidal episode(s), broader life narrative, and dynamic fluctuation of sense of belonging to close other(s). These four middle interview phases were cyclical, recursive, and multidirectional. Each phase is reviewed in detail below.

1. **Pre-Interview Considerations.** Before pressing ‘record’, I used the first five to ten minutes to continue building rapport with Sharers by following up on conversational threads that originated in messages or the informative call about the study and checking in to see how they were feeling about the interview. I reiterated the purpose of the interview, outlined interview topics in broad strokes, and expressed that both Sharer and interviewer had a role shaping the direction of the conversation. I reminded Sharers that they did not need to respond to any question they felt uncomfortable answering. I reassured Sharers of the ‘on call’ support of their trusted supporting individual, and that they could take breaks as needed. Sharers were asked if they had any questions before beginning the interview.

2. **Where the Story Begins.** All interviews began with a three-part story framing of the conversation:
   a. Sharers were invited to think about their life as a story with chapters—defining moments shape the arc of life chapters. Based on what Sharers relayed in study correspondence and the informative call, I sketched out Sharer life events that might constitute life chapters. Special bookends were placed around Sharers’ suicidal episodes; I found other
descriptors of suicidal time periods effective—‘significant’ or ‘lowest point’ chapters was language that resonated with Sharers.

b. Next, I explained the non-linear, perspective-shifting path of recounting their story: “We can move forwards, we can move backwards in your story. We can jump ahead or circle back to important moments. I might pause your story to zoom into important people or capture your perspective.” After conducting the first couple of interviews and gaining a sense of interview pacing, I found it easier to explain the ‘flow’ of the interview, particularly around circling back to important memories.

c. “So, tell me, where does your story begin?”—This was the first question of the interview. Admittingly, this question seems vague and broad. However, the recruitment poster (See Appendix C) and informative conversation leading up to this question contextualized ‘story’ to be linked to Sharers’ past experiences with suicidal desire. I followed up this question prompting Sharers to think about a definitive memory that they would consider a starting point to an important life chapter (e.g., “Three years ago I was sitting in my dorm room, and I was surprised to discover...) or a memory that would offer a contextualizing backdrop for their story. Most Sharers answered this question with a definitive memory that led into a suicidal episode.

3. – 6. Key Story Explorations. Following Sharer’s initial story, interviews explored Sharer’s: broader life narrative, suicidal episode(s), close others, and fluctuation of belongingness to close others. The order of addressing these phases was guided by the unfolding dialogue and the real-time determination in the conversation direction by Sharers and myself. The exact mechanics of how the researcher and Sharer were meant to guide and shape the interview was never detailed. At the outset of the interview, some Sharers explicitly requested that I take more of a role in
guiding the conversation. These requests were usually prefaced by Sharers feeling like they did not have much to offer the study. After asking the initial interview question, I often exclusively listened for about 20 minutes with minimal probing questions (One Sharer spoke for 40 minutes uninterrupted before I dove into the below phases). Sharers’ stories often naturally fed into one phase, and then we would meander through the other phases as the conversation called for them. It was rare to exhaust each inquiry before moving onto the next; rather, interviews moved through inquires at pace determined by the dialogue. Toward the end of the interview, I circled back to unanswered inquiries as needed.

a. **Identification of close other(s).** After a Sharer’s initial story, when possible, I sought to direct the interview towards talking about their close others. Doing so grounded and framed the conversation by the care of key relationships. Understanding present and past caring relationships both provided critical narrative coordinates for navigating a Sharer’s narrative and sense of belonging. Questions were adapted from four belongingness’ measures (INQ: TB, Basic Needs Satisfaction Scale: Relatedness subscales, Interpersonal Support Evaluation List: Belonging subscale, UCLA Loneliness Scale). (See Appendix E)

b. **Detailed timeline of suicidal episode(s).** To date, no study has been found at this time, that has sought to understand the complete ideation-to-action suicidal timeline in a qualitative way. It is possible that studies have explored the entire suicidal timeline; however, this is not an explicit goal of most studies that examine suicidal episode, and interview protocols are often omitted (e.g., Anestis et al., 2019, Brenner et al., 2008, Hunt et al., 2019). Often, researchers focused on one specific timepoint of the suicide pathway, usually the suicide attempt itself (e.g., Gulbas et al., 2019). To account more fully for a Sharer’s entire suicidal pathway, I comprised a subset of possible interview items from
eight scales used by ideation-to-action researchers to assess suicidality and/or validate their theoretical frameworks: Acquired Capability Scale (Ribeiro et al., 2014), Entrapment Scale (Gilbert & Allan, 1998), Beck Hopelessness Scale (Beck et al., 1974\textsuperscript{16}), Geriatric Suicide Ideation Scale (Heisel & Flett, 2006), Psychache Scale (Holden at al., 2001), Scale for Suicide Ideation (Beck et al., 1979\textsuperscript{14}), Suicide Behaviors Questionnaire-Revised (Osman et al., 2001), Youth Risk Behavior Survey (Centers for Disease Control, 2019). Questions developed for four independent research studies were also used (i.e., Bergmans et al., 2017; Chan et al., 2017; Crocker et al., 2006; Hirst, 2010). Questions were organized around the timeline proposed by ideation-to-action theorists. IPTS, three-step theory, and integrated motivational-volitional model timelines were taken into consideration in arranging and categorizing questions. Direct questions taken from scales or researchers is noted with quotation marks. I added a few questions to fill in some timeline gaps. (See Appendix F)

Navigating a Sharer’s previous suicidal episode(s) demanded a keen sensitivity and genuine depth of compassion. Throughout the study, but especially during this subphase, the Sharer’s safety and well-being was prioritized as the paramount concern. Several questions geared toward understanding the suicidal episode were compiled to enable multiple ways of tapping into the suicide episode. Questions were carefully selected based on Sharer’s safety and comfort level to explore the dark, and potentially traumatic, details of their suicidal journey(s). Details pertaining to Sharer’s suicidal episode(s) naturally surfaced in their initial story and subsequent inquiries of the study. Each Sharer was comfortable providing at least cursory details about their suicidal episode(s). Some

\textsuperscript{16} Though older scales, the Beck Hopelessness Scale and Scale for Suicide Ideation are still being used by researchers to assess for suicidal ideation (e.g., Boduszek & Dhingra, 2016, Chioqueta & Stiles, 2006).
Sharers felt more comfortable sticking to euphemistic or vague language to describe their experiences with suicidal thoughts and behaviours. Often, I was able to triangulate the key milestones along a Sharer’s suicidal pathway by piecing together the timeline of important memories.

c. **Broader life narrative.** Conducting the pilot study, I found that broader life narratives naturally emerged while building rapport with participants and asking probing questions around details pertaining to interactions with close others. For this study, I employed a similar approach, building rapport to gather rich contextual narratives. Broader narratives spanned Sharer’s passions, interests, regrets, desires, ambitions, and other lived experiences. These facets lent vital context to suicidal episodes. Broader life narratives also provided qualities that distinguished Sharer voices throughout analyses and writing.

d. **Dynamic fluctuation of sense of belonging to close other(s).** Exploring fluctuations in Sharer’s sense of belonging required at least a rudimentary understanding of Sharers’ narrative and suicidal episode(s). Though, once I had loosely mapped Sharer’s suicidal episode(s) over the course of their broader life narrative, I returned to this inquiry over and over seeking to trace when and how close other(s) influenced a Sharer’s sense of belonging. The goal of this inquiry was to situate close others within a Sharer’s story. Key to understanding the nature of relationship, I explored several issues that seemed key to understanding the nature of the relationship: How the close other(s) became an important person in the Sharer’s life; defining characteristics of the relationship; most memorable moments shared with the individual; how the person fits into the social fabric of the Sharer’s life; and (if applicable) how the person stopped being a significant person in the Sharer’s life. This portion of the interview also enquired about other sources of belonging.
The following three subsequent sections highlight the most salient information gathered regarding Sharers’ relationships to close others:

Experiences of perceived disconnection. While gathering stories and situating close others within each Sharer’s narrative, I drew particular focus to moments of loneliness and perceived disconnection. Drafted questions to explore perceived disconnection were adapted from belongingness measures as well as from themes found from the pilot study. (See Appendix G)

Experiences of reconnection. In addition to understanding moments of disconnection from close others, I asked Sharers how their sense of belonging to close others was re-kindled amid suicidal desire and maintained after suicidal episodes. Beyond their own suicidal journeys, Sharers were also asked how they have supported, or might potentially support, others along their suicidal journeys. This line of questioning rendered powerful reflections during the pilot study. (See Appendix H)

Pivotal belongingness moments. In preparation for the second phase of this study, the joint storytelling session with the Sharer and a close other, I pinpointed salient moments in the Sharer’s story where the close other who participated in phase two played a significant role. Moments spanning the Sharer’s suicidal episodes were prioritized. Toward the end of the interview, I reviewed a selection of vignettes featuring selected close other(s). Sharers were asked to elaborate and add key moments to the proposed conversational agenda for the joint storytelling phase.

7. Demographic Information. Prominent demographic information used in other suicide research (e.g., Im et al., 2017) was collected at the end of the interview. (See Appendix I)
8. Wrapping Up and Reflection. I wrapped up interviews by asking Sharers to consider whether anything stood out as meaningful and what else they might have wished I would have asked during the interview.

Supplemental Data: Artefacts from Suicidal Episodes

Personal artefacts from the time of one’s suicidal episode(s) are an “invaluable source of data” when seeking to understand the suicidal journey (Leenaars, 2002a, p. 21). Artefacts offer a unique time capsule of experience that can greatly enhance the researcher’s ability to stand in the shoes of the participant. Artefacts can include diaries/journals, suicide notes, photographs taken, artistic pieces, letters written to others, electronic messages (e.g., social media direct messages, e-mails, texts), and social media posts shared at the time of suicidal episodes. Leenaars (2002a) placed a particular emphasis on suicide notes as perhaps the most personal and insightful artefact, capturing the emotions and thoughts from the pinnacle of suicidal desire.

During interviews, I reviewed an array of artefacts that could be applicable to someone’s suicidal path, and I asked Sharers whether they had any artefact(s) that I could potentially use to tell their story in the study. This typically took place after a Sharer had just referenced a suicidal episode or at the end of the interview. Sharers were told that the purpose of reviewing and discussing artefacts was to generate a keener sense of empathy for their suicidal episode and a potential reference point for making meaning of the episode. Some Sharers earmarked portions of artefacts that could be included in the study, while others permitted entire artefacts to be used in analysis and writing up the collective narrative. Like all collected data, any personal identifiers were omitted from the final written narrative.
Post-Phase Debriefing

Following the interview and joint storytelling sessions, Sharers were individually debriefed. Detailed field notes were taken for each debriefing session. Debriefing sessions included five aspects: affirming value of participation, additional meaning making, review of available supports, discussing what the next step of their participation could be, and further reflection.

Affirming Value and Meaning Making. I thanked Sharers for telling their story and invited them to share how they were feeling. I shared salient quotes and moments that stood out for me, affirming that the Sharer’s voice is fully heard and valued. As Sharers completed each research phase, I asked them to consider how the various phases have impacted their personal meaning making journey. For instance, I asked: “How are you seeing your experiences in new ways?”; “What shifts in meaning have you noticed?”, “How would you tell your story differently?”

Reviewing Support. I also returned to aspects of the Sharer’s story that highlighted how they are cared for, matter, and belong. I reminded Sharers of their present network of belonging and their trusted supporting individual that they can lean on for support. Furthermore, I discussed local, provincial, and/or international resources that offer services for youth and adults experiencing suicidal ideation in case they wished to pursue additional support.

Next Steps. I reviewed the next steps of the study with the Sharers, the timeframe of when steps might happen, and asked Sharers what aspects interested them. After the interview, this time was used to brainstorm who might be an optimal close other candidate for the joint storytelling session. Sharers who participated in the second phase often wanted time to reflect and a follow up discussion (via message or video call) on who they wanted to invite and what
they wanted the joint storytelling session to be about. After the joint storytelling session, this
time was used to field ideas and questions about what the focus group might look like. I always
made sure to establish a timeframe when the Sharer and I would communicate in the future. I
communicated when I would be reaching out to follow-up on a question or schedule the next part
of the study. And, I emphasized my availability to connect if the Sharer wanted to confer in the
meantime.

**Further Reflection.** During interviews, most Sharers brought up parts of their past that
they could not fully remember, or Sharers voiced a question about a memory or interaction with
a close other (e.g., “I wonder why [close other] said this or didn’t do that?”). If it felt right to
bring up Sharers’ interview loose ends in the debriefing space—some loose ends felt too
traumatic to resurface in a debrief—I invited Sharers to reflect on prompts that explored gaps or
unclear moments from their story. I also asked Sharers if I could follow up with them if I thought
of a question(s) about their story when going back through the interview transcript.

**Supplemental Data: Follow-Up Sessions**

Two to four weeks following the interview, I reached out to Sharers and asked them if
they had 15 minutes to answer some questions about their story that came to mind when I
revisited the interview. Before reaching out to a Sharer, I transcribed and read their interview
several times. And, typically within this window, I had received and read Sharers’ artefacts (if
they submitted one to the study). Video conference calls were recommended as the preferred
method of following up, but phone calls, social media, and e-mail correspondence were also
outlined as possible follow-up formats. Follow-up conversations were used to clarify details of
salient belonging moments, fill in gaps in the Sharer’s narrative, and add layers of meaning
making to conversational threads. If Sharers submitted an artefact, I used follow-ups to situate
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the artefact in the Sharer’s narrative. Arts-based artefacts, such as poems and paintings, often required interpretation of what the Sharer was trying to convey.

I facilitated video or phone follow up calls with eight Sharers. These calls lasted between 17 and 75 minutes. On average, follow-up calls lasted 31 minutes. I followed up with six other Sharers through social media direct message or e-mail correspondence. Social media direct message follow-ups were often synchronous and comprised of multiple, informal brief messages. E-mail follow-ups were fewer exchanges made up of longer messages. Overall, fewer follow-up questions were addressed in social media and e-mail correspondence compared to follow-up sessions completed via video or phone call.

Phase 2: Joint Storytelling Sessions

Rationale for Using Joint Storytelling. During the pilot study, each interview unearthed moments where close others played a critical role along participant’s suicidal pathways. Some of these moments occurred at the brink of a suicide attempt or hospitalization. Participants were able to articulate vividly what close others said and how they acted. Participants also speculated on how close others felt and what close others thought at that time. Here is one excerpt from one of those key moments from a pilot participant, Lyndsey:

On the very darkest of days, it stands out to me. I just remember being on my bed and so ready to not be here anymore, and I actually thought that I convinced my mom that [ending my life] was the better choice, that I should, cause I really wanted to uh, yeah not be alive at that point. Um, yeah, and so I really thought, you know she had just been sitting there in silence for so long I thought she also had given up. And we sat there for a long time and that was a really scary feeling. To think, “Wow even my mom thinks…”
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At the time of the interview, Lyndsay had not yet asked her mother about her thoughts and feelings sitting at the edge of the bed with her. Lyndsey remembered her mother sitting on her bed in silence. But, what if her mother remembers the scene much differently? What might the mother have said or done to reach Lyndsay in her darkest moments? What if Lyndsay could hear her mother’s thoughts and feelings about that moment? How would that recognition have shaped her sense of belonging?

The joint storytelling phase sought answer the above questions by creating a space where close others and Sharers could be drawn into meaningful dialogue around specific moments of belongingness. Together, Sharers and close others were given the opportunity to co-construct and make meaning of stories surrounding the phenomenon. Storytelling is a key vehicle for making sense of actions by close others during momentous life events (Harvey & Fine, 2006). Joint storytelling has been used by researchers to understand difficult, and even traumatic, shared experiences among families (Trees & Kellas, 2009). Joint storytelling affirms family identities, relational qualities, and creates a space for considering others’ perspectives. Further, capturing multiple angles of a story help researchers to chronicle participants’ suicide journey (Creighton et al., 2017).

From the phenomenological perspective, the presence of significant others shapes participant perspectives of their lived experience. Smith et al. (2009) explained how participants’ “self-conscious is shaped by being the object of another’s gaze” (p. 20). In the joint storytelling phase, I continued to gaze into Sharers’ lived experiences with the Sharer. However, close others are a more intimate ‘mirror’ for the Sharer to make meaning of their life (Beierling, 2017). The joint storytelling account wove together present conceptions and past recollections of the relationship along the suicidal pathway to form a new understanding of Sharers’ sense of
belongingness. Gadamer (2004) calls this new understanding the “fusion of horizons”, as it is formed by the encounter of the ‘horizons’ of the past and present (p. 370).

**Joint Storytelling Model.** To my knowledge, joint storytelling, or anything that closely resembles it, has yet to be featured in suicide research. For this reason, this phase was modeled after StoryCorps’ listening booths (StoryCorps, 2019). StoryCorps is an American nonprofit that creates spaces where friends, family, and even strangers can ask important questions, be heard, and share meaningful stories. In addition to several permanent booths in New York City, mobile listening booths travel around the United States gathering stories from locals. Listening booths are dimly lit recording studios, equipped with chairs, microphones, and a small table. Listening booth sessions are conducted with two participants. A trained facilitator is there to record and “bear witness” to the conversation (The On Being Project, 2016). Balancing time needed for a meaningful conversation to unfold and the growing waitlist of interested participants, StoryCorps sessions are 40 minutes in length. At the end of the conversation, participants are given a CD of their conversation, and another copy of their conversation is sent to the Library of Congress to be saved for future generations.

David Islay, the founder of StoryCorps, shared the guiding philosophy behind the creation of listening booths: “Sitting, being present with someone, and asking them the important questions is one of the most profound and powerful ways we have to tell someone else how much we love them” (The On Being Project, 2016). He further explained how crafting “sacred spaces” where we can deeply listen to someone is nourishing; listening elicits wonder, wisdom, and poetry. The presence of a neutral facilitator and a microphone gives people the opportunity to hold an extraordinary conversation and see new facets of stories that have been told repeatedly. Islay concluded that listening booths remind people how much they matter: “I hear
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every day from people saying that the 40 minutes they spend in one of our booths is among the most important of their lives” (The On Being Project, 2016).

Data Collected. Joint storytelling sessions offered Sharers a new lens to consider the ebb and flow of their sense of belonging with a close other who was acquainted with key aspects of their suicidal episode(s) and broader narrative. Accordingly, this phase contributed to three pieces of data:

- Close other perspectives of pivotal belongingness moments
- Dynamic fluctuation of sense of belonging to close other(s) throughout suicidal episode(s)
  - Experience(s) of perceived disconnection from close other(s)
  - Experience(s) of reconnection to close other(s)
- Sharers’ broader narratives

Joint Storytelling Procedure. Joint storytelling sessions were initially pitched to Sharers as a conversation to explore salient belongingness moments with a close other who played a key role during their suicidal episode(s). About half of Sharers were uncomfortable with the idea of revisiting suicidal moments from their past with another; close others not knowing the severity of Sharers suicidal episodes, or being completely unaware of their suicidal past, were commonly cited concerns. But, most Sharers liked the proposed format of joint storytelling sessions. To accommodate Sharers’ comfort levels, I broadened the focus of this phase to include aspects of belongingness that pertain to Sharers’ continued wellbeing beyond the suicidal episode.

Half of Sharers completed at least one joint storytelling session. One Sharer, Rian, completed three sessions. Table 3 below reviews which Sharers completed a joint storytelling session, close others who took part, close others’ relationship to Sharers, and whether joint
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storytelling sessions included moments from Sharer’s suicidal episodes. Note, all close other names are pseudonyms. Like Sharers, close others were given the opportunity to choose their own pseudonym. Eight joint storytelling sessions were conducted among Sharers and a close other who played a key role during the Sharer’s suicidal episode(s), aligning with the original design of the phase. Sessions took place via Zoom and lasted between 58 and 94 minutes (about an hour to 1 and a half hours). The average joint storytelling session was 80 minutes in length.

Table 3

Joint Storytelling Participants and Suicidal Skew of Sessions

<table>
<thead>
<tr>
<th>Sharer</th>
<th>Participating Close other</th>
<th>Relationship to Sharer</th>
<th>Present during Sharer’s Suicidal Episode(s)?</th>
<th>Suicidal Episode Discussed in Joint Storytelling Session?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adhira</td>
<td>Mac</td>
<td>Current Boyfriend</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Alex</td>
<td>Lyla</td>
<td>Friend since Secondary School</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Jack</td>
<td>Kelly</td>
<td>Old Friend from Middle School</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Jaz</td>
<td>May</td>
<td>Rekindled Friendship from Childhood</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Lei</td>
<td>Eve</td>
<td>Friend since Secondary School</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Lily</td>
<td>Justin</td>
<td>Current Boyfriend</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Luna</td>
<td>Tunas</td>
<td>Current Boyfriend</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Quinn</td>
<td>Stella</td>
<td>Friend/Ex-Girlfriend</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Rian</td>
<td>Fred, Sel, Kate</td>
<td>Online friends since Middle (Fred/Kate) and Secondary School (Sel)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Ricardo*</td>
<td>Sylvia</td>
<td>Friend since Secondary School</td>
<td>Yes</td>
<td>?</td>
</tr>
<tr>
<td>Stella</td>
<td>Quinn</td>
<td>Friend/Ex-Girlfriend</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Note. *Ricardo conducted a joint storytelling session with Sylvia on his own. Ricardo was keen to pass along his conversation with Sylvia, but ultimately did not end up sharing the transcript
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from his session. I followed up with Ricardo, but he never provided a reason for not sharing his joint storytelling conversation.

Two joint storytelling sessions merit comment. First, as mentioned above, Lily initially brought her boyfriend, Justin, to her interview to supply details to her story as needed. However, by the end of the interview, the conversation shifted into a joint storytelling session. Lily and Justin began sharing perspectives around a handful of pivotal belongingness memories from the time of Lily’s suicidal episode. Accordingly, Lily’s interview is considered here, at least in part, to be a joint storytelling session. Second, Rian’s joint storytelling session with Kate was conducted via text messages. Texting had been the main method Kate and Rian stayed in touch over the years. I was not present for the conversation. However, leading up to this joint storytelling session, I facilitated Rian’s joint storytelling sessions with both Fred and Sel. And, before Rian and Kate’s joint storytelling session, I had a video call with Rian to talk about the structure and focus of the conversation; we also brainstormed a handful of prompts that Rian could use to spark discussion.

Each joint storytelling session’s focus and dynamic were shaped by the goals and desires of the Sharer. In line with StoryCorps pedagogy, in the debriefing session following the interview, I prompted participants to reflect on what memories or questions they wanted address in their session. If Sharers were uncertain about the direction of the session, I reviewed pivotal belongingness vignettes that stood out to me from the interview. Before joint storytelling sessions, I touched base with most Sharers to finalize a session focus and/or agenda. Several Sharers had a clear idea from my initial pitch about what they wanted their session to cover; most opted for a more moderated structure. For more structured joint storytelling sessions, I drafted prompts around Sharer’s desired focus and used questions to guide the conversation.
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Even when Sharers had a clear idea of what they wanted their joint storytelling session to be, I still brought conversational prompts grounded in the Sharer’s story to the session to fall back on if needed. Many Sharers were comforted knowing that I had brought questions to the session.

Joint Storytelling Phases. Joint storytelling sessions consisted of six phases: overview of session, Sharer-led memories or origin stories, targeted belongingness vignettes, lingering questions, gauging relationship significance, and debriefing. Each phase is reviewed in detail below.

1. Overview of Session. Joint storytelling sessions began with brief introductions and light rapport building, particularly with the close other (who I had not typically met until this point). I then overviewed of the purpose of the session and highlighted my privilege to sit in on such a meaningful conversation. I outlined my role throughout the session as someone who was ‘bearing witness’ to the conversation. As such, I affirmed that there may be bouts of silence during the conversation, where I would be listening to see if one of them had something to say or a question to ask before fielding my own. Before hitting ‘record’, I asked the Sharer and close other whether they had any questions before getting started.

2. Sharer-led Memories or Origin Stories. Quinn and Jack had clear ideas for the direction of their joint storytelling sessions and how they wanted to begin their conversation. Both felt comfortable kicking off their joint storytelling sessions, centering the space around a particular memory they wanted to explore. Most Sharers elected for me to start the session. When I began a joint storytelling session, I asked the Sharer and the close other to recall their ‘origin story’ (i.e., how their relationship began or when it became meaningful to them) or recent memory that was special to them.
3. **Targeted Belongingness Vignettes.** As the Sharer and close other launched into discussing their relationship, I guided the conversation to pivotal belonging vignettes that feature the close other. Prior to a joint storytelling session, I checked in with Sharers to ask them which parts of their interview they would or would not be comfortable with me referencing in the joint storytelling session with their close other. Most Sharers were comfortable with me citing from most or all their interview. Once Sharers and close others had arrived at pivotal belongingness memory, I prompted them to discuss their perspectives, experiences, and emotions. Lei was the only Sharer who did not want me to revisit any aspect from her interview—this was because Eve never knew about her suicidal past. For Lei, and other Sharers with omitted parts of their story, the conversation was centered around defining relationship qualities and touchstone memories that sparked belongingness between joint storytelling session participants. True to StoryCorps participant experiences, joint storytelling session participants were quick to explore key life events, given their rapport and the presence of curious others (i.e., the facilitator and the other participant) (The On Being Project, 2016). To the greatest extent possible, I acted as an observer and an eager listener, shifting attention to key moments, and asking probing questions when appropriate.

*Perspective-taking.* In her work with family joint storytelling, Kellas (2005) found that one key to meaning making is giving participants opportunities to take on the perspective of a significant other. Accordingly, intent listening to the other’s account was a pertinent dynamic of meaning making in this phase (Beierling, 2017). When applicable, I posed probing questions about the other’s perspective on critical moments.
4. **Lingering Questions.** After the Sharer and close other had thoroughly explored at least one significant belonging memory in conversation, I asked joint storytelling session participants whether they had any lingering questions that they wished to ask the other.

5. **Gauging Relationship Significance.** Joint storytelling sessions all ended with the same question: “Taking what you have heard in this session, what does [insert name of the other] mean to you in this moment?” I prefaced this question as an invitation to share and that this format (i.e., the joint storytelling session with the presence of a facilitator) may not be the right space to answer this question. Still, all Sharers and close others answered the question.

6. **Debriefing.** For joint storytelling sessions that spanned sensitive and difficult topics, I took some time to informally debrief Sharers and close others. I asked Sharers and close others how they were feeling and directed the conversation to the strength and supportive nature of their relationship. Sharers were then individually debriefed.

**Sharing Joint Storytelling Sessions Audio.** In keeping with the StoryCorps framework, at the end of joint storytelling sessions, Sharers and close others could opt in to receive an audio file of their conversation.

**Phase 3: Sharer Focus Group**

**Rationale for Using Focus Group.** Researchers have assembled small groups of suicide survivors for the purpose of understanding why participants attempted suicide (Ghio et al., 2011; Raubenheimer & Jenkins, 2015) and suicide stigma (Sheehan et al. 2016). However, conducting a focus group with youth who have past suicidal experiences that is centered around making meaning of belonging experiences is a first for the suicide field. Tangentially, there is precedent for assembling groups with traumatic experiences with this purpose in mind. van der Spek et al. (2013) recruited 23 cancer survivors to discuss their search for meaning after coming out of
remission. Interestingly, finding meaning in important relationships was the most frequently discussed theme, reinforcing the merit of exploring belongingness experiences through this method. Beyond the research field, there is also a dearth of opportunities for youth with past suicide experiences to gather. See Appendix J for further considerations around this point.

Focus groups spark the unfolding of perspectives, anecdotes, experiences, and emotions (Kitzinger, 1995). Focus groups allow people to consider their lived experiences in a social context of others who with can deeply relate (Robinson, 1999). Participants can draw confidence and comradery in sharing similar life-changing experience, resulting in increased willingness to be vulnerable in the focus group setting compared to one-on-one method settings (Patton, 2002). Participants can uncover, probe, and validate particulars of other’s experiences (Kitzinger, 1994; Madriz, 2000). Focus group conversations can lead participants to reconsider and modify their views on their own experiences (Morgan, 1996). In this way, focus groups provide Sharers with a new avenue of making meaning of their sense of belonging to close others during suicidal episodes (Lunt & Livingstone, 1996).

**Planning the Focus Group.** In the debriefing session following the joint storytelling phase, I reviewed the proposed agenda and format for the focus group. I asked Sharers for suggestions and ideas for shaping the focus group process. Including participants in the research process extends the sense that their voices matter (Creswell, 2013). Sharer feedback was considered to construct the most comfortable, safe, and engaging space for the focus group session.

One month prior to the focus group, I sent an e-mail or direct message to each Sharer inviting them to the focus group session. This message included a brief overview of agenda, how many Sharers could be present, time commitment, and a link to an anonymous poll where they
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could list their availability if they were interested in taking part. In my message, I also encouraged Sharers to participate to the fullest extent they felt comfortable and safe. Accordingly, Sharers could come to the focus group: with their video on or off, using their real name or a pseudonym, share thoughts aloud or in the chat, and participate as much or as little as they wished. A date and time for the session was selected based on when most Sharers were available. Sharers were notified with a brief message outlining the date and time (in their respective time zone) and letting them know that I would be sending them more details closer to the session. One week before the focus group, I messaged all interested Sharers reminding them when the session would take place, a Zoom link and instructions for accessing the call, and a few notes about what to expect at the session.

Additional Supportive Role. This phase posed the greatest potential psychological risk for participants. In the first two phases of this study, I selected questions and guided the sessions around Sharer’s perceived comfort level. Having spent two sessions making meaning around their sense of belonging throughout suicidal episodes, Sharers came equipped with detailed vignettes and vivid language of their own suicidal episodes. Stories and responses could have elicited negative thoughts and emotions for Sharers, perhaps triggering fresh suicidal thoughts. For this reason, I secured a professional counsellor with suicide-related experience to be on call throughout the focus group. To protect the identities of Sharers who did not wish to access the support of the counsellor, I created a separate video conferencing room that Sharers could join via separate Zoom link. The counsellor had a ‘waiting room’, which gave the counsellor a way to meet with Sharers individually should more than one Sharer have needed help. At the beginning of the focus group session, I played a short video introducing the counsellor to Sharers. This support was not utilized by any participating Sharers during the focus group session.
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**Data Collected.** Emergent design and Sharer involvement shaped what data were collected from the focus group. All session phases, designed or emergent, focused on helping Sharers make meaning of their lived experience based on the deeply relatable stories of other youth. To this end, this phase sought to gather four sources of data:

- **Salient belongingness-centered vignettes and reflections surrounding emergent analysis theme words**
- **Dialogic meaning making:**
  - Individual Sharer responses to other Sharer reflections
  - Snowballing group topics of conversation
- **Anonymized takeaway messages to other Sharers**

A quick note on the two dialogic meaning making data sources. These data sources seek to capture how Sharers situate their experiences and make meaning from (an)other Sharers’ stories. Individual Sharer responses refer to solicited perspectives to a targeted facet of another’s experience. A response to another’s experience may fade into the backdrop of others’ sharing or others simply do not choose to add anything to the conversation thread. Some points of conversation gain traction within the group, snowballing into dynamic conversations that span multiple perspectives and reflections. The other two data sources are made clear in the procedure section below.

**Focus Group Participants.** Sixteen Sharers participated in the anonymous availability poll and/or messaged me expressing interest in taking part in the focus group. The selected time for the focus group was not convenient for two interested Sharers. I followed up with each seeing if there was any way they might be able to attend. Time zone and scheduling conflicts were barriers for these Sharers to take part. Three other Sharers messaged me before the focus group
expressing continued interest in participating but needing to cancel for unforeseen complications; one of these Sharers’ roommate was going to be home during the time of the call, and the Sharer no longer felt as though they would have a comfortable, safe space where they could participate openly. One Sharer joined the focus group zoom room three hours late; he followed up with me attributing his absence to a time zone conversion error. Two Sharers e-mailed me after the session, explaining that something else last minute had come up. In all, eight Sharers participated in the focus group. These Sharers are noted in Appendix K, the review of collected Sharer data.

Focus Group Procedure. The focus group lasted 1 hour and 42 minutes. The length of the focus group aligns with the average length of most focus groups, usually between one to two hours (Patton, 2002). To create a more comfortable atmosphere among the group, Sharers were encouraged to bring a beverage to the session. Sharers were addressed by the name they entered to join the Zoom room. Though Sharers were given the option to use a fake name for the session, all Sharers used their real names. Two Sharers kept their video turned off throughout the session. With the exception of Stella and Quinn, no one else knew each other in Zoom room.

Focus Group Phases. I purposely designed this phase to include multiple phases in hopes of documenting successful meaning making activities for future research. The focus group consisted of six phases: check-in and review of safe space, reflect and write, word cloud reflections, questions for group, anonymous group feedback, and debriefing. Each are reviewed in detail below.

1. Check-in & review of safe space. Sharers were welcomed to the focus group Zoom room as they arrived. The focus group begin with brief introductions where everyone (including myself) was invited to state the following: their preferred name, preferred pronouns, an answer to a light icebreaking question (i.e., “Tell us a fun fact about yourself!”), and what they hoped to
get out of the session. After introductions, I thanked Sharers for taking a brave step to show up, provided a brief overview of the session agenda, and reviewed the following expectations:

- They are welcome to take a break or stop participating at any point time.
- Support from their close other or the counsellor is available whenever they might need them.
- The session has been shaped by their input prior to this session, and the session is designed to be flexible to account for the emergent dialogue and group dynamics.
- This is a safe space. The assembled group can relate to each another around tremendous, life-changing experiences.

Here are several important considerations about the fourth expectation that were addressed.

Stories shared within the focus group space may be deeply personal, sensitive, and entangled in emotions. Each person’s ability to listen and contribute in a respectful, open, and compassionate way is vital to maintaining a safe space throughout the session. Equally important, Sharer’s comfort level to share depth and breadth will hinge on the trust that what is shared in this focus group not being shared beyond the focus group. Since most people in the group do not know each other, bouts of silence are expected and encouraged. And, each person’s contributions to the group might look different throughout the session (e.g., through listening, commenting in the chat, sharing aloud).

I asked Sharers if they wanted to add any other factors that contribute to creating a safe space. To establish group ‘buy-in’, I asked the group whether they thought they could keep the expectation of confidentiality. This question evoked some informal assent (e.g., head nodding, thumbs up).
2. Reflect and write. I arranged for five minutes for Sharers to gather and jot down some thoughts that they could reference throughout the session. Sharers were asked to reflect on two prompts. The first was a list of 19 words or short phrases that accounted for prominent emerging themes I had uncovered during analysis up to the session. Analysis descriptions are covered in the very next section. These 19 theme words were arranged in a word cloud that I screen-shared with the group. See Appendix L for the list of theme words arranged in the word cloud. An array of single words and short phrases were used to allow Sharers to connect to possible conversation topics from multiple entry points of experience and comfort. Sharers were asked to think about and write down a particular memory from their story or a takeaway from their participation in the study. I called this brief reflection a ‘soundbite’ of sharing that connected to a word(s) on the screen. To guide reflection, Sharers were invited to consider what parts of their story they had made meaning about, or shone a light on, throughout their participation in the story. Second, I asked Sharers to think about and write down a question they might want to ask the group.

3. Word cloud reflections. I opened the floor for Sharers to share their word cloud reflections. Sharers were told to treat the word cloud as a jumping point, and that their reflections could extend beyond the words included in the word cloud. I stopped screen sharing the word cloud at the start of this phase so Sharers could see each other. For reference, I posted the 19 theme words and short phrases in the chat. (I prepared a list of guiding questions to fall back on if no Sharers wished to kick off the discussion. These were not needed.)

4. Questions for group. Sharers were then invited to ask the group a question. Two Sharers asked questions. Stella wanted to know about what background life experiences had contributed to others’ suicidality. Quinn posted this question to the chat: “For me, the hardest
thing was to reach out when I was at my lowest (obviously the best time to do so lol\textsuperscript{17}). I would not talk to anyone, even my best friends when I was at the 'edge.' How do you reach out? Even with an amazing support system, I can't reach out most of the time.”

5. **Anonymous group feedback.** The focus group ended with a written activity designed to catch thoughts that Sharers had not had the opportunity to share or reflections they wished to leave with the group. Sharers were given this prompt: “What do you think the group, or someone in the group, needs to hear?” Sharer responses were anonymized and posted to the group chat. This activity provided Sharers with another means of contributing. For one Sharer, this activity was the only way she voiced her thoughts to the group.

6. **Debriefing.** I conducted a short group debriefing, thanking participants for their involvement in the focus group and gathered some feedback about the process of the focus group (e.g., highlights, challenges, improvements). I also offered Sharers the opportunity to debrief immediately following the focus group or schedule a time to debrief in the near future. No Sharers opted for a one-on-one debrief.

**Supplemental Data: Researcher Reflective Journal**

I journaled after every completed research phase with a Sharer(s). The goal of the journal was to listen fully to Sharers’ voices and to remove my own bias as much as possible. Other researchers have found keeping a reflective journal an effective way to make “messiness of the research process” apparent to both the researcher and reader (Ortlipp, 2008). As soon as possible after each research phase, I took approximately 10 minutes to sit down and reflect on the research phase and the Sharer’s unfolding story. Often, this time was spent quickly trying to create a post-phase timestamp of my ‘ah-ha’s!’— questions, connections, and aspects of the phase.

\textsuperscript{17} Acronym for “laughing out loud”.

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that might be lost if not captured immediately (e.g., emotions, implicit meanings, unspoken emphases). Most entries could be characterized as spiral-bound notebook pages scribbled with short phrases; circled, underlined, and/or bolded words; thumbnail drawings and diagrams; and arrows tracing my flow of thought. Journal entries were guided by several reflective questions. Here are some questions that I considered: What was challenging about the research phase? What surprised me about the research phase? What emotions did I feel during the research phase? Did I remain neutral? How might I improve the interview experience for future participants? Beyond adding a layer to the analysis process, journal entries helped me improve as a researcher and an interviewer/facilitator for future research phases.

**Analysis of Data**

**Collected Data.** This study collected a trove of data that speaks to Sharers’ lived experiences with perceived disconnection from close others during suicidal episodes. Appendix J breaks down collected data by study phases for each Sharer. Beyond data outlined in Appendix J, field notes taken during research phases and my reflective journal entries were also generated data sources.

**Analysis Procedure.** In line with IPA design, this study conducted detailed, nuanced analyses of individual narratives to produce an understanding of perceived disconnection from close others during suicidal episodes that illustrates depth and complexity (Smith et al., 2009). To be sure, where qualitative data collection ends and where analysis begins is difficult to delineate (Cutcliffe et al., 2004; Vagle, 2014). Analysis was an ongoing process throughout the study. To account for the iterative and complex nature of analysis, I have created a flowchart that visually captures when and how data were analyzed. (See Appendix M)
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Seven Phases of Analysis

Analysis consisted of two stages that encompassed seven phases. The first stage of analysis was to develop fine-grain, contextually rich individual narratives from all collected data for each Sharer (e.g., session transcripts, artefacts, debriefing notes). This stage consisted of four phases: transcribing and familiarizing, selecting significant statements, creating spatial clusters, and making connections within Sharer narratives. Second, I looked for patterns and connections across cases through three phases: identifying cross-Sharer patterns, threading narrative strands, and describing the phenomenon’s essence. Sharer stories were then woven together to tell a collective narrative about the phenomenon. Each person’s voice—their fascinating individuality—was maintained so that the reader can shift focus from the collective to the particular and vice versa (Smith, 2017). This point is explored further in the prefacing considerations of the next chapter.

Stage 1: Developing Fine-Grain Individual Accounts.

1. Transcribing and Familiarizing. After transcribing all session recordings verbatim, I read each multiple times to develop a thorough familiarity and understanding of Sharers’ lived experiences (Patton, 2002). To make it easy to quickly reference salient sections of dialogue and delineate among data, each transcript was line numbered and printed on different coloured paper. For focus group transcripts, each Sharer was assigned a different coloured highlighter, so that Sharer voices could be easily parsed from the discussion. While reading the transcripts, I noted early impressions, descriptive comments, interpretive commentary, and potential themes in the margins (Burnard, 1991; Smith et al., 2009). I also chronicled a detailed timeline on each
Sharer’s story, visually tracking suicidal episodes, when close others became important to Sharers, pivotal belonging moments, and other important life events.

2. Selecting Significant Statements. Once transcripts had been read and annotated for a holistic understanding, I worked through transcripts line-by-line to lift out significant statements that are germane to Sharers’ sense of belonging, particularly perceived disconnection to close others (Creswell, 2013; Cutcliffe et al., 2004; Vagle, 2014).

Analysis Aside: Use of a Research Wall. In the pilot study I used a wall in my office space as the principal vehicle of analysis. I alone had access to this wall. Smith et al. (2009) recommended using a “large surface” to see patterns across participants. A physical hands-on analytic approach has also been used by other researchers examining belonging (i.e., Brown, 2010). In effect, this ‘wall’ created a visual space where all participants were brought into the same room. I was able to spatially navigate “through the landscape” of the phenomenon (Moules et al., 2015, p. 118). Numerous wall analysis sessions afforded me opportunities to step back to see how stories converged or diverged on essential aspects. I was able to navigate and chart the inter-relatedness and connections among participant stories, allowing nuanced aspects to be recognized and summative themes to be uncovered. This analysis also permitted the weaving together of diverse experiences around belongingness while preserving the integrity of participant voices. Given the rich findings from the pilot, I used a research wall for this more comprehensive study—Technically, I used three walls given all the data that was collected!

Using physical walls of a room to analyze data allowed me to interact and sit with the data in various ways. When analyzing phenomenologically, I turned all the lights on in the room, stepped back from the wall, and spent numerous sessions shaping data clusters. In this way, the wall promoted a natural and authentic way for me to bracket myself and my biases out from the
stories I analyzed (Creswell, 2013; Smith et al., 2009). When analyzing hermeneutically, I spent hours with lit candles, taking a closer look at salient quotes and artefact excerpts, developing a keen sense of empathy for Sharer’s journeys. These analytic perspectives are covered in greater detail below in lenses of analysis.

3. **Creating Spatial Clusters.** As data were gathered, I created spatial clusters of data for each Sharer on the research walls. These case clusters served as evolving snapshots of Sharers’ narratives. Significant statements were cut out from transcripts and arranged within clusters. I transferred field notes to post-it notes and pasted them in Sharer clusters. Some Sharers submitted visual artefacts that were added to the data cluster. I thematically coded text-based artefacts (e.g., suicide notes, journal entries) and a few follow-up messages that exceeded several pages in length by hand using highlighters and margin notes. Managing and analyzing all data using the same media (i.e., coloured hard copies, sticky notes, highlighters, and pens) helped streamline a coding process across data sources and Sharer case clusters. As data clusters developed, Sharers’ stories and pertinent experiences with the phenomenon came into focus and shaped Sharer individual narratives.

4. **Making Connections within Sharer Narratives.** The ongoing arrangement of Sharer clusters allowed me to move and think about data in myriad ways, entering meaning at any point of the individual or collective narrative (Smith et al., 2009). I ordered and rearranged data pieces to show relationships, drew connections between stories and significant statements (using annotated sticky notes), and visually chronicled narratives. After all data were gathered and placed on research walls, I took detailed
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notes about each Sharer cluster in my researcher journal to call back to individual accounts throughout analysis.

Stage 2: Finding Patterns Across Cases.

5. **Identifying Cross-Sharer Patterns.** To find patterns across individual cases, I bundled data on research walls into emergent themes (Creswell, 2013; Smith et al., 2009). After identifying themes, I held a light to the reflective wall using a hermeneutic lens. Solidifying coherent themes that accurately depict the phenomenon’s essence took multiple analysis sessions of reducing, grouping, and regrouping (Tangvald-Pedersen & Bungaardt, 2017).

6. **Threading Narrative Strands.** I tacked different coloured yarn to my reflective wall, connecting themes together on the bases of likeness and link to create narrative strands. In this step, I sought to find the common threads that run through Sharers’ lives, thus uncovering the essence of the phenomenon. I ended up with six strands. Theme-connected strands charted out complex relationships among themes, adding dimensionality to how the phenomenon played out in Sharers’ lives. See Appendix N for photographs of the research wall with narrative strands.

7. **Describing the Phenomenon’s Essence.** Using narrative strands as anchoring guideposts, I wove together individual narratives into a collective narrative that describes and contextualizes the phenomenon. Each narrative strand became a subsection of the collective narrative. ‘Narrative strand’ sections and how they pieced together to form the narrative are reviewed in prefacing considerations of the results chapter. Together, narrative subsections bring “shape to the shapeless [and] form to
the formless,” rendering a rich description of a phenomenon’s essence (Cutcliffe, 2004, p. 310).

**Lenses of Analysis: Sources of Light and Bracketing.**

**Analyzing Phenomenologically.** To create a rich collective narrative of perceived disconnection, the data were considered both phenomenologically and hermeneutically. Each of these lenses brought out unique nuanced details from the data. Thinking about phenomenological and hermeneutical lenses as diverse sources of light clarifies the importance of both perspectives. A phenomenological outlook shines a light on the data, like a museum gallery light calling attention to an exquisite painting. A person discovers details and develops an appreciation for the whole piece by shifting angles and taking steps closer or further away. For any masterpiece, the viewer can only stand so close to the piece before inciting the attention of museum personnel or tripping an alarm. The viewer must, therefore, keep arm’s length from the work. Elaborating on Stars’ (2002) drama metaphor, a phenomenological outlook shines a light on data like a spotlight illuminates an actor on the stage. Depending on where a person sits in the theatre, they will see different facets of the actor’s performance. If seated in the balcony, they will see how the actor interacts with other cast members; if seated in the front row, they will more clearly see facial features. Like a gallery viewing, there is an innate separation in a theatre between the stage and spectator.

I analyzed the data through a phenomenological lens for all seven phases of analyses listed above except for a designated hermeneutical analysis perspective in the fifth phase of analysis. When shining a light on the data, I bracketed out my own experiences, biases, and prejudices, constantly aiming to keep myself an arm’s distance from the data. The researcher journal and reflective wall helped to structure the bracketing process. I preserved the integrity
and richness of Sharers’ voices by framing analysis around what can be inferred based on individual case clusters of data (See the third phase of analysis above). Themes germane to the phenomenon were shaped by continuously going back to what Sharers had shared about their lived experience. The phenomenon’s essence was uncovered through iterative, systematic sifting through lived experience until the common thread, the unity of meanings among cases, was exposed (Cutcliffe et al., 2004).

Analyzing Hermeneutically. A hermeneutical perspective holds a light to data like a candle centerpiece at a dinner table. The placement of the candle on the table evokes a sense of intimacy and invitation. Dining guests are drawn into the flickering flame, which illuminates subtle hues and nuanced details of faces across the table. Multiple courses cater to communion and an unfettered conversation among all seated which meanders through the past, present, and future. This intimate, dynamic, and iterative aspect of dining captures key features of rigorous hermeneutic inquiry.

After fine-grain individual accounts were developed and emergent themes were identified across cases, I used a hermeneutical lens to develop an empathic understanding of Sharers’ experiences with the phenomenon. I reflected on my own experiences and perspectives and then situated myself as close as possible to experiencing the phenomenon. Immersing myself into Sharers’ lived experiences, I intimately acquainted myself with the emotionally saturated details of Sharers’ stories until I felt able to articulate the phenomenon from the ‘standing-in-participants shoes’ point of view. I interpreted Sharer stories through ever-widening circles, looking for harmony between parts and the whole narrative. Captured insights and emotions gleaned from hermeneutical analysis in my reflective journal and on the reflective wall were crucial for the final collective narrative write-up. Prior to writing the final narrative, I again
shone a light on the data using a phenomenological lens to finalize themes and the arc of the collective narrative.

**Bracketed Considerations About the Researcher.**

*Loss.* I lost my sister to suicide in 2015. Her loss has been pivotal in asking the deeper questions undergirding my research. Her memory fuels the hope that this work will help someone choose to stay, even in the smallest way. Through the last six years, I have sifted through my emotions and processed my questions through countless conversations with loved ones and professionals, including multiple counsellors. Though grief remains a long journey and I continue to circle back to unanswered questions, I am thankful to have found an incredible amount of stability and acceptance of her loss.

*Experiences with Thwarted Belongingness.* Though I cannot fully empathize with those who consider suicide, I have experienced many of the emotions embedded within thwarted belongingness. These include moments of painful disconnection, feeling misunderstood, profound loneliness, and questioning my significance to loved ones despite others’ explicit desire to connect. Through it all, though, I have never experienced suicidal ideation.

*Bracketing as a Lens of Analysis.* Throughout the study, I intentionally shifted in how I bracketed out or considered my personal experiences. This shift depended on which theoretical lens I was looking through to make meaning of data. When using a phenomenological lens, I grounded myself in stability and acceptance to bracket myself out of analysis and stay arms-length from the data. Alternatively, I held my own experiences with loneliness and loss alongside Sharer stories which enabled me to develop a rich, empathic, hermeneutic perspective.
Prefacing Considerations

The ‘Collective’ Aspects of the Narrative

This chapter features a collective narrative, a distillation of Sharer voices woven together to provide a rich description of perceived disconnection. Sharers’ meanings, perspectives, and emotions thread together to bring shape and form to the phenomenon. The ‘collective’ aspect of the narrative speaks to two audiences. Principally, this narrative speaks to the collective experience of Sharers. Imagine for a moment standing in front of my research walls taking in different coloured paper (each a Sharer’s voice) arranged and strung together in clusters of meaning. Capturing the overall sense of the phenomenon derived from surveying and sitting with Sharer voices is an aim of this narrative. Stories are pieced together to contextualize and bring a light to how perceived disconnection played out in other Sharers’ lives. Secondly, this narrative addresses a breadth of suicidality and life-saving care that extends beyond Sharer contexts (i.e., a wider ‘collective’). In line with the phenomenological underpinnings of the study (See phenomenology section in Chapter 3), this narrative’s layered insight into perceived disconnection solicits an understanding that can illuminate the painful realities of other youth struggling with suicide.

You, the Reader

During study sessions, I was frequently amazed with the level of trust and vulnerability Sharers exercised in recounting their most painful moments to me, a stranger. Knowing that I would share their voice in this narrative, Sharers are, in a way, extending a level of trust to you, the reader, as you dive into Sharers’ deeply personal accounts. In this chapter, I write in the second person (as opposed to referring to you as ‘the reader’), because you are going to have
your own journey reading through this narrative. Your role (e.g., professor, parent, youth-serving professional, friend) and past experiences working with suicide vulnerable youth will shape how you encounter and understand Sharer stories. There are many entry points of how you make meaning of Sharer stories. You may choose to read the narrative employing a phenomenological lens, considering how Sharers experiences bring to light different facets of the phenomenon. Packed with perspectives and emotions, this work also invites you to situate yourself in the shoes of Sharers employing a hermeneutical perspective, seeking to understand Sharers’ experiences form a place of empathy.

This chapter covers a lot of ground to bring to life a multi-dimensional understanding of perceived disconnection. Take your time navigating through Sharers’ image-rich and candid reflections. In structuring the narrative, I have created a path through Sharer stories. Plunging into key aspects of the phenomenon through relational twists and turns in Sharer narratives, this narrative might feel a little bit like a roller coaster. As you read, do not worry too much about tracking key findings. The purpose of this chapter is to draw you into the phenomenon through Sharer stories. In the next chapter I will revisit important moments from the narrative, pull out big takeaways, and offer considerations on how Sharers’ experiences inform future research and suicide prevention efforts.

**Collective Narrative Path: Narrative Sections and Story Arc**

The collective narrative is comprised of six sections that are divided into two parts. The six sections were built out of the six different coloured narrative strands strung across themes during the analysis phase (See phase six of analysis in Chapter 3). Sections follow a “valley-shaped” story arc. Figure 5 illustrates how parts and subsequent sections form the story arc of the narrative.
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**Figure 5**

*Collective Narrative Story Arc*

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**Part 1.** Sections 1, 2, and 3 portray a descent into haunting realities behind the searing loneliness of suicidal desire and the loss of Sharer’s will to live. As denoted with extending arrows pushing ‘♂’ (i.e., youth) and ‘♀’ (i.e., close other) icons apart beneath “Descent into Loneliness” in Figure 5, Part 1 explore the widening gap in connection between Sharers and close others. The narrative begins with the experience of perceived disconnection (section 1), a deep dive into perspectives and emotions inherent to the phenomenon. Then, sections 2 and 3 consider two relational dynamics that exacerbate the gap in connection between Sharers and others, spinning through a solar system of connection (section 2) addresses the loss of identity during suicidal episodes. Why no one knew (section 3) deals with the hidden nature of suicide and why Sharers chose to not share their suicidal thoughts with others.

**Part 2.** Sections 4, 5, and 6 depict the clambering rise in Sharers’ will to live and sense of belonging. At the start of Part 2, the story arc pivots, shifting from hopeless loneliness to flickers
in connection that spark reasons for Sharers to stay. Part 2 continues to recount how Sharers came to realize and experience connection from close others. This new orientation is captured by the converging arrows between ‘’ and ‘’ icons beneath the “Rise in Belongingness” in Figure 5. Part 2 begins with ‘why doesn’t anybody know? I want your help’ (section 4), a review of how and what enabled Sharers to reach out to close others for help from the grips of their suicidal episodes. Next, successful, unhelpful, should have been, and should be interventions (section 5) breaks down what words and actions facilitated life-saving interventions during suicidal episodes. Well-intentioned unsuccessful interventions are also considered in this section. Finally, on the other side of suicide and beyond (section 6) brings to light two Sharer reflections from surviving suicidal episodes: what it feels like to rediscover connection and continue choosing to stay.

Guiding Narrator Considerations

To help guide you through the narrative, I have included considerations at the beginning of each section to give you a sense of where you are along the story arc. These considerations pause the flow of the collective narrative. For this reason, considerations are italicized. Think of these considerations like an actor who turns away from what is happening on set to speak directly to the audience, recapping what just happened or point to what comes next (i.e., breaking the fourth wall).

Summarizing Collective Sentiments

At the end of each of the six sections, a visual is included to summarize a key aspect of perceived disconnection featured in the section. These visuals use the same ‘’ and ‘’ icons used in Figure 5 to represent Sharers’ and close others’ perspectives, respectively. The dialogue
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included in summarizing visuals aims to capture the collective of Sharers’ experiences. These thumbnail visuals will be expanded on in the discussion chapter.

**Lead and Supporting Voices**

Thirty voices are included in the collective narrative, 20 Sharers and 10 close others. It is helpful to think about these voices like lead and supporting characters in a story. There are 11 leading Sharer personalities that you will hear from the most throughout the narrative. These Sharers feature based on the quantity of significant statements shared that were germane to the perceived disconnection. The other nine Sharers and ten close others come up considerably less and are woven into the narrative as supporting and contextualizing voices. A breakdown of leading and supportive Sharer voices can be seen in Table 4. See Table 3 in the previous chapter for a list of close other voices.

**Table 4**

**Lead and Contextualizing Sharer Voices**

<table>
<thead>
<tr>
<th>Lead Sharers*</th>
<th>Contextualizing Sharers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Julie</td>
<td>• Naomi</td>
</tr>
<tr>
<td>2. Quinn</td>
<td>• Luna</td>
</tr>
<tr>
<td>3. Stella</td>
<td>• Rian</td>
</tr>
<tr>
<td>4. Lei</td>
<td>• Ricardo</td>
</tr>
<tr>
<td>5. Alex</td>
<td>• Adhira</td>
</tr>
<tr>
<td>6. Jaz</td>
<td>• Lauren</td>
</tr>
<tr>
<td>7. Jack</td>
<td>• Paul</td>
</tr>
<tr>
<td>8. Tess</td>
<td>• Lily</td>
</tr>
<tr>
<td>9. Lavender</td>
<td>• Shalva</td>
</tr>
<tr>
<td>10. Elise</td>
<td></td>
</tr>
<tr>
<td>11. Emma</td>
<td></td>
</tr>
</tbody>
</table>

*Note. *In order of most referenced

As you dive into the collective narrative, it may be initially disorienting trying to keep track of ‘who is who’—Sharer stories dovetail and mesh to give this chapter its narrative flow. However, as you move through the narrative, individual Sharer’s lives begin to piece together and it is
easier to detangle Sharer’s individual narratives from the collective, thus making it to easier
effortlessly shift focus from particular to the whole, or in other words, from each Sharer the
collective narrative. Consider earmarking one or two Sharers that stand out to you as you read to
keep a pulse on throughout the narrative.

**Shifts in Perspective**

Perspective toggles often throughout this chapter. Thinking about the collective narrative
as a theatre piece is helpful in illustrating shifts in perspective. Sometimes in the narrative you
will hear one voice, a spotlighted solo if you will. At other times, Sharer voices come together in
collection of voices to elicit a harmony of perspectives, much like an ensemble of actors bring a
scene to life. Over the course of this chapter, the narrative grants you various vantage points to
consider Sharers’ experiences. At times, you will be brought close to Sharers’ experiences, as if
you were observing from the front row of the theatre or even the stage. This orientation offers
you an intimate peering into Sharers’ emotions and perspectives. At other times, the narrative
distances you from Sharers voices, as if you were taking in their stories from the balcony of a
theatre. These perspectives offer a wider field of view to unfolding relational dynamics among
Sharers and close others. Shifts in perspective are noted in guiding narrator considerations at the
outset of each section.

**Content and Trigger Warning**

This narrative offers a personal window into the world of suicide. It brings you into the
lives, minds, and the grueling fight Sharers overcame, and are overcoming, to be here. Sharers’
stories and reflections speak to some of the most profound moments of their lives. Some of these
moments include specific details pertaining to suicidal thoughts, methods of suicide, and
responding to suicide attempts. If you are someone with a history of suicidal thoughts and/or
behaviours or find sensitive content disturbing, consider skipping this chapter and moving directly to the discussion chapter.

Canada Suicide Prevention Helpline: 1-833-456-4566

US National Suicide Prevention Lifeline: 1-800-273-8255
The Experience of Perceived Disconnection (Section 1)

Take a look at yourself. Surrounded by people—you wave ‘good morning’ to a neighbour, share a story with a friend, ask ‘how are you?’ to a co-worker. These spaces belong to you. How could you ever say you were lonely?

[When] given a moment of pause, just long enough for it to catch up to you—the abyss, an endless whirlpool sitting in your chest... You recognise it as loneliness, empty and all-encompassing. You wonder: “How could this be?”

It catches you in a riptide. You try in vain to escape it, but you are at the mercy of this single, immutable fact...You exist alone. (Lei, journal reflection written months after her second suicide attempt)

Alone, gasping for breath in an unending current of darkness—this chilling image offers a glimpse into Lei’s most hopeless moments. In one of those hopeless moments, Lei’s sister was asleep just feet away from the bathroom where Lei stood, looking into a mirror holding a fistful of pills: “I just stood there and swallowed everything.” Lei’s cold resolve despite the presence of a loved one seems baffling—What was Lei thinking and feeling in this moment?

Guiding Narrator Considerations. In this section, Lei and other Sharers’ vivid recollections portray an insider perspective on the inescapability of loneliness and help to illuminate how another’s explicit care can be totally eclipsed in the darkest moments of suicide’s grip. Thinking about this section using a theatre perspective, section 1 is situated on the stage among the actors. This section spotlights Sharers’ emotions and thoughts from their suicidal episodes. You will read vignettes from before and after suicidal episodes in subsequent sections.

18 Words and phrases emphasized by a Sharer appear in italics.
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From the vantage point of being on stage, it may take some time to orient to hearing Sharers’ stories seamlessly transition from one to another, like a soundscape of voices. Close others enter the scenes of Sharers’ episodes but remain a silent backdrop for contextualizing and illustrating Sharer’s profound loneliness. As you read, try to juxtapose Sharers’ suicidal experiences with where close others are positioned within their individual narratives.

Section 1 is made up of three subsections: unfeeling (un)dead, inescapable blackouts and black holes, and care eclipsed. The first subsection, unfeeling (un)dead, explores the numb, lifeless ‘zombie-like’ reality of surviving a suicidal episode. Then, inescapable blackouts and black holes describes Sharers’ perceptions of feeling trapped in a world of darkness and a mind consumed with wanting to end one’s life. The final subsection, care eclipsed, illustrates the impenetrability of Sharer’s suffering and loneliness; Sharer’s are unreachable to others’ care, even when it is right in front of them.

Unfeeling (Un)dead

Surviving, Trudging

“Survive. I will treat this simple achievement as if it were a miracle” (Quinn, Poem artefact excerpt). Trudging through suicidal episodes was a grueling feat for Sharers. Keeping her “head above water drained the little energy [Quinn] had left” (Poem artefact excerpt). “I only had one step, and then the step after that” (Tess). Exhausted, Lavender “existed moment to moment running on nothing.” After hitting her emotional edge, Luna collapsed: “I remember sliding down the wall, crying my eyes out. I literally crumbled.” Lily spent most Grade 11 lunches puddled into a corner feeling “sad and dead.” Alex’s reflections on feeling like a zombie aptly capture the slog through a suicidal episode: “I was a zombie. No energy, just dragging myself from one place to the next...not registering what I was doing or where I was.”
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Automated, Drifting

For Alex and others, life became a mindless, automated existence:

Your body feels like it's not your own. When you're in zombie mode, it feels like you're just going through the motions. Your hands are just doing things and your mouth is just saying things in response to other people, like, "How are you?" "Oh, I'm fine." (Alex)

For Julie, ‘going through the motions’ felt like not being “in [her] body.” While Lauren described the feeling as if: “someone else was inside of me.” Perhaps related to bodily disconnection, most Sharers found it difficult to remember suicidal episodes in perfect detail, particularly memories leading up to attempts. Lauren pieced together the events leading up to her fourth hospitalization by talking to school staff who intervened. Invisible, unreachable Lauren recalled drifting through a crowd of friends and staff at her secondary school:

“I’m going to end my life today.” Apparently, I said that...I wasn't there. I just felt like a ghost walking the halls...I remember walking around, but I don't remember if anyone was talking to me. I saw people, but I didn't acknowledge them...I was paralyzed, unable to respond.

Later in our conversation, Lauren referred to this moment as going into her own ‘la la land’, inferring a break from the others’ sense of reality. Stella recalled a similar ‘floating disconnect’ around her attempt. Before sitting down for a TV dinner with her family and to text friends, Stella swallowed a bottle of pills. Later, Stella was rushed to hospital. She described the experience like the feeling you get when cresting and plummeting a tall roller coaster: “I went from a high, everything's fine. I’m talking to my friends. Then, all of a sudden [hand shoots diagonally] I'm like down here, but I can't explain to you why or how that happened.” I asked Stella what she was thinking and feeling at the time: “I wasn’t really there...it's like being
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underwater, but also watching myself through a TV at the same time. All the sounds are just muffled. The senses are muffled.” In a self-portrait poem, Quinn brings language to the muffling, or in Quinn’s case ‘the graying,’ of life during a suicidal episode: “My life is gray...Day by day I live in a world that has simply lost its colour. The world feels far away from me, as if I were wandering in a dream.”

Empty, But in Pain

In the place of colour, a “creeping, itchy emptiness” filled Quinn’s world. Sharer found themselves ever closer to the hollow edge of emptiness: “If I could quietly fade into existence, I would” (Tess, Journal artefact excerpt). Paul called the feeling the ‘big void.’ Lily summed up her lunchroom episodes with one word: “Empty.” In a poem from that time, she wrote, “I feel nothing. I want to feel something.” In the wake of Luna’s collapse, she described feeling an unnerving emptiness that took on a “slow negative valence”: “I’ve never felt so much negativity before.” Prior to emptiness, Luna remembers struggling against ‘gushing waves of emotion,’ an echo to Lei’s image of an inescapable tides of loneliness: “[I’m caught] into the waves, again and again and again. I'm just being thrusted upon the shoreline, so many times that I'm like, ‘I need to get out of this water.’” Similarly, Elise recalls “overwhelming, fast, and unstable” emotions while also experiencing an unavoidable emptiness.

Emptiness went hand-in-hand with negative emotions for other Sharers. “There was a void in my life. I couldn’t feel joy, but I could still feel all the pain” (Alex). In a mood journal kept during her episode, Alex wrote: “I'm so pent-up with anger and sadness, simultaneously I feel such great emptiness.” If Sharers could feel anything during suicidal episodes, it was unrelenting pain. “I felt terrible all the time. I would’ve done anything to stop feeling this way. I had no reprieve” (Tess). “I just did not want to live anymore...I was constantly in pain [crying]”
(Emma). Stella felt like the voice in her head was “exploding from the inside.” The night Jack almost attempted he “was scared of what might happen because [he] felt the hurt intensely.”

**Cold, Numb**

More haunting than emptiness or explosive pain was the chilling numbness that accompanied suicidal episodes. Looking out of the window of his high-rise hotel on a family vacation, Ricardo recalled his emotional journey contemplating jumping. At first there was confusion, then a “mix of fear and pure rage.” Ricardo felt like a “light bulb that had too much electricity pumping through it that it just bursts.” At the peak of his suicidal desire was a numbness that led to him to “wanting to end it all.” For Tess, loneliness and numbness “went alongside [her] deepest, darkest places.” “Extreme numbness” fed into Lavender’s pesterling desire to jump in front of traffic. He explained, “I just [didn’t] give a shit anymore. It’s really a scary feeling.” Julie offers the most visceral window into the numbness of suicidal desire in a poem that she wrote during her episode. In it she recollects warm memories (e.g., getting coffee with friends, holding her boyfriend’s hand) from a bathtub that grew colder and colder:

> This lukewarm bathwater sends goosebumps down my legs and shivers up my spine.  
> I remember a time not too long ago when the water was warm, maybe even hot.  
> I remember a time when everything was warmer...But now, in this lukewarm bathwater, my damp hair sticks to my bare back. Everything has gone stiff. Has gone cold. (Poem artefact excerpt)

**Inescapable Blackouts and Black Holes**

**Darkness**

The poem ends with Julie standing outside on her back deck under gray skies. She includes this eerie detail: “The breeze running through the trees sound like screaming.” (In a
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debriefing session, Julie told me that the trees were once singing). Gray was a defining quality of Quinn’s suicidal episodes: a “gray blanket” over everything, hemmed in by “monochrome gray walls,” ’stumbling around’ in a “gray fog” (Poem artefact excerpts). During her worst moments, the gray faded to a total blackout. In one poem, she paints this horrifying image, “the creature within the dark abyss of my mind reaches out with black claws and drags me into unexplored crevices.” Lei also uses clenching imagery to describe her encounters with darkness: “Rushing sadness seemingly [would] come out of nowhere. There’d literally be nothing for me to be upset about. Then all of a sudden, it just crept up on me like shadow hands over my heart.” Just before her near-fatal suicide attempt, Lei remembers being on her bed “lying into darkness, trying to feel” anything.

Once in darkness, it was difficult for Sharers to find their way out. “I call it the ‘dark place’. When you get trapped in there, everything is negative” (Justin). In a blackout, Quinn felt like she had no vision at all, “I felt very stuck in a really dark place; it was really hard to see. I couldn’t see any light at the end of the tunnel.” “I see nothing but darkness” (Lily, Poem artefact excerpt). “It’s tunnel vision” (Paul). Unending darkness slowly eroded Sharers’ will to live: “You’re in such a dark place, you just can’t think of anything getting better because it hasn’t for some time...then you just kind of give up after a while” (Stella). For Ricardo, giving up meant surrendering to the darkness, which was a comforting idea at the time. Gazing out the window, he recalls: “Darkness was the only peace I could find. That’s where I wanted to go.”

Minds and Voices

The mind, vacuous and incessant, was a difficult place for Sharers to escape. Leading up to her last attempt, Lei had been “living inside [her] head for so long,” that any idea beyond suicidal desire disappeared into a “black hole of thoughts.” “Ravenous” and “all consuming”
(Naomi, Paul), Sharers’ minds constantly “veered back” to suicidal thoughts “like a magnet” (Julie). “I didn’t know how to get my mind back” (Luna). “I was in a bad head space all the time” (Rian). Some Sharers remembered hearing a voice in their head. This voice “stretched into every day” (Quinn), getting “bigger and bigger” (Shalva), “louder and louder” (Alex). “It would just be everywhere” (Elise). “I literally [couldn’t] stop thinking about it” (Lavender). “Ringing in the back of [their] mind[s]” (Ricardo) the voice reverberated: “Everything seems to be going wrong” (Quinn); “You can’t even do this one thing” (Alex); “Why am I here?” (Luna); “Why can't I be happy?” (Lei); “Is anything even worth it?” (Quinn); “All I want to do is die” (Tess). “Every time I’d be walking on the bridge to school, I’d look at it and think, ‘What if I just— What if, what if, what if?’” (Elise)

**Plagued Everywhere**

The haunting realities of suicidal desire followed Sharers everywhere, no matter who was present.

**The Voice.** “It wasn't just when I was alone, it was like constantly. My friends would be over I'd still have those thoughts. It didn't go away. It didn't change for whoever I was around” (Elise).

**Darkness.**

Bouts of sadness [crept] up on me suddenly. Usually, it happened when I was alone, but then it started happening halfway through a conversation with a group of people. Like I'd actually be happy, and then two sentences later, everything is starting to drop down. (Lei)

**Numbing Emptiness.**

It just got heavier and heavier. There were moments that were like good, obviously...I remember hanging out with my friends and it being fun. But overall, there was just like a
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point where it stopped being [fun] and I'm really sad. It just was like that numbing, like nothing feels real and like just nothingness. (Julie)

Loneliness.

[There was] definitely a lot of loneliness...even if I had a teenager’s dream day hanging out, playing some sports, video games, going to the mall, whatever that kind of day is...I'd probably find my way to the isolation if it didn't find me. (Jack)

Care Eclipsed

‘Other Side of the Glass’

Surviving suicidal episodes was an isolating experience— “I was suffering alone” (Alex). Sharers felt removed and out of reach even among the most important people in their lives. Connection “wasn’t fulfilling or accessible” (Jaz). Close others were, “on the other side of the glass” (Tess). Tess continued to explain, “I was standing in front of the window being like, ‘Hello! It’s me!’ Nothing could touch me. I couldn't touch anything...I felt like a weird observer of life.” After returning to school from her hospitalization, Lauren’s principal told her that trying to communicate with her during her episode “was like talking to a wall.” Elise found the film Get Smart’s (Segal, 2008) ‘cone of silence’, a glass cylinder enclosing the character into their own unreachable world of suffering:

[Between others and me,] it’s two different realms. You're still going to struggle no matter what. You're still in your little capsule or bubble, but other people can't touch that...No matter how much anyone would say something reassuring, when it was the worst moments, nothing would touch it. Nothing would help. (Elise)
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Deaf to Care

During Sharers’ worst moments, nothing close others said or did helped to dull the pain nor the loneliness of suicidal desire. Hopeful sentiments ricocheted off Sharers’ impenetrable walls. “There's no missing antidote, that I'm aware of, that someone could tell me to make everything better” (Jaz). ‘You're strong;’ ‘I believe in you;’ ‘Things get better.’ –Alex referenced these three common platitudes others try to convey. “When you're in that dark space, you don't believe those things...You're just going to reject them” (Alex). “In that space, words literally fly over your head...They just couldn’t help me at that point” (Luna). “No one could help me. I was all alone. It didn't matter if people were there physically or saying that they're there. [pause] It didn't matter. People would say, ‘Oh, I'm here!’ but it didn't mean anything” (Elise).

Dissipating Care

“It just didn’t feel like they cared about me, no one” (Elise). “As horrible as it sounds, [others’] care wouldn’t help” (Luna). Care disappeared into the vacuous whirling of a mind “overcrowded with: lonelylonelylonely*...’” (Lei, *Lonely repeats 52 times in journal artefact excerpt). Surviving felt hopeless. Even if Sharers managed to break away from loneliness’ current, experiencing a flash of care, “the next moment would just return to [feeling like a zombie]” (Alex). The pain of suicidal desire overshadowed other’s care: “it just hurt so much to physically be alive” (Emma), a crushing “weight on my chest, in my core” (Julie). Pressing both hands into her chest, Julie recalled multiple caring encounters that occurred during her suicidal episode, each seemed to dissipate into the black space beyond her Zoom window. “The care would just kind of [hands quickly fluttered far away from her chest].” Julie remembers thinking at the time, “okay, if I died, these people would miss me, but then they could move on.” Tess
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struggled to see others’ care at all: “I’m pretty sure nobody cares whether or not I exist” (Journal artefact excerpt).

Emma offers perhaps the most intimate window into Sharers’ inability to feel care, even when it is wrapped around them. Emma’s brother found her on the bathroom floor after her attempt. She still remembers pieces of what happened before being taken to the hospital: “He literally just started bawling and he would not let me go. I’ve never been hugged more in my life.” I asked Emma if she felt any care within her brother’s embrace. “At that moment, there was way too much going on in my head to consider that.” His care “didn’t outweigh how much pain I was in... It just wasn’t enough.”

Summative Collective Sentiments

![Diagram of a person with the text: “Dragging myself through life is exhausting. I feel empty, numb, and lifeless, like a zombie or a ghost. My mind pulls me back to wanting to end everything. I am unreachable in my suffering. Although you’re right beside me, it feels like there is a wall between us. Your care is eclipsed by a world characterized by darkness and pain. I am alone.”](image)

(If aware of suicidal episode:) “I’m here.” “You’re strong.” “I believe in you” “Things get better.”

Youth

Close Other

Note. ‘Youth’ and ‘Close Other’ labels are not used in subsequent summative collective sentiments. ‘[^’ will still stand for youth, and ‘œ’ for close others.

Self, Spinning Through a Solar System of Connection (Section 2)

**Guiding Narrator Considerations.** Building on the visceral experience of feeling disconnected from loved ones during a suicidal episode, the next two sections explore relational dynamics between Sharers and their close others that further widen the gap in Sharer’s perceived sense in connection. While the narrative was set on theatre stage in section 1, sections 2 and 3 are written from the perspective of watching Sharer stories unfold from balcony box
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seats. From this wider field of view, you can take in added dimensions of Sharers’ loneliness in the presence of close others during suicidal episodes.

Section 2 considers the role of identity in perceived disconnection, particularly how the loss of identity during suicidal episodes leads to greater loneliness. Lei sets the tone of this section, linking loss of identity and suicidality in simple terms:

The main argument for people not to commit suicide [is:] “Think of all the people you leave behind and the life that you will lead.” [But the thing was,] I had already canceled that life I would’ve led. I couldn't imagine a life, therefore there is no life. (Lei)

Section 2 has three subsections: the multifaceted true self, ‘solar systems’ of connection, and Sharer’s sense of self during suicidal episodes. The initial two subsections outline two key forces that underly Sharers’ sense of identity. The first, the multifaceted true self, speaks to Sharers’ desire to be known and accepted for who they really are and becoming. The second, ‘solar systems’ of connection, reviews factors that influence who comprise the group of people that Sharers derive a sense of belonging, feeling known and accepted for their true self. The first two subsections are utilized as an identity framework to understand Sharer’s sense of self during suicidal episodes, the third subsection.

The Multifaceted True Self

A fundamental piece of Sharers’ sense of belonging to close others is being able to express their true self. “At the end of the day it’s about authenticity, recognizing each other for our true selves, rather than like who [someone] might want to portray themselves as. People want [others] to see them deep down in a way” (Luna). In Jaz’s joint storytelling session, May told Jaz, “The most valuable thing from our entire friendship is just the way that I feel so much myself when we're together... [You] remind me exactly who I am.” After years of feeling
unwanted by peers, Emma has found a core group of other first-year students to be “very real with”: “I’m totally myself with them” (Emma). Rian’s closest connections are youth from around the world that she has met through social media platforms: “We get to know each other for who we think we are.” In her joint storytelling session with Fred, a friend she met on Twitter, Rian choked up hearing him talk about how comfortable he felt around her: “I can be my random, crazy self and she wouldn’t mind...and I feel like I wouldn’t be able to do that with many other people.” On the other side of suicidal episodes, Lei is “unabashedly honest” with who she is: “I’m done hiding...I want to be myself without being afraid of what others think or that there’ll be consequences to being me.”

**Many Changing Parts of Identity**

Sharers’ true selves are comprised of many parts. “Everyone has different parts of their personality” (Luna). “Being yourself in entirety has a lot to do with” (Lavender) “accepting all of those parts and being compassionate towards all of them” (Luna). Identity parts are either temporary—Rian reflected back on “all of [her] phases!”— or reflect an unchanging ‘core’ (Eve, May). Sharers also referred to the core as “who they really are on the inside” (Fred) or the “inner parts that shine through” over time (Lei). Determining which personality parts make up one’s true self is a dynamic process: “The sense of self is so fluctuating” (Jaz); “up and down up and down, we’re always changing” (Eve). Ricardo talked about himself being on an ongoing “journey of self-discovery.”

**Known and Accepted**

Having close others who know and accept Sharers’ true selves was an important quality to belonging relationships. Lei prized the “wholehearted, non-judgmental acceptance” Eve has brought to her life over the years: “What makes our relationship work is that no matter how we
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change, we still accept one another.” Tunas and Luna characterized their most meaningful moments of connection as a “deep understanding of one another.” Absence of knowing Sharers’ true selves compromised others’ care. “I feel like people don't always really know me enough to genuinely care, [especially my dad]. I want him to know me. But he won't, and that fucking hurts” (Jaz). Tess desperately wished someone knew her at the time of her episode: “It doesn’t really feel like anyone knows me. I want someone who gets [me]” (Tess, Journal artefact excerpt).

Revealed and Hidden Parts

Finding acceptance and validation for Sharers’ true selves was a process of revealing and hiding parts of themselves to others. In hopes of being “fully loved,” Luna strives to “let others see all the sides” of her. I asked Rian how anonymous online avatars could become her closest friends, none of whom she has met in person, and have some idea of the ‘real Rian’: “I reveal small things and then slowly share more. I see how people take the small things; see how they react” (Rian). In particular, “face reveals” were cited as big moments that demonstrated comfort “to say who I really am” (Sel). Although desired, sharing the complete true self with all close others was a challenge for Sharers. “I want that freedom of expression...to fully immerse myself in meaningful relationship” (Ricardo). However, Ricardo struggles to tell certain people that he is gay, a core piece of his identity. Other Sharers censored aspects of themselves out of fear or anxiety: “Fear pulls us apart” (Elise); “I really want people to like me. I’m afraid that the things I say or do will make others like me less, creating a fear of being myself, because I don’t want to show something that people won’t like” (Lei); “There are only a handful a people I feel comfortable with to just be myself. Anxiety makes me, and others, hide parts of themselves, even

19 Showing one’s face for the first time via picture or video chat to someone you have met online.
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subconsciously” (Lavender). In any relationship, Luna picks which parts of herself to share based on these two questions: “If I show this side of me, will you still want me? If I become different from what you knew me as, will you still love me?”

**Multiple Versions**

Few close others seemed to have a full picture of Sharers’ true selves. Rather, Sharers’ choice to share parts of their true self, combined with the ever-changing nature of identity, generated multiple ‘versions’ of Sharers’ self across social circles and relationships. Jaz talked about how each person in their life adds a new lens on their identity. In a debriefing session after their joint storytelling session, Jaz explained, “There’s a version of me outside of May.” Quinn relayed to Stella in her joint storytelling session that that no one at her university “got her” the same way Stella does. Other Sharers welcomed fresh social starts (e.g., summer jobs, university) where potential significant others could “formulate their own thoughts” about them without past suicidal struggles’ colouring first impressions (Emma). Lavender was keenly aware of the ‘roles he played’ across relationships. Fearful that he could not ever be his true self in any one relationship, Lavender adopted multiple “personas and [wore] masks that [were] very different to groups of people and sometimes to individuals in that group.” Lavender’s multifaceted identity helped him to control what ‘parts’—referring to both parts of the true self and theatrical personas— he took on in the lives of his friends and family.

**Solar Systems of Connection**

I see social circles as solar systems, and I see people as their own planets. They all have their own different climate, their own gravitational flow around the sun, whatever the sun is considered in their circle. And they all go around at different times. (Paul)
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Sharers derived a sense of being known and accepted from a collection of relationships and group affiliations. Paul felt grounded in who he was, “because [he] didn't have just one particular group of friends that [he] could go to. It was several.” Multiple Sharers termed their social identity as being a ‘floater’: “I wasn't in a clique or whatever you want to call it. I was always more of a floater, having friends but not a specific group” (Naomi). Accumulated social circles diversified social networks: “I have people. I don’t have a group...I didn’t have a solid friend group at all. I think the variety I have is what I want in my life” (Lavender). Jaz enthusiastically agreed with May’s explanation of why a healthy sense of belonging includes a variety of relationships: “Different relationships serve you in different ways. We need a variety of people because of the variety of relationships, all serve us in different ways” (May).

Like planets spinning through space, Sharers drifted toward and moved among their social solar systems. “I found myself drifting towards spending time with people that I wanted to know more about and that I wanted to form meaningful relationships with” (Ricardo). As her suicidal episode worsened, Tess reached out for people to connect: “That was my floatingness, I was sort of trying to find my people” (Tess). Lavender referred to himself as a “rotating cast friend that goes in and out of groups,” allowing him to “fit in well everywhere.” Leading up to Jack’s near attempt, he saw himself as a relational “nomad” hopping from one meaningful connection to the next: “It wasn’t a continuous group of people at any point in time,” connection came from “none of the places [Jack] expected and every place [he] didn’t expect.”

Factors Influencing Systems of Connection

Space. Who made up Sharers’ social solar systems during suicidal episodes and the strength of individual relationships was determined by multiple social factors. Space, how close or distant others were in relation to Sharers, was one shaping factor. Close proximity (e.g., living
in the same house, brushing shoulders in the hallway) was a starting point for many relationships. Some Sharers found it possible to initiate and sustain relationships across borders and time zones. For example, Rian’s closest ongoing relationships are young people scattered across the world; Lei and Eve sent each other UberEats deliveries in their respective countries to enjoy during monthly catchups. However, for many Sharers, distance disrupted relationships. Friends moving away or changing schools were two examples that put long pauses on relationships, and sometimes severed connection. Everything started to “go wrong” for Adhira when, “one by one, everyone [she] grew up with slowly moved away.”

**Time Together.** Frequency of interactions was another social factor. Regular, meaningful contact over time sustained relationships. Hanging after school every day, often popping by a friend’s dorm room, and playing video games every weekend are several examples of ongoing interactions that developed close relationships. Availability and use of multiple communication platforms (e.g., social media, text, phone call) and devices (e.g., video game consoles, smart phone, computer) encouraged more frequent contact with close others. On the other hand, stretches of time between contact, especially when an important life event occurred, stalled connection. Take Stella for example, who was unable to see Quinn for months after her attempt: “That time definitely put a major gap in our relationship...we didn't have proper time to mend” (Stella).

**Agency.** Sharers expressed an element of control over who they invest in and let into their world of connection. Lauren chose to let her betraying high school friend “back into [her] life.” “I built my friend group for a reason...I curated these groups” (Lavender). “You move through each stage of your life accumulating friends. You cultivate every friendship with a great connection, strong emotions, a sense of belonging” (Lei, Journal artefact excerpt). Sharers also
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felt “powerful to break bonds” (Jaz). After losing his close friend to suicide, Jack cut ties with anyone who he “couldn’t speak openly with.” Ricardo is “selective and careful who [he] opens up to.” However, once Ricardo notices that someone has a ‘capacity for love’ (i.e., an open heart, able to listen, lay aside one’s own insecurities), he is drawn to connect with them like a “moth to a flame.” Since her suicidal episode, Elise has begun to invest more in people who have been there for her all along: “I started investing more in better people, like my sister, my mom, and some friends.”

**Ever-Shifting.** Mirroring Paul’s language around the ‘movement of planets’, Sharers solar systems of connection shifted with the coming and going of close others. Lei used the visual of a tide crashing against the shore to explain the ever-shifting nature of belongingness:

You are merely one grain of sand on a beach...the tide of life washes over and pulls us in different directions. When the waves carry sand, it does not care for a clump to stay together, it takes the grains it pleases and leaves the rest. (Journal artefact excerpt)

Elise’s “relationships at th[e] time” of her episode “were fluctuating, people were coming in and out.” Lavender’s groups of friends had their “own rotating cast,” with people constantly “swapping in and out.” Rian’s closest online friends came from an LGBTQ+ Instagram group chat that she discovered during one of her lowest points. Rian explained that the people she has stayed closest to are ones who have also maintained connection with the original group: “A couple of us clicked more than others and stayed along the path, others left.” Emma’s social network vanished overnight due to drama with another girl in the clique: “I lost that whole group, so then I was really alone again.”

Out of all Sharers, Emma and Lily came closest to having zero connections around the time of their suicidal episodes. Lily called herself a “lone wolf” in our interview. Though, she
cited Justin (her boyfriend) and her mom as close others during her darkest times. Similarly, Emma talked about her mom as a constant caring relationship.

**Self During Suicidal Episodes**

During suicidal episodes, Sharer’s lost sight of themselves. A mere “shadow image” (Quinn) of the person they once were, finding their way back to their ‘true self’ or any version of themselves known by close others felt hopeless. The dissonance between the worthless shell of ‘me’ left in the wake of suicidality and who Sharers thought they should be propelled suicidal desire and provided the rationale to leave.

**Shadow Self**

Suicidal episodes clouded Sharers’ own sense of identity as well as the identities they felt close others had come to know and value. Instead of finding acceptance and acknowledgement among their closest relationships, Sharers found themselves estranged, losing sight of their true selves: “I had no vision. I couldn’t see myself” (Lavender). Like Tess, Quinn felt trapped on the ‘other side of the glass.’ Quinn used the imagery of glass wall as a distorting window to illustrate the dark emptiness left in suicidal desire’s wake: “The dull white glass hides what is on the other side so that you can only see an outline; A shadow image if you will. A shadow image, that's how I see myself” (Poem artefact excerpt). Quinn had been living so long in darkness, she wondered whether she might find herself again or vanish into thin air: “Where is my humanity separated from the greyness? If you've been separated from yourself for so long, then you evaporate” (Poem artefact excerpt).

**No Future in Sight.** Part of feeling separated from themselves was an inability to “conceive a future with them in it” (Lavender). Shalva watched his future disappearing before his eyes at the outset of his episode: “Everything was going away from me instead of coming
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together, like it was supposed to.” “I couldn't imagine what anything would be like, and if I
couldn't imagine another stage in my life, it meant that it's not going to happen...I’m gonna die
before” (Lei). While in a residential program for suicidal ideation, Quinn developed a haunting
premonition of the exact day she would die: “I somehow came out of it knowing one thing: I
would die on 22 July, 2019. I just didn’t really think I’d have a future past the 22nd” (Quinn).

‘I’m Worthless’

Worthlessness filled the hollow absence left by Sharers’ evaporating sense of self. “I feel
like the human embodiment of a piece of shit. My absolute best isn’t good enough...excuse me
while I crawl into a ball” (Tess, Journal artefact excerpt). “I was disappointed in myself for
having this problem, [I was] just super critical all the time” (Rian). “I completely forgot all the
potential I had” (Paul). Sharers felt a dissonance unable to place why they felt so worthless. “I
felt like complete crap, just really worthless, but I had no reason towards it, you know what I
mean?” (Lauren). Watching her sense of self-esteem plummet, Alex remembers asking herself:
“What is wrong with me?!” Sharers longed to feel anything like themselves. "I wished I was who
I was like four years ago or like a better version of myself” (Julie). On top of hopeless
worthlessness, Julie also felt guilty for the effort that her mom and others were making to care
for: "I wished they cared about other people instead of me, that would’ve made it easier.”

No One Cares

‘You Don’t Care’. For some, close others’ actions during suicidal episodes increased, or
even triggered, perceptions of worthlessness. Strolling around town on the sidewalk with two of
her friends, Lauren felt like she was “the friend who walked on the grass.” Alex traced the
beginning of her “lowest point” back to feeling “completely crushed” after her Grade 9 boyfriend
broke up with her. Prior to her first hospitalization for suicidal thoughts, Rian was “severely
bullied for being gay.” The night Adhira wanted to jump off her apartment building, she was hoping to have a get together with a few friends, but “they all flaked, and [she] felt alone and isolated.” Ricardo wished to leap from his hotel window because of a ‘thunderous’ argument with his mother that ended with her shouting: “I wish you’d never been born!” Emma offers the clearest link between close others’ actions and worth. She wanted to “kill [her]self for a really long time,” but Emma made her “walk home decision” after she tried to catch up to a group of friends walking to an after-school hangout. One friend turned to her to say: “We don't want you here. We need you to go.”

‘I Don’t Care’. Unable to perceive their own worth, some Sharers adopted a reckless apathy toward living. Flirting with suicidal methods was “the highest form” of not caring about oneself (Lavender). Elise carelessly took pills: “I didn’t care about my health in any way.” Lavender was hospitalized for excessive alcohol consumption: “It’s a really scary feeling not giving a shit anymore...that period of my life, I literally stopped caring, I had no emotions to anything, literally months of numbness” (Lavender). Tess “stopped caring” about herself when she stopped feeling anything. “I was putting myself in a lot of harm's way, hoping that the universe would just kill me...I’d cross roads recklessly, sit on the ledge of balcony...” (Lei). Lei’s near-death attempt, an over-dose, was in part borne out of a profound sense of not caring about herself.

**Foreignness of Self During Suicidal Episodes**

“Wow, did I really feel that way?”— Quinn asked this question in her joint storytelling session with Stella. Looking back, the feelings and thoughts associated with suicidal episodes felt unfamiliar and separate from Sharers’ true selves. “The feelings that I used to feel, they’re becoming more foreign to me” (Quinn). Stella agreed with Quinn’s sentiments. Reflecting on her
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attempt, Stella explained, “I don’t get why I felt like that, why I felt like I needed to [implying her suicide attempt]...It's been almost two years now. It just feels weird that I was at that point in my life.” Alex brought the journal she kept during her suicidal episode to our interview. After reading a few entries aloud, she told me: “I hate rereading it because every single entry is just so sad [sighs] and it doesn't sound like me. I can't imagine ever like actually feeling these ways.” Knowing that the voices and feelings from suicidal episodes ‘weren’t really a part of me’ has been an important part of Rian and Alex’s healing journeys. Notwithstanding, trying to keep this fact in mind during suicidal episodes is near impossible. During her episode, Elise actively tried to remove the ‘real Elise’ from the darker narrative her mind was spinning: “It’s not me! Prove to yourself that these thoughts are untrue. These thoughts are not about me” (Journal artefact excerpt).

Unable to Live Up to True Self

Resembling any version of themselves known by close other(s) felt unattainable. As a result of not being able to see himself, Lavender could not see how he could fit into his curated group of friends. In Jaz’s joint storytelling session, they explained to May the personal and relational estrangement they felt during their episode: “I didn’t know my voice, and I didn’t know my voice in our relationship.” It was hard for Jaz, “to appreciate people or feel connected even if someone showed up.” In their interview, Jaz remembered thinking, “Oh, this is being around a person,” as opposed to feeling connection with another, when spending time with May and others. For Lei, a huge reason that others’ care did not land was because they were blatantly unaware of the part of her that was suffering. Lei called the part of her plagued by suicidal desire her ‘antithesis.’
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I told myself, “All these people love you.” I knew that as a fact. My parents, my siblings, each of my friends love me and that they wouldn't judge me and they [would’ve] listened. I think the problem for me was that there's this very specific image of me that people see me as: outgoing, vibrant, ‘happy go lucky’. And to have this kind of like antithesis of me living in the same body, I felt like [their love] was not even real.

Lei’s close others only interacted with her from the basis of the ‘very specific image’ Lei let them see. When feeling suicidal, Lei could not see herself as the vibrant outward projection of herself known by close others, even when they pointed out these traits in her: “I felt like I was most not worthy of any kind of label that they put on me.”

*Suffocating Presence*

Spending time with close others feeling like a shell of themselves made Sharers feel even worse. “I feel like I'm suffocating everyone with my presence and I need to give everyone room to breathe from me. But I feel so alone all the time and I'm so hollow. I feel so disconnected” (Alex, Journal artefact excerpt). “No matter how hard I try, it seems like everything I touch turns to shit” (Tess, Journal artefact excerpt). When trying to spend time with loved ones, Emma remembers thinking, “I mess everything up for everyone.” Paul was angry with himself that he did not feel like himself around his friends: “I wanted to hit myself in the head with a brick over and over again out of frustration... [for saying] the wrong thing at the wrong time.”

*Disposable, Unwanted*

Sharers struggled to see what value they could bring to others’ lives and desperately wanted to feel significant. Tess wrote in her journal, “I have no purpose...I want to be wanted right now.” “Oh, I'm going to cry. It [was] so upsetting. I was like, ‘Nobody wants me. [starts crying], Why does nobody want me?’ I felt this huge gap for connection” (Jaz). Feeling
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undesired and disposable led Sharers to think that they could evaporate, and no one would care. Sharers remembered thinking: “I’m disposable...nobody gives a shit about me. I’m not good enough for anybody” (Emma); “Nobody really needs me here. If I wasn’t around, what would it affect?...I don’t feel like people need me around” (Julie); “[Suicide] is the final thing that proves that I’m not worth anything. And this is the final proof that I’m not good enough for anyone, and I never will be” (Alex). After all, who would miss a worthless shadow of someone?

**Counting the Cost of Close other Impact**

Sharers considered what impact their suicide could have on their loved ones. Being able to see that their loved ones would be okay was an important factor in following through with a suicidal plan. No Sharer thought that close others would be unphased by their absence. Sharers envisioned close others’ experiencing momentary pain, but then eventually moving on with their lives. Able to visualize brief pain for others is an interesting contrast to Sharers’ perceived unending pain felt during episodes. “People will grieve. But you know, grief is finite, people will get over it. At least I will be set free” (Lei). Thinking about any lasting pain left behind made things worse. Jaz explained their reaction to intervening others who say, “Think about the people who care about you!” “I’m like, ‘Oh fuck. Now I really want it.’ Like, there's more pain, because I feel guilt on top of [my own pain].”

**‘Writing Myself Out’**

Thinking about close others continuing their lives, supported by their own belonging network endorsed Sharers’ decision to leave—after all, Sharers were just one planet in each close other’s solar system of connection. Sharers minimized their role in the lives of close others. Jaz remembered thinking, “if they did care, it wouldn’t be so much a loss because I wasn’t super active in their world.” “It was a deep sense of loneliness...I just rationalized in my head, ‘I have a
lot of friends, they have a lot of friends other than me, even if I went, I felt like it would be okay”” (Lei). Lavender was equally conscious of his own close others’ unfolding narratives and the parts he took on in them. Although Lavender could not ponder his own life, he felt comfortable leaving his friends and family behind as “long as [he] could finish their storylines” in his own mind: “I knew they had other support like, ‘if my parents stay as they are... [this friend] is with that friend group and she's doing solid and [that friend] has got those people.’” I asked Lavender, “So, you essentially wrote yourself out of their narratives?” “Yeah, exactly [nodding enthusiastically]” (Lavender).

*The Close Other Side of Suicide*

From the other side of a suicidality, four Sharers reflected on being in the place of close others impacted by a loved one’s suicide attempt. The narratives playing out in Sharers’ minds regarding other’s agility to move on from fleeting pain did not hold up to the reality of grief’s lasting pain. Pain caused by successful suicide attempts of close friends was linked to Jack’s suicidal desire and Stella’s attempt. Quinn explained to Stella in her joint storytelling session that she could not have realized the pain her own suicide could have caused people without the “extreme sadness” of Stella’s hospitalization:

I thought, "This is why you should not try that actually. Cause everyone's going to be really mad and upset” I don't want to anyone to feel that way about me. [And] also seeing your parents and your brother, they were just so concerned. Logically thinking through that, of course people are going to feel that way. But I think just experiencing that, made it so much more real.

Attending the funeral of his friend who took his own life was the “most surreal and human” moment of Paul’s life. Witnessing the pain of so many, while experiencing the weight of his own
grief, Paul “saw what happens, what [suicide] really does to someone, what it does to everything around you, the gravity.”—a gravity that tears through an entire solar system of connection:

God, there was well over a hundred people in that small church, it was packed...Me being at that funeral, I felt like everyone was aligned perfectly, kind of like an eclipse. We were all together in that we all saw what happened. We all knew how it felt. And then everyone went their own way afterwards. But that was one moment that connected to everyone, celebrating someone’s life that shouldn’t have ended so prematurely.

Summative Collective Sentiments

Why No One Knew (Section 3)

Guiding Narrator Considerations. Section 3 adds yet another dimension to Sharer’s loneliness and shines a light on perhaps the most baffling irony of Sharers’ stories—most people had no idea that they were suicidal. Sharers dragged themselves through life feeling like a worthless shadow of themselves, and yet, many close others had no idea that Sharers were, in some cases, moments away from taking their life. “Nobody knew (Tess), not a single person” (Julie); “Nobody was figuring out that I was very suicidal” (Lavender).

Section 3 has three subsections: die before telling, ‘I’m fine’, and why Sharer’s do not share. Die before telling and ‘I’m fine’ are explored first. These subsections detail Sharers’ desire to keep suicidal thoughts to themselves, preferring to hide their suicidal thoughts behind a façade than let someone into their pain. Next, why Sharer’s do not share explores five reasons
why Sharers were reluctant to share their struggles with close others. Burdensomeness is discussed the most in this subsection. Other reasons for not sharing suicide thoughts also included: not having a story worthy of suicidal desire, not having the language to express the heavy pain of suicidal desire, shame, and an inability to reach out are.

Die Before Telling

“I didn’t tell anyone” (Elise). Swallowed, pushed, and “shoved right down here [places both hands on ribs]” (Tess), Sharers kept their suffering to themselves, actively hiding their suicidal thoughts from loved ones. “I tried to keep it very much inside; I didn’t want people to notice how I was feeling” (Quinn). “I hid it from everyone, so no one really knew” (Naomi). “Everything I kept to myself. I wanted somebody to talk to, but I couldn’t...because nobody knew” (Lei). In the diary Lauren kept during her longest hospitalization, she wrote: “I’m really not okay. I’m managing to hide my emotions. It’s so hard to do, but I can somehow.” “I’m pretty good at hiding my feelings. Don’t want to sound proud, but I kind of am” (Lily). “I was constantly hiding it. I was profoundly alone” (Tess). Between death or sharing, Lei would have “rather died than live to see the consequences of telling somebody.” Paul reflected on the loss of his friend who took his life: “There’s no way I could’ve known...but I wish I could have done more.” Paul did not make the connection, but this reflection might have been grounded in his desire to keep his suicidal thoughts to himself. No one would have found out if it was not for his mother “being in the right place at the right time.”

Withdrawn

Many Sharers, including Paul, withdrew from close others to keep their struggles hidden. “I would take midnight showers so I could cry and no one could hear me” (Alex). At school, “the littlest thing would set [Rian] off”: “I’d like go to the washroom and cry. It was really bad.
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[sniffling] Like I was just like in a bad head space all the time.” Naomi turned down regular friend invitations to hang out: “‘Oh, I can't go out for lunch with you guys.’ And I'd give some excuse, like, ‘Oh, I have to study or something.’” Lei sensed that family knew she was pulling away. Feeling like she could never reconcile the gap only generated more relational distance: “I just couldn't bring myself to be as close to them as I wanted...and then I kind of became even more withdrawn from people.” Adhira actively pushed people away to protect the fragile sense of self that remained: “I was pushing them away because I didn't want them to be close...I guess I didn't want to be hurt.”

Isolation increased ideation. “Not talking to anyone makes it worse. I need to [talk to people], but I don’t. It’s a bad cycle” (Quinn). Removed from close others’ presence was “where a lot of loneliness came from” (Quinn). Tess hated spending time in her dorm room alone: “As soon as I give myself room to breathe, it comes and slaps me in the face. Everything is too much and nothing is ever enough. I feel alone in this” (Tess, Journal artefact excerpt). Even stepping away from friends to go the bathroom was enough time for suicidal desire to consume a moment:

We’d be playing Pokémon, [I’m thinking,] “Wow! This is so fun.” But if I went to the washroom for 10 minutes and I’d be like, “Oh my God. I'm literally in a horrible head space.” I'd put on a smile and go back, but I don't know how great that smile was. I think they did their best to distract me and get me back.

‘I’m Fine.’

Sharers hid their misery behind a smile and two words: ‘I’m fine.’ “There’s a face you want to project of how you are” (Lei), an “image you put forward to people, even family, ‘I’m fine. Nothing’s really wrong,’ [but] I’m really not fine” (Quinn). In a poem describing the “numb abyss” of suicidal desire, Quinn wrote: “Halfhearted smiles hold back tears. I put on my paper...
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bag of emotions...I smile, I laugh, I cry, all the while slowly dying inside my own mind.” “I was just constantly [pauses between each word] crying all the time. It was uncontrolable. I’d be wiping all my tears, put on a smile and just [think], ‘Oh my God, this is so tough’” (Lei). “I felt like I had to act happy, keep it a secret, cause it also would be shameful” (Naomi).

During Julie’s episode, she tried to disclose her suicidal thoughts to two close friends: “[They] had a really hard time understanding it, and were like, ‘People love you. You're funny, you laugh with us. How can you be sad?’” Julie and her friends attended a concert a week before Julie’s near attempt. While her friends enjoyed spending time with ‘fun-loving, Dean Lewis fan Julie,’ the concert felt very final in Julie’s mind. She thought, “this is like a good way to cap things off.” Julie’s projection of ‘being fine’ extended beyond her darkest moment. The day after Julie’s near attempt, she went back to school and “pretended like nothing happened.” “Nothing actually happened, but everything happened. I didn't know how to explain that [choosing not to attempt suicide] to people who didn't know anything about that.”

Why Sharers Do Not Share

Behind the veil of Sharers’ suffering are five reasons for not sharing: burdensomeness, storyline comparison, shame, not having the words, and an inability to reach out. By far, burdensomeness was the most reported reason for concealing pain from others.

‘I’m a Burden.’

“What you say and what you do affect other people and their wellbeing. I never want to be the person that makes other people feel bad...No one wants a constantly crying damp cloud” in their life (Alex). Stella felt like she was just “wasting everyone’s time” during her episode. In the journal Alex kept at the time, she wrote: “I want to talk to someone about the way I've been feeling, but nobody seems to care enough to listen, and I don't want the guilt of worrying or
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burdening anybody with what I've been going through lately.” Quinn would not let her mom “know how bad it really was.” “I didn’t want her to stress or worry too much” (Quinn). Jaz stopped communicating with their friends because they “didn't want to be the person who the only time you're hearing from [them] is because something's wrong.” “I don't want to always be like in need, in your perception” (Jaz).

‘You Have Your Own Life.’ In the mind of Sharers, close others had their own lives to live and bigger problems to deal with. It did not seem right to Sharers to bring others down with their own hopeless problems. At the time of Naomi’s episode, her mom had recently lost a sister: “She was the only one really to sort out all the legal and medical stuff. She was really stressed out at that point.” Naomi felt like it would have been selfish to “add to her stress with [her] own stuff,” making her feel more “isolated and alone.” Rian had a wide network of online friends to reach out to the night she nearly overdosed at home while her family was on vacation. I asked Rian why she did not message any of her supports: “I didn’t want to be a burden, I guess. I knew that they had like their own stuff going on, so I didn't want to dump extra stuff onto their plates.” Knowing the extent of her friends’ problems, Alex felt like her suicidal desire felt insignificant compared to what her friends were going through: “I didn’t want to reach out because I am so fortunate to just have these kind of mundane problems when everyone else was just really, really struggling. My problems didn’t really seem that bad in comparison.” (In fairness to Alex’s feelings, her friends did have some pretty serious problems around this time: “One friend was sexually assaulted. She has PTSD and Bipolar Disorder, and self-harms every day now. I still monitor her every night.”) Julie recently told her two concert friends just how serious her episode had gotten. Recalling a conversation with one friend, Julie underscored a desire for her friends to
keep living their lives even though she wanted to end her own. Additional context, the week of Julie’s near attempt, her friends were out of town at an athletic event.

She started crying cause she was like, "I didn't know it got that bad. I wouldn't have gone to [athletic event] if I felt like you would do something" or whatever. And I was like, "Well, I didn't want to tell you because I didn't want you guys to not go.”

During her episode, Julie felt like her presence actively burdened her loved ones. Others’ caring actions amassed an overwhelming sense of guilt. Julie thought, “I'm burdening them, they would do better without me...They should like have more time to do what they want and be able to talk about stuff without me being like [open hand drags from top to bottom of video screen].” The more thoughtful the caring act, the more Julie’s sense of guilt spiked because she did not feel like she could reciprocate: “I felt like I wasn't able to offer enough back. Even if they were grateful, it was never, it never felt like enough.”

Only Worry Left Behind. Feeling like close others could not do anything about their suicidal episodes further engendered Sharers’ burdensomeness perceptions. Lei shared two thought processes from her episode that both concluded with concerned loved ones. In one, Lei played out potential supportive conversations with her friends in her mind:

I’d just start with, “Oh, I'm really sad.” And then they'll be like, “Why?” And I'll be like, “I don't know. I just am. I don’t know how to make it stop.” Then they’ll be like, “How can I help you?” And I’d say, “I don't know.” And then all I've left them with is worry. Lei also tried to imagine herself in the shoes of a loved one hearing of someone’s suicidal pain. Thinking through the care needed to uplift the person struggling sounded utterly exhausting. Lei wondered how she could possibly put her friends through such a feat:
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I would feel so worried because I can't do anything, right? What am I going to do? Am I going to sit with you all this time? What if I get tired of dealing with this every day?

Cause it’s somebody else's emotions, right? It doesn't make sense to you. Just thinking of all those things, I couldn't bring myself to share any of this, even with my closest friends.

‘I Know I’m Hurting You.’ Emma’s sense of burdensomeness developed from seeing her mom in pain after she caught on to Emma’s struggles. “She would just cry. I would hear her in her room crying to her friends, telling them, ‘I don't know what to do.’” Emma hid her pain as a way of protecting her mom: “I knew it was like really, really hurting her, knowing how much I was hurt. So, I didn't want to tell her.” In a joint storytelling session with Quinn, Stella expressed feeling like she let Quinn down “lots of times” leading up to her attempt. For Stella, suicide was, in part, a way to release Quinn from her perpetual burdening in Quinn’s life: “I just thought this one last thing would [voice cracks] make you leave forever.”

[Aside] When Burden Perceptions are Accurate. Except for Emma, Sharers’ sense of burdensomeness during suicidal episodes were unconfirmed perceptions. Worth noting, Sharers cited two circumstances where another’s problems were legitimately burdening for close others. Both came up during joint storytelling sessions. The first is when the close other is the only support. Adhira had recently helped Mac through some of his worst mental health episodes, which included suicidal thoughts. Mac shared that he felt guilty “overburdening Adhira” as his only support. Adhira explained that she did not feel burdened initially, “but after a few months, it got quite a lot.” “I found myself exhausted of my resources or how much I could help, and that clearly wasn’t enough” (Adhira).

The second case of legitimate burdensomeness is when someone’s life depends on close others. “I sound so callous right now, but we should never have been put in that position of
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determining whether someone lives or dies. That should not be on our shoulders” (Alex). Alex and Lyla reflected on mutual friend who had been heavily relying on them during some of the darkest moments of their episode. On multiple occasions this friend had sent an ‘S.O.S’ text to Lyla, pleading that if she could not help immediately, they were going to take their life. Alex apologized to Lyla in their joint storytelling session for everything she had put Lyla through. Lyla contrasted Alex’s episode with their friend’s, assuring Alex that her needs were reasonable:

I'm your friend. I wanted to do it because I want you to be happy. In the back of my mind, I wasn’t like, “If I'm not there for Alex every single time, if I don't check on her every single time, then something bad is going to happen” ...It wasn't like you were overwhelming us with terrible things.

In a debriefing session after the joint storytelling session, Alex felt so relieved that she was “never the burden [she] thought [she] was:” “It’s so comforting. I was really afraid to ask for help when I needed it the most, because I really didn't want to burden a friend.”

Circumstance ≠ Pain

Some Sharers felt like their life circumstances did not justify the pain of suicidal episodes. “Part of me wanted to have some sort of concrete reason for feeling this way” (Lei). Wanting a ‘concrete reason’ was derived from comparing their own narrative behind their pain with others’ pain. If Sharers could not ground their pain in some horrible twist in their life story, they felt like their pain would not hold weight in the eyes of others. “I’m sad and lonely, but I'm not sad enough for it to matter. Like I don't need to take antidepressants, it's not like I don’t have friends around me” (Lei). Stella remained silent during her episode because she never heard anything from her friend who took his life months prior to her attempt: “In that moment, my
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complaints weren't valid enough, because the friend that I lost he had a shit life. [crying] So maybe it was like, [pause] why should I have complained if he didn't?"

Even when Sharers felt like that had a narrative worthy of the pain they felt, they struggled to reach out. Lei was sexually assaulted weeks before her attempt. That night, Lei “curled into herself” on her bed thinking:

I finally had given myself a story worth the sadness. I could finally say I’m sad because of something. I beat myself up about it... “You do all of that. And in the end, you don’t even talk to anybody about it.”

Shame

“I don’t want anyone to know about it. It’s embarrassing. No one actually wants to talk about it. No one wants to hear about it. It's sad. It's uncomfortable” (Emma). Sharers actively hid their struggles because they felt ashamed of suicidal thoughts. “I hid it. I knew it was something to be ashamed about” (Tess). “I was happy no one knew...I felt very lonely in that, kind of ashamed” (Naomi). “It’s like a chapter in my life that I pretend doesn’t exist...it's like such an embarrassing moment...[and] something that you can't take back. Like once I say it, it's a stain that will be forever on me” (Lei).

Not Having the Words

Another reason Sharers hid their pain is because they felt like their thoughts and feelings were inexpressible. Sharers did not “really understand how [they] felt” (Lei), unable to 'put a finger on what was going wrong' (Luna, Tess). Jack remembered thinking, “‘Holy shit, this feeling is so big inside my head, but I can't let it out.’ [So] it just struggled inside of me.” Lei, “didn't feel like anybody would understand” because she “didn’t really know how to talk about
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[her] feelings or emotions”: “I was constantly crying, just so sad and I couldn’t understand why.”

Not having a language for her feelings kept Elise from opening up to others:

I didn’t know how to talk about it. Didn’t know how to tell people. I didn’t know how to bring it up. If I was having a bad episode, I didn’t know how to word it correctly...I don’t think I could’ve communicated what I was going through.

In Jaz’s joint storytelling session, they explained to May why they never went to their at her worst: “I didn’t know how to bring [suicidal thoughts] to our friendship.” Comprehending suicidality for oneself seemed like a necessary first step before Sharers could bring their experiences to another. Lavender “hadn’t accepted that these things [suicidal thoughts] were happening” and wondered, “If I don't tell anybody, then these thoughts are not real.” “I didn't even acknowledge it for myself, so I didn't know how to say it to other people” (Julie). “And so, I would write poems”—Julie and 11 others turned to creative outlets (e.g., poetry, art, music, acting) during their episodes to try to articulate and find a language that captured what was going on inside of them. “The whole idea is you want to be understood, but you don't know how to say it” (Lei).

Unable to Reach Out

Even if Sharers wanted, they felt unable to share their pain with others. “I don't know how to explain it...I knew that these people did care and that they're there for you. And if you called them having a crisis, they'd be there for you, but it just doesn't feel like it” (Elise). “I knew I had people. If I called them, they would drop everything to be there, but I didn’t have, I guess, the right mindset to do that. I didn’t have the emotional capacity to reach out for help” (Ricardo).

Lei began the story of her near-death attempt with this preface:
It was the epitome of the loneliest moments of my entire life. I literally felt like I couldn't talk to anybody. I'd pick up my phone and in the back of my mind I knew that they would pick up and they would talk to me, but I literally felt like I just couldn't.

**Summative Collective Sentiments**

“*I'm fine.*”
(“This is so embarrassing. How could I tell anyone?
I can't put my finger on why I feel so bad, or even find the words to explain it. Nobody likes a damp cloud in their life. I'm such a burden.
Besides, you've got your own problems; I don't want to add to them.
What could you do about it anyway?
Even if I wanted to reach out, I just can't.”)

“*How are you doing?*”

‘Why Doesn’t Anybody Know? I Want Your Help!’ (Section 4)

**Guiding Narrator Considerations.** Section 4 illuminates an incongruous reality that lies between Sharers’ silence and close others’ ignorance—Despite internalizing and hiding suicidal thoughts and feelings, Sharers wanted close others to know and react. This section shines a light on Sharers’ flickering will to live amidst suicidal desire and how Sharers attempted to elicit help from close others. Sharers reached out to close others at various points along the suicidal pathway through an array of tactics. Attempts ranged from subtle to explicit and unintentional to deliberate.

Section 4 is made up of three subsections: subconsciously letting on; hints, clues, and fragments: the language of reaching out; and why Sharers did not reach out. Unintentional, subconscious attempts to reach close others will be considered in the first subsection, subconsciously letting on. Then, intentional attempts ranging from subtle and indirect to explicit and direct are reviewed in the second subsection, hints, clues, and fragments: the language of reaching out. Factors that enabled Sharers to reach out are considered in this subsection. Some
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Sharers did not seek out help during suicidal episodes. The third subsection explores reasons behind why Sharers did not reach out.

As you wade into section 4, you will sense the downward curve of the story arc pivot into an upward rise in Sharers’ will to live and growing sense of belonging. The smooth straight upward line in Figure 5 is visually misleading. The rise is not a straight trajectory to stay for most Sharers. Rather, choosing to stay is a staggering messy clamber to connect and survive. From the theatre vantage, the remaining three sections (i.e., section 4-6) is perceptively situated in the first front rows of the auditorium, near to the stage. Accordingly, you are brought closer to the first-hand emotions of Sharers than you were reading section 2 and 3. But you also maintain enough distance from Sharers’ voices to take in close others’ role and fit inside Sharer’s story landscape.

Deep down, there seemed to be at least “some part of” Sharers that hoped someone might step in to intervene: “I wanted someone to notice so that they could help me, because at that point I was too afraid to go” (Alex). As exemplified in Lei’s story below, Sharer’s desire to live was often unclear or conveyed as a mixed message:

I had cut too wide and too deep. People asked me about [my scar] I’d and say, “Oh, I fell and cut my arm.” But secretly in my mind, I was just hoping, "please see through this bullshit and ask me a real question." I didn't want to keep it to myself. Like I just wanted somebody to be very persistent with me...to see past it all, who could know, somehow magically, what I'm feeling without me having to say anything. (Lei)

Lei literally wore this desire ‘on her sleeves,’ scars visibly left in hope that someone might piece together her struggle and help. Other Sharers felt conflicted throughout their episode whether they wanted others to know: “There were points where I thought, ‘Why doesn't anybody know?’
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And then there were points where I was glad that nobody knew because then it's like nobody is going to be stopping me from doing anything” (Julie).

Subconsciously Letting On

Ricardo cited three times in his life when he was wrestling with “serious thoughts of the unthinkable” and sent a text or made a phone call. His central reason for reaching out was to say goodbye; but, woven into his message was a subconscious cry for help: “I didn't call [my friend] with the intention of wanting her to stop me. I felt like she deserved a farewell. But now that I think back on it, a little part of me wanted her to stop me.”

I can honestly say that when I do throw out a life preserver, I'm not doing it consciously. I don't think, "Oh, I want someone to help me right now." I think it's my own subconscious self-preservation acting for me and my current self-rationalizing that people deserve to hear my farewell. (Ricardo)

Looking back, Lei saw her self-harming at the beginning of her suicidal pathway as a way to hint at her struggle: “Subconsciously, I wanted people to notice and to ask me and to talk to me about these things, so I didn't feel like I was being a burden.”

Naomi and her boyfriend were texting about their days during an especially low night of her suicidal episode: “I hadn't had a really good day and things were kind of rough. I don't remember exactly what I said, but I think he knew that I had been having more rough days than good days.” Naomi’s boyfriend had some background around her struggles with mental health (e.g., anorexia, depression), but was unaware of her present suicidal state, or so Naomi thought. Naomi’s boyfriend told her he would take her to McDonalds to cheer her up. After she got in the car, he drove past McDonalds directly to the emergency room. Naomi is still baffled how “how he tuned into the suicidal part.” “Honestly, it still confuses me how he knew and picked me up.”
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The answer likely lies in a call for help hidden between the lines of ‘How was your day?’ and ‘Let’s grab something to eat.’

**Inherent Brokenness**

**Seeing Brokenness.** Brokenness resulting from Sharers’ suicidal desire may be somehow linked to subconscious reaching out. It is difficult to separate how much Sharers’ pain was inherently perceptible to others and how much Sharers consciously chose to let down their walls: “I would always make a bit of effort to pretend that everything was okay, but anyone could look at me and know that I was not okay. I probably was emanating that kind of energy” (Alex). During lunchtime, Lily would “just start crying” and curl into a ball, unresponsive to Justin or anyone else. At school, Alex found it hard to not “give off negative vibes...constantly crying” around her friends. All joint storytelling sessions ended with the same question: “What does (the other) mean to you?” Stella told Quinn: “I’d call you my friend soulmate... I can just like sit next to you and you already know something’s up. Many times, I don't even have to voice it. You just really feel what I feel in a sense.”

**Hearing Brokenness.** In addition to others seeing brokenness, Sharers’ pain could also be heard. Before Ricardo could tell his best friend over the phone that he wanted to end his life, she deciphered his intent through his voice: “She was crying because she knew. She could sense where I was at. I was broken. I never sounded that broken before.” At his breaking point, Paul dragged himself in the kitchen in hopes of somehow getting through to his mom. Paul’s mom immediately knew that something was wrong just in the tone of his first word— “Mom...” Silence sometimes conveyed brokenness. Letting “silence seep in” to conversations was one way Eve and Lei communicated that they were struggling. At the time of their joint storytelling session, Eve did not know about Lei’s near-death suicide attempt. However, Lei remembered in
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their conversation that she had called Eve after being sexually assaulted: “I couldn’t say anything without crying, so I didn’t say anything. It was just silence” (Lei). Lei did not tell Eve about the suicide attempt during our joint storytelling session; Eve is one of multiple close others who do not know about their role in a Sharer’s suicidal journey.

Hints, Clues, and Fragments: The Language of Reaching Out

In addition to Eve, Lei reached out to others during her suicidal episode, only ever sharing ‘fragments’ of her struggle. Lei hoped someone might pick up the trail of fragments, “decipher the clues,” and see past her ‘I’m fine’ façade: “I’m dropping all these symbols and themes waiting for somebody to pick it up, to get it, you know. But anytime anybody would ever actually ask, ‘Oh, like are you okay?’ I would always deny it” (Lei). Other Sharers had their own ways of deliberately reaching out at various crossroads of suicidal episodes. Some attempts were noticeably clear calls for help, while others were less clear, or a mixed message. Sharers’ stories of trying find help point to a language of reaching out comprised of fragments, hints, encoded messages, and tests. Sharers’ efforts to reach out are bundled into two categories: subtle and indirect and explicit and direct attempts.

Subtle and Indirect Attempts to Reach Out

Trouble. From an early age, “so much felt wrong” for Jaz. They tried to flag the attention of teachers and staff at middle school to help them by causing trouble. Jaz’s plan backfired. They wondered: “Why are the adults not doing anything?” Jaz’s actions were met with accusations of “What’s wrong with you?” instead of caring concern: “They were like, ‘This child is rambunctious, disruptive, inappropriate and they’re making other students uncomfortable and not safe.’ And I was like, ‘Yes. I know. Now ask me what’s wrong.’”

20 Italicized for easier readability between two categories.
‘I Won’t Be Here’. Julie was surprised that more people were not tuned into her episode. Out of all Sharers, Julie reached out to the most people in the most ways. At school, she hoped teachers and peers would clue into her plan by joking about suicide and alluding to not being around after the Wednesday she was going to end her life:

My teacher would be like, “Did you start your essay yet?” Or people would be like, “Want to hang out with this weekend?” And I’m like, “No, I don’t know. I don’t think I’ll be able to.” And they’re like, “Why?” I’m like, “I just won’t be here, like I dunno...” Or I’d make jokes and people would just think it was just a joke. And I was like, “Bro, when I say it every day, it’s not a joke anymore.”

Individualized Hints. Julie cleaned out her locker and left reusable straws (an inside joke) and a USB for her closest friend, Kaden21 to find. The USB contained a school video project that Kaden had always admired. Kaden ended up saving Julie’s life (story picked up in the next section: Successful, Unhelpful, and Should Have Been Close Other Interventions).

Worth noting now is the language Julie and Kaden had developed to share their struggles driving around in Kaden’s car, a space that always felt safe to Julie:

The way he would open the door, I felt like I knew if he needed to talk or the way I buckled myself in, he knew I needed to talk. Or we’d be driving, and it’d be quiet for more than two seconds. And we’d be like, “Oh, you okay?”

Opting Out. As a part of her school’s student council, Julie participated in a peer-influencer suicide prevention program several weeks before her near attempt. Julie tried to get out of the training, but the organizing teacher pressed her: “Julie, this could save a life.”—She acted like I’m being selfish for not wanting to go, when really that was the first time I had

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21 Aside. Kaden, Julie’s closest friend is given a pseudonym because he came up a lot in Julie’s story, and these vignettes are explored throughout this chapter.
thought about my own wellbeing in two months.” While attending the training, Julie could not believe that none of her peers or teachers could be listening to “how to recognize the signs of suicide” and not see that she was at her edge: “They have all these assumptions of who I am. They didn’t clue in. I spend a lunch a week with them, and they have all of this training...it’s like, [brief laugh] ‘You’ve known me for five years now!’”

**Skirting Around Suicide.** Sharers found ways of talking about their pain without addressing suicide head on. Crying on the phone to her mom, Tess phrased her suicidal desire as feeling “like such garbage all the time.” Tess inquired whether she should start seeing a therapist, but her “parents were very against mental health at the time. They were like, ‘Oh, it’s all ‘woo woo’’” (Tess). The night before Lavender’s first hospitalization, he “had a really hard conversation with [his] dad and stepmom about [his] mental health.” Quinn frequently talked to Stella on the phone after school about how she was feeling that day. At dinner with her boyfriend, Elise started spiraling into “a really bad episode” of suicidal thoughts. “Really freaking out,” Elise “couldn’t explain [to him] what was happening.” She mustered to say, “I think we should leave.” Not understanding where Elise was coming from, her boyfriend “got really mad and frustrated.”

**Quality Time.** When feeling low, several Sharers invited others to spend quality time with them without the pretense of discussing their pain. “If I was having a bad episode, I wouldn’t tell my roommate directly, I would just be like, ‘Can we get food together or something?’...We’d just do stuff and I’d just push through” (Elise). In Lei’s first year of university, she avoided spending time alone her room and tried “to hang out with [her] friends as much as possible.” If Quinn’s suicidal episode had not gotten ‘too bad’ (i.e., a total blackout),
she would seek out one-on-one time with her mom by asking: “Can I just sit with you? Can I just talk to you?”

**Group Glimpses.** In addition to in-person close others, Sharers also tried to reach out to online close others. After losing his friend to suicide, Jack created a personal Instagram account. Jack allowed about 50 close friends and acquaintances follow this account. In the initial stages of Jack’s suicidal episode, he shared day-to-day snapshots of his struggle on the account. While some of his posts directly referenced his own ideation, most posts hinted at his episode: “It wasn’t always explicit conversations about harming myself...It was often very subtle conversations.... but ultimately just a clear expression of my struggle.” Rian’s LGBTQ+ Instagram group also had some idea about her suicidal thoughts; however, they were unaware about the severity of her intent: “I don’t think I ever explicitly talked about it to the group. They knew the premises of what was happening, but they never knew how bad it really got.”

**Explicit and Direct Attempts to Reach Out**

**Hesitantly Finding a Window to Share.** Attempts to tell someone just *how* terrible things had gotten usually came at the very peak of suicidal desire. The life-saving conditions for a Sharer to put together the right message to reach the right person(s) was often a small and fleeting window. Surmounting the strength to act in these critical windows was no small feat. Ricardo immediately regretted his initial attempt to reach someone through his social media: “I posted on Facebook, something along the lines of, ‘I can’t do this anymore.’ And then I quickly took it down.” Later, Ricardo reached out directly to his best friend, hoping she would catch on to his suicidal thoughts even though he could not muster the words “I want to kill myself”: “[I

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22 Also called a ‘spam’ or ‘friend’ Instagram account.
used] vague euphemisms that are clear enough for most people to understand my intentions. ‘I want to jump in front of a bus.’ Maybe that was the most direct thing.”

**Ideation Hiding in Plain Sight.** The most direct way Julie tried to reach out was through her lukewarm bathwater poem (cited above). She submitted the poem as a creative writing assignment to her English teacher. “It was so dark. It was literally about this [suicidal experience].” Julie was baffled that her teacher did not catch on to what she was trying to share. On Julie’s report card, her teacher wrote: “You need to take more risks in your writing. I love your style, but like I want to see more risks.” “More risks?!” Julie thought, “I’m literally telling you things that not a single soul in the world knows.” Julie was even more concerned that her teacher was acting on what she shared: “How did [the teacher] not call the police?!”

**History Not Predictive of Reaching Out.** Naomi felt an upswing in her mood after her first bout of suicidal thoughts, so she told her mom about her episode: “I actually realized at that point that it was a serious issue. I couldn’t just continue to ignore it, put on a happy face, and pretend it didn’t exist.” During Naomi’s second, more serious episode, she did not tell her mom, or anyone else about her pain. Before her boyfriend picked her up to take her to the hospital, Naomi was sitting with her mom watching the evening news: “I didn’t want to be alone with my thoughts and do anything...It was an escape from all of that...I wish I could’ve been more open, at the same time I felt bad cause I didn’t want to upset her.” Naomi’s perspective highlights that a positive caring encounter experienced from opening up once does not mean someone feeling suicidal will reach out again, even if they are in the same room.

**Pressing Send.** Stella’s attempt to reach out was potentially just one click away. She knew the person she wanted to reach and the message she wanted to send, but did she press ‘Send’? At some point between contemplating taking pills and sitting down to watch TV with
her family, Stella typed out a long text to her therapist. The text felt like a suicide note of sorts. In the roller coaster blur of the night, Stella cannot remember if she actually sent the text: “I was texting my therapist. It was more like I was writing a letter to myself. That was basically my note, I guess. Yeah. I can’t remember if I sent it.” Stella’s reach out attempt illustrates the finicky, hair-line nature of reaching out, especially when feeling at one’s very edge.

**Tests of Care.** ‘Do you really care? Does anyone care?’: part of Sharers’ reasons for trying to reach out was to answer these questions. “I kind of wanted to just open the door and see if something would happen to help me” (Jack). The night Jack was closest to taking his life, he knew he had “tens of people [he] could’ve called who would’ve picked up the phone.” Instead, Jack “threw out” his cry for help on his Instagram account. Up to that point, his account had proven to be a safe and supportive place for throughout the early struggles of his episode. Jack posted a blacked-out screen with the caption: “Fuck if anyone’s around or able to come see me in [neighbourhood] please come see me I really need somebody I need some support tonight.” Jack explained why he reached out via Instagram: “By posting on the account, I wanted to see if somebody cared at *that* specific moment. I knew people cared in general, but I wanted to see if people cared *right then* when I was having that hard time.”

On February 26, 2015, Lauren was going to end her life. That Thursday, she brought a handwritten suicide note to school. During first period, she typed out her note onto her phone in a bathroom stall and texted it to two close friends. Here are excerpts from her letter:

Dear my loving friends & family <3, It’s that person you no, [Lauren], right? Well, I got bad news. Lately I’ve been, depressed sad, alone... Well, its come to far. Im sorry for what I have to say, but...Im done. Its the end for me. I’m leaving the earth soon. You no what I mean? I hope so...if not I mean end my life...All those loved ones who care and
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look out for me, thanks for trying but I can’t do it anymore. I’m really sorry to all my friends family and others in my life. I dont mean to hurt anyone but its hard. I love you all...Please forgive me...<3<3<3 You will forget about me eventually.” (signed “Love, [Lauren], [Birthday]—Feb. 26, 2015”)

It is worth pointing out how this note captures Lauren feeling removed from her true self and the minimal impact her actions would have on loved ones, themes covered in the self, spinning through a solar system of connection section. In sending this note to her friends, Lauren felt like she could trust them, “but didn’t know if [they] cared or not.” She told me, “If they didn’t respond, I was actually going to do it.”

Prior to Jaz’s fourth hospitalization, they were swallowing pills in the bathroom wondering a similar thought to Lauren’s: “If he doesn’t stop playing bass and show up, then I guess this is happening.” On Jaz’s way to their apartment bathroom to take their life, Jaz walked past their roommate practicing bass and told him: “I'm going to go kill myself in the bathroom now.” Jaz was hesitant to say anything: “It's not like killing yourself is a really big, scary thing. And it's not always like I want to succeed. I want it to stop hurting, and it's very conflicting, but I'm gonna try and do this.” Ultimately, the tragedy of “not giving him the chance to know...in case he wanted to know” was the deciding factor of her snap decision to reach out. “I don’t know...It's horrible if I go to the bathroom and kill myself and he doesn't get the chance to know what's going to happen.”

Enabling Factors of Reaching Out

Pledged support, relatability, vulnerability, close other consent, and trust: these five factors help to explain what enabled Sharers to reach out and who they chose to open up to.
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**Pledged Support.** During his suicidal episodes, Ricardo felt compelled to reach out to his friends because at some point they relayed to him: "I will be here for you. No matter what. In however way you need me." “Even if not in those exact same words, maybe it's their actions that I associated as that thought” (Ricardo). Sitting in the hospital waiting room with her boyfriend, Naomi reached out to a close friend telling her that she was in the hospital getting help for suicidal thoughts: “We had previously talked like, ‘If ever anything’s going on, just text me.’ Like, ‘We’d be there,’ So I called her, and I was like, ‘Hey, this is going on.’” For Julie, Kaden had ‘opened a door’ of support for her sadness months before her attempt. She felt like she could always return to Kaden’s sense of openness and understanding: “it’s always very open communication. I know that that door is open. As soon as it was opened, it won’t close.” Mac was not in Adhira’s life during the worst of her suicidal episodes, but he has become her go-to support when dealing with mild ideation or recently, the death of a close friend. The most comforting aspect of Mac’s care for Adhira is an ongoing reassurance that he is just “a text or call away.” “To be able to reach out like that, always knowing that there will be that time to connect is more than enough” (Adhira).

**Relatability ⇋ Vulnerability.** In all four of the above vignettes, relatability and vulnerability were key relational qualities of the people Ricardo, Naomi, Julie, and Adhira reached out to. Close others’ willingness to share, open up, or be seen in their own struggle (i.e., vulnerability) gave Sharers the sense that someone else could relate or be sympathetic to at least some aspect(s) of their pain. The ‘$\Leftrightarrow$’ symbol is used in the section heading because both factors seem to perpetuate the other and it is difficult to trace which variable precedes the other. Ricardo called one friend during his episode because she had previously shared her journey of coping with mental illness: “I reached out to her because [she] was upfront about her mental
struggles...it was so refreshing and admirable hearing her confidence, the way she carries herself and talks about these issues. The stuff she’s going through inspired me.” Naomi and the friend she called from the waiting room’s relationship began when they happened upon the other crying (about unrelated issues) in their secondary school’s bathroom. Each hoped to find an isolated emotional hideaway; instead, they talked through their tears together, sealing their supportive friendship. Julie’s ‘door of support’ with Kaden opened during a vulnerable moment. Sitting on a couch in Kaden’s basement, he wondered whether he was alone in his experiences with depression:

He asked me if I had ever felt numbing sadness. Before he said that, I knew people felt sadness and I knew people felt things and I wasn’t alone, but he looked me in the eyes and I was like, "Bro, I know you’ve been sad. [But] I didn’t know you've been that kind of sad." (Julie)

Adhira and Mac initially met on an anonymous social media platform. The most influential catalyst of their relationship was choosing to share open and honest letters summarizing key life events. Adhira referred to these reflections as “origin stories.” Adhira’s 20-page letter reviews both near-attempts to end her life, why she struggles to trust anyone, and her slipping self-worth. She ends the letter saying: “Hope you enjoyed reading how fucked up I am, welcome to my world of a big oof.” From Mac’s origin story, Adhira learned about his suicidal past and ongoing mental health struggles. In their joint storytelling session, Mac explained how sharing origins stories helped position “vulnerability as the foundation of [their] entire relationship”:

Opening up like that... that transparency, that honesty, and trusting that the other person would be understanding and receptive to those stories did quite a bit to make a solid
friendship...it required a huge leap of faith and a massive amount of trust to disclose that.

I had never told anyone those things before.

Relatability and vulnerability went hand-in-hand in enabling other Sharers to reach out. Lily leaned more into Justin’s support after he told her about his own past suicidal episodes. Although Tess never shared her suicidal thoughts with anyone, she started opening up about her anxiety and depression to some of her peers who were “really struggling with mental health” because she “felt like [she] was in the trenches with them.” Elise’s glass ‘cone of silence’ gradually lifted when she started opening up to the “right people at the right times.” One of those people was her first-year roommate who “had a lot of similar problems.” Paul did not make this connection, but perhaps one of the reasons he sought out his mom to find help is because she “had a way harder” life compared to him. Paul credits the life-saving kitchen conversation to an inherent-vulnerability to not keep things inside when then they are welling up inside of him: “If I didn't have that, I don't know where I'd be right now. I mean, I can hold secrets, but things that are really, really, bugging me do slip out. It’s really good in that sense.”

Close Other Consent. In the focus group23, several Sharers talked about checking in with close others prior to reaching out as a way of staving off burdensomeness. Stella started the conversation by sharing her pattern of drafting messages to send out when struggling, but never pressing ‘Send’: “I’ll start long ass texts explaining exactly what's going on, then I'm like, ‘No, you're bothering them, stop it.’ I just feel like I'm putting this load on them for no reason.” Rian explained how checking in before venting helps her find a close other with the necessary emotional capacity to help:

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23 Data from focus group is clearly labeled in the narrative. Data from interviews and joint storytelling sessions are not always marked.
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I feel like sending a text before you send paragraphs asking, “Hey, are you free right now? Can I vent to you? I'm having a rough time.” Just making sure that they’re okay and that they're willing to listen. That really helps a lot with feeling like you're annoying them.

Alex agreed that it was important to obtain close others’ “consent” to helping before someone in crisis starts “trauma dumping.” After her suicidal episode, Alex had “heart-to-hearts with the people who [she] wanted to reach out to the in the future.” In these conversations, Alex tells close others that she will ask them if they are in the “right head space” before imploring their help. Establishing consent became vitally important to Alex after feeling like the only support to her friend while she “was still trying to heal” from her own suicidal episode: “Sometimes people are dealing with their own issues and might not to be able to help” (Alex). Having multiple people that Sharers could reach out to was an implicit precursor to checking in and consent.

Some of Jaz’s close others have facilitated life-saving encounters by leveraging their supportive network: “If someone doesn't have the energy to help me, they can message someone else in my support system, which happens. They'll be like, ‘Hey, I'm going to message May, but you can stay on the phone with me for as long as you need.’”

Trust. Sharers often chose to disclose pain with people they had known for a long time, or people they had a prior experience(s) of finding supportive care. “It took me a very long time with a lot of specific work to get to a point of trusting people” (Jaz).

‘Dishing Out Parts of Me’. How much Sharers shared about themselves and relied on others also influenced the degree of shared trust. In her joint storytelling session, Lei explained how Eve became one of the people she relied on most:
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In the beginning it was almost like testing, slowly dishing out smaller things about myself and seeing how she reacted. After a while, you just kind of trust it and you let go, and you're just like, "it's probably going to be fine no matter what I say." It just took time.

As an aside, it is interesting to hear Lei talk about ‘letting go,’ inferring an openness and transparency about her wrestling with suicidal desire. Maybe while sitting on the phone in silence with Eve before her attempt, Lei was trusting Eve to hear all her pain at the other end of the line. Lei’s language about ‘slowly dishing out parts of herself’ echoes back to Rian ‘slowly revealing’ herself to her online friends. Rian relies on her online friend group over any ‘IRL’24 relationship because they are honest, transparent, “won’t leak anything,” and “don’t judge” her.

In one joint storytelling session, Rian relayed the timeliness and importance of Kate’s support:

I feel like I met you when I was seeking any support because I sure as hell wasn’t getting it IRL [teary sad face emoji], but I feel like you just sticking with me over the years has solidified that I can tell you stuff when stuff happens...You know me better than anyone I know IRL—I’ve told you things that I wouldn’t dream of telling IRLs.

Rian cited four other online relationships that she actively reaches out to when she encounters an intrusive suicidal thought. If Kate does not respond to her ‘invitation to vent,’ she continues to reach out for further reassurance to others until someone messages her back. Rian does not mind waiting a few hours or days for someone to get back to her, because “they're going to text back even though it's not at that exact moment they always do.” Rian could not imagine her life without her online community: “I probably would've just given up and killed myself if I didn't have those friends.”

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24 Acronym for “In Real Life”.

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*Consistent, Reciprocal Support.* The responsiveness of Rian’s collective network of online supports hints at another component of trust, consistency. Quinn shared what Stella meant to her in her joint storytelling session:

Stella’s very constant, like the corny thing of being a rock, you can always come back to her. She's going to be there. Even if we're distant from each other for a while, I can always come back and we'll get each other; she's still gonna get me.

Stella also saw Quinn as a continuing support in her life: “She's like those tiny pieces of glitter. No matter how hard I try, I can't get rid of her, she’s always going to be [there].” For other Sharers, reciprocity of support developed trust in relying on another: “I’m here for her [friend who was vulnerable about mental health struggles] because she’s just as much here for me. I know that she’s just as much here for me as well” (Ricardo). “It always comes back to ‘I’m there for you and you’re there for me’” (Julie reflecting on relationship with Kaden). “We have an unspoken thing in my friend circle, whenever they ask, ‘Can you call me right now?’ Without question, every time I will pick up” (Alex). Although Alex’s friends noticed her constant crying in school, her “friends would only reach out if [she] told them first, and they’d drop everything and call or text” (Alex).

Jack listed a handful of people who were important in his life, but inconsistent in supporting him when he needed it; emotional availability was the key inconsistency. Jack’s Instagram account was the most consistent source of support during his suicidal episode. Jack attributed the curated group of followers and their willingness to participate in difficult conversations—“What the fuck are we doing?; Who are we?; What is this place?”—to feeling like the group would respond to his call for help: “I posted on Instagram to see where it would
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take me because those connections really grounded me...it had been a safe space for me. Rather than reaching out to somebody, that felt like the safest and most comfortable option.”

Choosing Support. It is worthwhile to explore one significant group that Jack did not reach out to when he felt at his edge. The death of Jack’s friend greatly impacted three of his closest friends, one of whom was the older brother of the youth who took his life. They heavily leaned on each other for support, dropping everything to show up and support: “100% they were always there. You know, a text on Friday at 4:00 PM saying, ‘Get together at 5pm?’ They would be there. They wouldn't need time to plan. They wouldn't need information. They're always there.” Together, the four experienced multiple “breakthrough, kind of focus group sessions” about how they were “very intensely affected” by loss. In one session, one other in the group shared his suicidal ideation. But, the company of his bereaved friends “wasn’t always what [Jack] needed.” Jack explained why he did not reach out to this group of friends the night he wanted to end his life:

That group was good to deescalate my feelings or that intensity around [friend]'s death...But if I wanted to move towards a place of happiness or relief, I didn't necessarily find it in that group. With these new people, you know, I'm meeting all sorts of people and having all these discussions about life and the [Instagram account] allowed opportunity for something different to happen.

Why Sharers Did Not Reach Out

Jack’s silence to close others who seemed to be ideal candidates to support points to this question: Why do some youth not reach at all when feeling suicidal? Six Sharers did not reach out during their suicidal episodes. And, with Sharers who did reach out, there were certain points
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throughout the episode, or with certain people, that they remained silent. This section seeks to explore Sharer’s silence during suicidal episodes.

**Lacking: Trust.** Adhira was one Sharer who kept her episode completely hidden. Lack of trust was the greatest barrier to Adhira reaching out:

I was constantly surrounded by people, but I didn’t really feel like I had anyone. There wasn’t really anyone I could trust. There were people that came and went, but there wasn't someone constantly in my life that wasn't toxic. I didn’t really think of reaching out to anyone.

I asked about two relationships that sounded potentially supportive at the time of her episodes. Adhira’s long-distance love interest was “maybe too busy” to care and her sister “was in her own world.”

**Reciprocity.** Tess also did not reach out to anyone during her episode. Part of not reaching out came from not knowing how or who to go to ask for help. Similarly, Jaz did not know who to turn to in crisis. Tess also struggled with a lack of reciprocity in trying to find close connections at university. In a journal entry about fitting in, Tess asked: “How do you accept that someone doesn’t care about you the same way you feel about them?” Like Tess, Jaz felt insecure about whether their care was reciprocated by others. Historically, Jaz had struggled to rely on relationships for help, but they were especially questioning their roommate’s sense of care the day they attempted:

When I care about someone and they kind of waiver in qualities of connection, it feels like the end of the world, especially because friendships have not felt accessible or like safe. [My roommate] is on his own journey and growing, but he was wavery [wiggles fingers from both hands toward one another].
The only reason Jaz reached out to her roommate on their way to the bathroom was because, [short sharp pauses between each word] “he was the only person around.” Had he not been en route to the bathroom, Jaz may not have reached out at all.

**Relatability.** In their joint storytelling session, Jaz explained to May that she seemed too stable to Jaz to approach and share their struggles with her: “I saw you above and beyond, like so unbreakable that I couldn't really fuck with... [you were] on a totally different playing field.”

Since Quinn moved away for university, Stella has found it difficult to find someone who she can turn to for support because no one can relate to her pain. After telling Quinn “I don’t want to lose you” in a joint storytelling session, Stella explained:

All my friends here, we're very close and I can talk with them, but they don't personally understand...their lives are a lot more simple. They don't have mental health issues. They don't have a lot of trauma, so it's difficult to open up to them...It's a lot more difficult to tell them what's going on when I know they won't really understand.

Stella’s relatability to Quinn is clear—They both experienced suicidal ideation within the same two-year period. It is interesting that Stella wished to connect with her friends on wider axis of pain (e.g., she cites ‘abusive relationships’ as one trauma that might help someone understand).

**Past the Point of No Return**

There seems to be a tipping point, “a very fine line” when Sharers can reach out and when they feel unable to do so (Julie). “If I catch myself right before it gets too bad, then I can ask for support. And that kind of helps lift me. But if I catch it too late, then I just isolate myself” (Quinn). Some Sharers kept their ideation to themselves, trying to wait out suicidal desire. This mindset could be summed up in this way: 'Maybe the episode will pass, it is a matter of weathering the storm.’ “[Sitting] with loneliness,” Lei held out hope for someone to piece
together the fragments she scattered among friends: “Maybe [I] won’t be alone.” “I know I shouldn’t be in that mindset, and I know I can get out of it, but staying quiet about it for too long can suck you in” (Stella). Quinn was plagued wondering for a year and a half whether there was any way she could have seen Stella’s attempt coming. At the end of her joint storytelling session, Quinn was “glad to know there was nothing [she] could have picked up on.”

Despite having a positive response reaching out to her friends from the bathroom stall three months prior, Lauren did not reach out leading up to her second hospitalization. Lauren had reached a point of no return: “I wanted to end my life for real that time, like actually done. I didn't tell anyone.” Rather than texting someone her suicide note, she carried it in her backpack for someone to find.

Even if Sharers could conceive of others’ deliverance from suicide’s grip, they could not see their own. After Julie described her experience attending her student council’s suicide prevention training, I asked her, “As someone who was feeling suicidal in the room, did you think that it was more possible to save somebody else than yourself?” “Oh yeah” (Julie). Later in the interview I asked Julie what she would do to save a loved one experiencing suicidal desire. Her mind immediately jumped to Kaden. Julie contrasts her desperate hope of saving Kaden with her own sense of hopelessness when he intervened: “If he actually said, ‘I'm serious, I can't do this anymore,’ I would fully do anything in my capability to help him and save him because it's like, ‘You mean everything to me.’ [It would be] the opposite of him saving me, once I got to that point, I didn't want help. I don't want to get better anymore.”
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Summarizing Collective Sentiments

“Please see past my ‘fine’ facade and ask me what’s wrong. I’m dropping hints and clues about my struggle. Admittingly, some are more explicit than others, but how has no one done anything yet? Does anyone care?”

“How are you really doing?”

Successful, Unhelpful, Should Have Been, and Should Be Interventions (Section 5)

Guiding Narrator Considerations. Section 4 introduced a spark of hope emerging from the dark shroud of suicidal desire—Sharers’ flickering will to live and, in many cases, wishing someone might see their distress and act. Section 5 explores moments close others responded to Sharer’s cries for help or intervened in some capacity during Sharer’s suicidal episodes.

Whereas you have principally been listening to Sharers leading up to this section, this section adds a new layer to the narrative by bringing close others into the spotlight. Many stories in section 5 offer perspectives from both Sharers and their close other(s).

By far, section 5 is the longest of all sections in this chapter. In part, the extended length of this section is due to the volume of intervention stories Sharers reflected on throughout the study. More importantly, this section is longest because it pragmatically speaks to the very purpose of this work: how can we save a life? In doing so, this section deconstructs the anatomy of caring encounters, the critical moment when a close other is intervening, knowingly or unknowingly, during a Sharer’s suicidal episode to save their life. Sharer stories shine a light into what interventions helped, what did not help, and what they wish would have happened.

Section 5 has six subsections: breaking the loop, helpful close other interventions, unhelpful or failed close other interventions, looking-back life-savers, caring for others struggling with suicide: past and potential supports, and the nuance of caring encounters.

Section 5 begins with breaking the loop. This subsection established the need for caring
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interventions to come from outside of Sharer’s unending ‘loop of suffering’. Helpful close other interventions are considered next, highlighting interventions that helped Sharers during their suicidal episode(s). Interventions are organized around what point close others acted in Sharers’ suicidal pathway, spanning early ideation to post-attempt care. Next, actions or sentiments that were unsuccessful in relaying care or made episodes worse for Sharers are reviewed in unhelpful or failed close other interventions. Several stories from this subsection are carried over into looking-back life-savers, where Sharers express what they wished close others would have done differently during caring encounters. Then, Sharers offer experiences and insight to how they have, or would, care(d) for someone who is/(was) struggling with suicidal desire in caring for others struggling with suicide: past and potential supports. Finally, considerations around the temperamental success of caring encounters are presented in the nuance of caring encounters.

The crux of my interview with Julie centered around an unspoken, life-saving glance Kaden gave her moments before she almost attempted:

That night, I was gonna walk home and, I don't know, I had all these different options. Like, I could drink this much, I could take this many pills and this could happen, or I could go jump in the lake and die of hypothermia or drown...I was more scared that it wouldn't work than it would, if that makes sense.

That day, school had ended, and Julie started her walk home. “Kaden saw that I was leaving the parking lot. He walked up to me, and he was doing like one of these [stretching out hand and craning his head] to catch my eyes, cause I was just looking at the ground listening to my music on my earbuds.” Kaden offered to give Julie a ride home, which he had done once before. Julie did not live that far from school and her house was not exactly on the way to Kaden’s: “He
definitely did not need to drive me home,” Julie thought. Another of Kaden’s friends was also in the car; as Julie approached the car, Kaden kicked him to the back seat.

It was maybe a two-minute drive. I was probably playing with my fingers and ripping all my skin off [laughs]. We didn't really say anything on the ride home. There wasn't music. We pulled into my driveway. I remember opening the door and Kaden wasn't gonna say anything cause his friend was there. Just like the look he gave me; I could see it in his eyes that he knew something was up. Then I went inside, cried, and slept for 14 hours.

I asked Julie what made Kaden’s ‘look’ so significant in that fragile moment: “He just has these big, open doe eyes, I don't even know. It's like they're the door. His eyes are so open.” Julie remembered other comforting rides in Kaden’s car, mostly before her attempt: “He was fully there for me. He’d pick me up and start driving. Usually he didn't have to ask [what was wrong], he’d give me that look, and I’d know it was okay to say whatever I needed to.” Julie has not talked to Kaden about how “he’s the reason” she did not take her life that day. She was unsure whether he even knew she was suicidal; the USB and straw were still in her locker the next day.

If Kaden did know she was at her edge, Julie found it weird “that he didn’t do more.” How could Kaden have known that one doe-eyed look was precisely what Julie needed?

**Breaking the Loop**

Whether or not Kaden knew, what mattered to Julie was that “he got me out of it.” Walking home from school, Julie was “stuck in a loop” of suffering that she could only see ending in her death. Kaden’s intervention was fresh input that came from outside of this loop. Kaden, disrupted her suicidal pathway to attempt, introducing new possibilities beyond what she could have imagined at the time:
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It was all these vibes...I didn't walk home through the forest like I was going to. Kaden talked to me, his pretty selfish dick friend that normally takes the front seat sat in the back, the two-minute drive home... all of those things were not things that I was predicting. What I was predicting didn't happen, but that ['all the vibes'] was better than what I thought could have happened.

True to Julie’s experience escaping her loop of suffering, other Sharers relayed the same imperative—help must come from the outside. “I needed other people to reach out” (Tess). “If it comes to situations where I initiate anything, it's not going to happen” (Lavender). “When you don't have an outside perspective, it's easy to get caught in a cycle of self-pity. [I’ve] realized that even if there's one person who is aware or is involved in the cycle, they can be the break I need out of it” (Ricardo). Luna recalled going to her housemates during her episode and telling them, “I can't get out of this mindset. I don't know why. I try so hard. I'm trying to break this like mental loop, but it literally feels like it's going like this [hands spinning overhead]. I can't get out of it.”

When you're in a downward spiral, there's no good thing that can come out of it. There's only things that can make it worse and... worse until there's a point where you either hit rock bottom or someone comes there and gives you what you need. (Shalva)

Alex would have continued dragging herself through life were it not for her friends jumpstarting her heart: “I had a heart that needed to be restarted. [My friends] were the little paddles. I’d go like, ‘Oh, give me 200 CCs. Charge!’” Recently, Paul has responded to multiple friends with suicidal thoughts; he offered this reflection from the perspective of a close other: “Treat it the same way if someone ripped their leg open and they’re bleeding out...either spectate it or make sure they live to fight another day.”
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Helpful Close other Interventions

What can a close other say or do to break the loop of suffering before someone hits rock bottom? This section explores successful interventions employed by close others to ensure Sharers lived to fight another day. Some interventions were responses to Sharer attempts to reach out; others arose out from noticing struggle, stumbling upon Sharers in crises, or unknowingly being in the right place and the right time. In some cases, close others were aware of their life-saving presence or actions; other times, close others were unaware of their role and impact. Helpful interventions occurred throughout the suicidal pathway. Stories have been grouped below by when they occurred along the suicidal pathway beginning with early ideation. Interventions occurring before an attempt, mid-attempt, and post-attempt interventions follow.

Early Ideation

Walls Down. “He saw me when my walls were down. I never let anyone else see that before.” If it were up to Tess, she would have never let anyone past her glass wall. Tess’ first-year roommate invited a mutual friend to stay in their room for a night while she was out of town. “He seemed nice. We were just talking, and I started having a panic attack. I couldn’t breathe. And he’s like, ‘Oh my God, are you okay?!’ I was like, ‘Yeah, I’m fine.’” If Tess “had anywhere else to go,” she would have left. However, looking back, although it was extremely uncomfortable at the time, Tess was glad her friend was in the right place at the right time. In a moment mingled with vulnerability and relatability, Tess’ friend illuminated a way to get help. “He said, ‘You don't seem okay. Here's what helped me: I went and saw a therapist and it helped. You should try that.’ And I did. And it got a lot better after that.”

Distraction. Elise always felt trapped in a ‘cone of silence’ during her episodes, but there were cracks in the bubble created by outings imposed on her by close others:
It's not completely a brick wall, I guess there's little cracks. Like I remember sometimes either a friend or my sister would be like, "You know what? We're going somewhere and we're going to do something." Kind of instructing me to do something. Not in like a forceful way, but if you gave me options, I'd be like, "no, no, no." They’d kind of make me do it. Like, "Okay, we're going to go to the grocery store and get cookies.” And I'm like, "fine." And then it kind of distracts me and makes me feel a little bit better.

Other Sharers found temporary relief from suicidal desire spending time with others. While still living in Bangladesh, Adhira escaped from her abusive mom and her suicidal thoughts by playing hours of video games with an online friend who lived halfway across the world:

My first suicide attempt is blurry now, but I remember attempting from my favourite balcony...Those nights were spent talking to this friend of mine who lives in Oregon – time zones allowed me to talk to him late at night... [He] played a bigger role in saving my life than he’ll ever know. That’s what took me out of my reality and immersed into [his] life. (Origin story excerpt)

Quinn’s after school phone calls with Stella were a “great distraction...even if we weren't directly talking about how I was feeling.” Since her attempt, Stella copes with early ideation by calling her friends “just to talk.” Unlike Quinn, Stella does not want to talk directly about her feelings, but she thinks “sometimes people actually notice something is wrong,” especially if her friends know her well: “They talk in a more caring voice; it’s a bit softer. They listen a bit more, even if I’m the one asking questions. It’s a different vibe.”

Showing Up. Stella facilitated one of two caring encounters that shone through the darkness of Quinn’s episodes. Sparked by a breakup with a girlfriend, Quinn was spiraling into a blackout at the end of 2018. On New Year’s Eve, Quinn relayed (could have been a text or a call,
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Quinn did not specify) to Stella that she was “feeling really sad.” Stella responded: “Okay, you can't be sad alone. I'm going to come if that's okay.” Stella came over and “wanted [Quinn] to talk through everything, through all [her] pain.” “It was such an intimate moment. She was just really there for me.” Quinn brought up this memory in her joint storytelling session with Stella as a ‘totem of care’—I used this term in a question during the joint storytelling session and they both found it helpful in talking about finding care during lonely moments. Objects and memories were referenced as totems of care. “I think about that a lot because it's this moment where she was really, really there for me. I was feeling really alone,” Quinn told Stella. Interestingly, Stella hardly remembered this moment until Quinn went into finer details about the evening. For Stella, the evening just felt like another hangout.

At the end of her interview, Quinn was surprised to “realize how much [she] talked about [her] mom.” There was not a specific memory of her mom that lifted the darkness, but a consistent willingness to show up.

Thinking about how much she's been trying over the last six years is kind of crazy. I think a lot of the time I'm just like, "Oh, you don't understand me, you don't get it.”

But she’s really trying to get it. Even though she doesn’t always know what to say, she’s really, really supportive.

“When in a really dark place,” Quinn pushed her mom away, which manifested in lots of disagreements. Quinn’s mom would attempt to reconcile: “[When] she’d apologize for fights, it was really nice for me. She'd hug me and say, ‘She's sorry, she doesn't quite understand how I'm feeling, that she's trying.’ Then I’d feel bad, ‘Oh, she's trying to help me.’” Quinn’s darkness did not completely lift in these moments, but she did feel less alone and sometimes cared for.
**Warm Presence.** “I really had no idea what to do, we didn't know how you were supposed to get better,” Lyla admitted to Alex in their joint storytelling session: “You would talk about the same things over and over again... We did our best to listen and talk about it and just kind of be the shoulder to cry on.” Lyla was one of the first people Alex reached out to when she really needed support, perhaps because Lyla was usually around when Alex would breakdown at school: “I would cry at lunch and Lyla would just sit there not knowing what to say or do.” Lyla was hoping to convey to Alex in those moments that she “is worth people caring for [her].” Like Quinn, what mattered to Alex was not Lyla having the right remedy, but that she was trying: “There’s no right thing to say, it's always the same kind of trite, comforting things that don't necessarily help. What was important for me was the presence, knowing she was there for me. She cared. That was enough.” Later in the conversation, Alex described Lyla’s supports as an “invisible hug, kind of a silent, warm presence.” Lyla’s ongoing presence reminded Alex “that there are people out there that want to see me do well.”

Justin spent most of his Grade 12 lunches huddled next to Lily, folded over into a tearful ball. Over months of frontline response, Justin developed a strategy of how to reach through Lily’s “sad and dead” shell:

I'd try to get her to stop crying first. If I pushed her when she's crying, I wasn’t going to get anywhere. So, I’d wait, make sure she's good, then ask questions: “Was it this or that?” Most of the time, it was just a head nod, and I knew what I was dealing with.

Eventually I’d get a clear picture, and I knew what I could say and do to make it better. In Justin’s mind, the most critical window of support was a “communication point,” a flash of understanding that informed what he could do next: “It’s where I could get a little bit of feedback; she doesn't have to say much, just enough that I can figure out what's going on and
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help in any way.” Lily’s recollection of these supportive moments coloured in more details around Justin’s presence: “He would hug me and hold me. He was saying soothing words, trying to calm me down. Pretty much during the whole thing, I knew he was there and that he was trying to help and comfort me.” These two accounts underscore how caring encounters are experienced differently by someone feeling suicidal and close others. I asked Lily if she felt cared for with Justin present. She explained that it took a while for care to sink in: “Maybe like midway through I could finally feel it.” She described the care as starting in her head and eventually making its way to her heart.

Justin “stayed with Lily as long as [he] could.” If Lily’s breakdown lasted beyond lunch, Justin would bring her to a quiet safe place where she could collect herself. One of these places was the school social worker’s office. On one occasion, Lily’s mom was waiting for her there. Lily did not exactly know what brought her into school that day, but her presence felt like an intervention of sorts. Lily had been hiding her suicidal thoughts from her mom because she thought her mom would be angry: “Justin left and we talked. I was still crying, and mom was handing me tissues...she kept reassuring me she wasn't mad.” Lily could not remember much of what was said. What stuck out to her about that moment was a small gesture that reinforced her mom’s presence: “I just remember her passing a bunch of tissues to me [light laugh]. When she initially came in, I was feeling a bunch of anxiety...by the end, I was feeling, ‘Oh, she cares.’”

Hospital Presence. Jaz also hid their suicidal thoughts from their parents fearing that they would be angry. Years prior, they had seen their parents’ reaction to their older sister’s suicide attempt: “Everyone panicked. Mom freaked out, she ran up the stairs yelling, ‘What did you do?!’ Then my dad coming home. He kicked a chair; he was mad. Then [my sister] came home and we all acted like nothing happened.” Jaz wrestled with suicidal ideation for three years,
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being hospitalized twice during this time, before finding someone who took their ideation seriously and compassionately. Jaz prefaced this caring encounter with, “At the start of Grade 9, I was feeling very alone and very suicidal.”

I went to go speak to the nurse—she was awesome. I was like, "I'm sad all the time and I want to die." She asked, "Do you want to go to the hospital?" And I did. So, she took me, and she sat with me. She was the only person at that time who genuinely heard me. And when we were at [the hospital], she wasn't like, "Oh, you're wasting everyone's time."

She stayed with me for as long as she could. It was so validating.

Unlike Jaz, Naomi initially did not want to go to the hospital: “I was kind of scared to go to the hospital because I didn't want to admit that I had this issue.” After her boyfriend had driven past two McDonalds, Naomi thought, “Oh my God. He's really taking me to the hospital.” It was not until Naomi sat in the lobby that she felt grateful for her boyfriend taking her.

**Serious Ideation —→ Edge of an Attempt**

**Talked Out of Suicide.** Lauren does not remember how she ended up in the hospital during her first serious suicidal episode: “I blacked out. I don’t remember what happened.”

Hours before blacking out, Lauren remembers one the friends that she texted her suicide note to coming to speak with her in the bathroom: “She’d gone through this kind of stuff in the past, too. She came and talked to me and talked me out of it [attempting suicide].” Paul’s mom talked him out of attempting. He recounted with vivid detail the “tough love” speech she gave:

Do you know how many times I've thought that and realized how dumb it was to think that way?... It’s not about how hard life is now. You're just throwing it away for this one emotion, that one little downwards curve. You should never ever give up; There's gonna be a moment where you'll realize that life is too precious and beautiful to give up...You
need to remember that you have the good and the good always outweighs the bad. And there's too many people you can impact to just rob it away from yourself and everyone else you love. (Paul’s mom25)

Paul did not feel any care in that moment from his mom or anyone else, his mind was caught in a loop the whole time: ”I hate myself. I hate myself” over and over and over again.” But, her message “sunk in” and Paul’s sense of others’ care began to slowly “grow after that.”

**Talking Through Thoughts.** “Yeah, let’s meet.”—Kelly, one of Jack’s friends from middle school, responded to his Instagram post asking if anyone was around to talk. “I hadn’t spoken to her in years” (Jack). They met at neighborhood playground and talked for hours. Jack wanted to invite Kelly to his joint storytelling session to revisit this memory and relay to her the life-saving impact of the moment. Up until the joint storytelling session, Jack and Kelly had not really stayed in touch over the years. And, they had not talked about this moment since it happened, four and half years prior to the joint storytelling session. To illustrate how this life-saving moment played out, I have pieced together quotes from Jack and Kelly’s joint storytelling session that chronicle the intervention in a dialogue format. The dialogue is made up of excerpts from their hour and ten-minute iterative conversation.

I texted you to see how you were and to see if you were still there. (Kelly)

It was dark. I don't remember how late it was, but it was late. (Jack)

I walked up to the park as quick as I could. (Kelly)

We got there and climbed on top of the monkey bars. I think she tried to help figure out what was going on by asking some general questions, like "so, what's going on?” (Jack)

I just tried to talk things out with him as best as I could at the time. (Kelly)

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25 As remembered by Paul.
I said, “[Friend]’s death hurts so bad. I don't know how to get through this. I feel like I can't do it" and I probably hinted towards some thoughts about suicide. She listened and was there to listen and support. (Jack)

I tried to be there for him as much as I could. (Kelly)

Then she disclosed something about herself and her family that was really difficult. Hearing that took me out of my own thoughts for a minute. By the time she was done telling her story, I was like, "Wow, I feel a lot better now." It was like, all I needed was that time and that space. (Jack)

After returning from the playground, Jack posted again to his Instagram account. His post was a selfie in front of his bathroom mirror: Jack’s eyes appear heavy, hair disheveled, and you can almost see a smile curling up from the corners of his mouth. He captioned his post: “...Big shoutout to [Kelly] for sitting with me and just listening to me and helping me through lots of tears and emotions, love all of you, don’t know where I’d be without my lovely friends <3.”

Kelly saw the post and continued to monitor Jack’s mental wellness by checking his social media account for months. Jack did not know this until their joint storytelling session. Thinking about Jack’s warm appreciation for her after years of not connecting, Kelly shared: “It's easy to not know how much others care about you. Especially when you're in a bad place mentally, you can really lose sight of the impacts you have on people and how much those people care about you.”

**Presence Foils Attempt.** Not every life-saving encounter involved deliberate efforts to intervene (e.g., Kelly’s intervention). Lavender’s mom does not know that she prevented his first suicide attempt. Lavender was home alone: “I was going to take as many pills as I could and drink Crown Royal until I stopped feeling. I ended up stopping because my mom came home early from work.” It is unclear, from the details Lavender shared about this moment, whether
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Lavender was about to attempt, or whether he had begun his attempt. All the same, the sound of his mom rustling below his room evoked a life-saving response. Thinking about his attempt failing and his mom finding his body stopped this attempt: “Within 30 seconds, I kind of had this fear of, ‘Well, [pause] I can't let her find me like this. If I do it now, she's going to take to the hospital. So, what's the fucking point?’”

Mid-Attempt

In a Bathroom. “I was pretty sure nobody was home.” —Emma did not know her brother was in his room when she walked into the bathroom and tried to end her life. Emma’s brother’s room shared a wall the bathroom. If Emma had heard her brother stirring next door, would she have had a similar thought to Lavender? “I would have destroyed his whole life,” Emma shared this thought reflecting on her brother finding her. Although she could not feel any care during her attempt, weeks later it dawned on Emma, “He does care about me. People do care about me. And I felt like I hurt him so bad.”

Jaz’s roommate did stop playing the bass and showed up to the bathroom. By the time he arrived, Jaz had already started swallowing pills. He reached out to Jaz’s brother and rushed Jaz to the hospital. Jaz’s roommate stayed with them a while at the hospital until Jaz’s brother showed up. Jaz knew that their brother “cares very deeply,” but wished he would have offered more thoughtful consolation upon arriving to their hospital room: “My roommate told him what happened, and my brother's like, ‘Don't worry [roommate], I'm sure your bass playing isn't that bad.’ [laughs]”

In an Ambulance. “I'm actually going to die,” Lei thought while being taken to the hospital in an ambulance after her second suicide attempt. “I couldn't breathe. My heartbeat was so slow, you could barely feel it there. I was so cold. I didn't know what was going on. All this
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chaos. All this confusion. I was finally getting what I wished for.” Hours earlier, Lei had consumed multiple bottles of flu medicine in part to numb the pain of her recent sexual assault, but also because of her suicidal thoughts at the time. She called the overdose her “intentional-unintentional suicide attempt.” The friend who supplied Lei the drugs was in the ambulance with her. Lei does not remember feeling any care from him or any of her loved ones in the ambulance. However, she credits her will to fight to stay alive to his presence:

I was just thinking of him. I couldn’t let it go—I felt like I couldn't die because I couldn't stand the guilt that it would give to him if I died there. He's a very good person. To his eyes, and to anybody's eyes who would watch this from the outside, it would be his fault, even though it was my decision.

Like the impact of Lavender’s mom, her friend’s presence gave Lei perspective into the ‘eyes’ of who was watching her current life-support state. Lei realized in the ambulance the tragedy her loved ones could wake up to, and she wanted a better ending to her story: “This is what my parents are going see like [cupped hand highlights bracketed headline], ‘Daughter Died of Drug Overdose’ or like, ‘Friend Died of Overdose.’ That was not the narrative I wanted left behind.”

Post-Hospitalization and Post-Attempt

Lauren was hospitalized for over a month the fourth and last time she was hospitalized for suicidal thoughts. “I slowly came back more into reality.” Her journal entries from her hospital stay document her return to reality. She teeters on a suicidal edge until day 12, where she adopts a personal stake in continuing to live her life. Around this tipping point, Lauren started to notice in what ways her loved ones were trying to show care during this time: “My parents were always coming to visit me in the hospital every night. They would go out of their way, pay for parking, come visit me, bringing me Timmie's or something. And several friends
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called me.” Therapeutic one-on-one and group sessions in the hospital were instrumental in helping Lauren seeing care in her life: “I just felt like they didn't care at one point. Then, doing like all the therapeutic stuff, it helped me realize more that they wouldn't go out of their way if they didn't care.”

Emma’s friends and family sent food, flowers, and cards after learning of her hospitalization. Emma rejected these gestures of care, “When I got flowers, I was like, ‘What the frick?’ I was annoyed by them. I didn't want them in my room.” Emma’s dismissal of others caring sentiments was largely grounded in still feeling suicidal: “I was going to kill myself next week, so there was no point of me even having this stuff.” Like Lauren, Emma could see that others were trying to show care after having “time to reflect” once her suicidal thoughts had passed: “When it wasn't all happening in the moment, it was like, "Oh, people do care about me. Like people did bring me these things.”

Using her joint storytelling session as a space to reflect, Quinn invited Stella to her joint storytelling session with the hope of making sense of Stella’s hospitalization. “Why didn't I see this coming?” and “Why didn't I do something more?” were two questions Quinn asked in her interview that framed the session. Before the joint storytelling session, Quinn told me she wanted to revisit a memory about standing by Stella’s hospital bedside. Quinn’s joint storytelling session was the first time they had talked about Stella’s hospitalization since it happened about a year and a half prior. Stella was hospitalized for a month after her attempt; she spent the first five days in the Intensive Care Unit. She could not see visitors for the first several weeks. Quinn opened her joint storytelling session talking about what it was like to finally be able see Stella: “Visiting you in the hospital was very, very emotional for me, cause you weren't quite there. But you were saying that you were sorry for [attempting], and that you were really glad that I was
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there, which was nice.” At her visit, Quinn gave Stella a hand-knit teddy bear that she wove her angst and worry into: “I was feeling a lot of emotion. I wanted to do something that kind of concentrated a lot of my emotions and made me look forward to actually seeing you.” Stella could not remember much of Quinn’s presence the day she visited, but she did remember noticing the teddy at her bedside: “I remember the feeling the teddy gave me was like, ‘She still cares? Why?’ Kind of a feeling of ‘Why are you here?’ Not in a mean way. More like, [voice cracks] ‘What did I do to deserve you?’ [sniffles]” Stella goes to Quinn’s teddy bear as a totem of care when she finds it difficult reach out: “If I can't call, I definitely go for the teddy bear, suffocate it in tears. Well, drown it in tears and suffocate it by squishing it really hard.” Quinn had no idea her bear meant so much to Stella.

**Unhelpful or Failed Close other Interventions**

Stella received other gifts in the hospital that did not awaken a sense of care like Quinn’s teddy bear. One of Stella’s friends gave her a drawing. “It was honestly very upsetting at that time.” Stella explained that the drawing featured her looking into a mirror: “The mirror had snakes around it. You could see a snake was biting my arm and it had my self-harm scars.” Her friend had written a letter on the back, but “he had rubbed it out.” Stella could make out that he was conveying how her attempt had impacted him, but she “wasn't completely sure what he was trying to express.”

Other Sharers wondered what some people were trying to express in caring encounters. Missed opportunities, unintended hurtful actions, quick-fix reactions, and upsetting words punctuated Sharer loneliness in navigating suicidal desire.
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Saviour Complex

One intervention that many Sharers agreed was unhelpful is a saviour complex\(^{26}\).

I tell people, “I have anxiety,” or “I have depression” and people are like, “Oh, okay. Do these little things to help.” But, [brief pause] I tell people I'm passively suicidal, and suddenly you see the hero saviour complex kick in: “How can I cure this one person I met two weeks ago? I can do it! Let's go!” And then you just feel like a walking hazard when I just wanted you to be aware. (Lavender)

More than other topics brought up in the focus group, participating Sharers were most impassioned about when close others adopted a saviour complex in responding to disclosed suicidal thoughts. “It baffles me. Just because you're starting a conversation, they feel like they have to do something about it right now” (Stella). “They just want to fix something, and your mental health isn't something you can just like fix” (Quinn). “I feel like I can't tell people. They always like jump the gun. They're always like, ‘We need to get you help right now!’ And I'm like, ‘For what? I wasn't even planning on committing right now’” (Rian). “It’s like you're going into a regular doctor's checkup and for a tiny pain in your toe. And he jumps to cancer...They want this quick fix solution to something that I don't even fully understand” (Stella). “I wish people could actually listen instead of hearing the word ‘suicide’. It makes it really hard to be vulnerable” (Rian). “I get the saviour state of mind, it’s because they don’t know what to do with you” (Jaz).

[Aside] Validating ‘Complex’ Concerns. Alex offered a slightly different perspective on saviour complex based on her recent supportive role during a friend’s suicidal episode. Alex defends close others’ desire to spring into action, pointing out that it is difficult for close others

\(^{26}\) A saviour complex is characterized by another exhibiting an overinflated sense of being able to help, or when close others ‘jump the gun’, trying to get a Sharer help.
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to discern when they are the frontline of a life-saving intervention. A notable difference about Alex’s reflection is that she cites caring encounters that occur later in suicidal episodes (i.e., elevated suicidal ideation and articulated plans). Whereas other Sharers discussed caring encounters that occur during early ideation:

I don't want to be their saviour, but they're not telling anyone else. Every single night [my friend] told me that they were in a life-or-death position. Like, “There's pills on my bedside table, and I'm going to do something tonight, but you can't tell anyone.”

What am I supposed to do? Do I take this person seriously? Do I not do anything and let them be put in danger? So, I kind of understand when people like us are seeking help and then people constantly jump the gun, because it's just this prolonged state of worry. And it's like, what can you do, right, when it feels like that responsibility of what happens to that person is on me or on them?

Not Knowing What to Say

Where an overenthusiastic ‘know what to do’ attitude is on one side of the unhelpful spectrum of care, close others who do not know what to say or do is on the other. Lavender brought up a prime example in our interview. “So, I'm cleaning up the boys changing room. I'm crying. It's like 10:45pm.” Lavender was alone putting costumes away following a school musical performance. Lavender’s drama teacher came around the corner and saw him: “He said, ‘Hey, what are you doing?’ I mumbled something, but I was visibly upset. And he's like, ‘Oh, okay.’ He just walked away [pause] and said, ‘Turn the lights out when you're done.’” Lavender felt completely dismissed in his pain. Thinking about the drama teacher’s perspective, it seems he might have been caught off guard or felt ill-equipped to respond to Lavender’s tears. Adhira talked about a similar silence from her dad the last time she tried to end her life:
I wanted to jump off the building. My sister physically restrained me. She was holding me back... We called my dad; he really didn't say anything. He was like, "Well, if you want to do that, I don't really know what to say."

Luna’s roommates felt unprepared to support Luna through her episode. They lacked answers to Luna’s questions: “What do I do? How do I get my mind to stop doing this?” Instead, they often brought Luna tea and sat with her, handing her tissues: “I cried so much, I developed a cough!” Luna felt like her roommates “accepted [her] for the mess [she] was at the time.” But ultimately, Luna felt that “they couldn’t help [her].”

Tess recently became more comfortable talking about her mental health, barring suicidal episodes. In a recent conversation about her first year of university, Tess’ mom claimed to know that she “wasn’t okay the whole time.” “Then why didn’t you say something?”, Tess wanted to say: “Why did I have to be so miserable because you couldn't be the adult in this situation?”

Close others Unresponsive to Asks for Help

“Oh Tess, she’ll be fine. She’s gonna be okay.”—this is the mindset Tess imagined her parents having during her suicidal episode. Several weeks into Tess’ first-year semester, she placed a call to her mom hoping to find relief or a solution to her pain: “‘I don't know why I feel so crappy. I feel like garbage. I can't focus on anything.’ I was just kind of describing how I feel to her. And she's like, [choppy, abrupt tone] ‘Oh, well, you'll feel better when you get home.’ And I didn't.” Other Sharer attempts to enlist their parents help, usually professional help, failed. Parent responses left Sharers feeling unheard and unsupported. Jaz felt “blatantly ignored” by their mom when seeking support. They would text their mom about getting put on medications or that they needed go to the hospital because they “wanted to die.” “I would come into the room and be like, ‘Did you get my text saying that I need help?’ And my mom was like, ‘Oh, was that
for me?” After Julie finally told her mom that she was depressed, she texted her mom “every single day” asking: “Did you call? Did you call?!” Julie knew her mom was taking her issues seriously, but after the second week of asking, she remembered thinking: “I shouldn't have to beg you to help me.”

Elise was living with her dad at the time when her suicidal episode began: “My dad wouldn't let me go seek help because he didn't want it to reflect badly on him.” Elise attributed his reluctance to an abusive and manipulative temperament and his Middle Eastern upbringing. Cultural dispositions toward emotions and mental health also prevented Luna, Alex, and Shalva from getting the help they needed from their parents: “We don't talk openly about our emotions, what we're going through” (Shalva); “I don't blame them. Emotions are kind of swept under the rug in Asian culture, and I'm trying to change that” (Luna); “I love them, but [my parents] have traditional views on mental health. I was always too afraid to go to doctors because they'd be like, "You don't need a doctor, blah, blah..."” (Alex).

**Imposed Help.** Julie eventually was connected to professional help, but not in the way she expected. In the weeks leading up to her near attempt, her friends asked her whether she wanted them to find her help? Julie felt hopeless at the time: “I was like, [chuckles] ‘No, why would I?’” Her friends tried anyway by dropping her name into the school counsellor’s anonymous help box. Their plan backfired. Here is Julie’s account of what transpired:

[The school counsellor] found me in the hallway. I was filling up my water bottle at the drinking fountain. There's this kid working on bulletin board next to me. She says, "Hey Julie, I heard you had some stuff to talk about, what's up?" And this kid is just standing there, stapling stuff. I'm just like, "uhhh" [eyes widen]
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Julie could not believe the counsellor’s tactless questioning. She remembered thinking: "My friends were worried about me, and your solution was to confront me in front of this kid I don’t know? Why would I tell you anything about myself? Why would I trust you with any of this?"

Unhelpful Sayings

Other well-meaning close others’ attempts to say something supportive proved unhelpful, some even made Sharers’ suicidal thoughts worse. Unhelpful sayings fit into three sentiments: dismissive, selfish, and ‘you’re not alone’.

Dismissive. “I have a story to perfectly set the scene of how alone I felt.” Rian had just been admitted to a residential program for her suicidal ideation. She thought to herself, "You know what? I might as well open up to these people, get something out of this. I'm here for it. Fuck it. Like, what do these people have to say to me?” By ‘these people’ Rian was referring to the on-site youth support workers. “So, I told one of the staff, ‘I really feel like I want to hurt myself right now.’ And she was like, [crying] ‘If you really wanted to hurt yourself, you would have done it.’” Rian kept her suicidal thoughts concealed for the rest of her six-month residency: “I couldn't tell anyone anything, but I was forced to be there. It was really lonely.”

Other Sharers recalled dismissive or flippant comments made by close others inciting them to harm or kill themselves. Naomi’s boyfriend never “understood how someone could feel suicidal.” Several months after being taken to the hospital, Naomi was walking with him to lunch: “We were about to cross the street, and he said, ‘Oh, go jump in front of that truck. Go die like you wanted to.’ That was not a good time for me; he kind of brushed it off.” During the phone call Shalva placed with his boyfriend to tell him about his suicidal ideation, his boyfriend asked, “Well, why don't you go do it? Like, you know you're not going to do it. It's not real." Emma’s dad joked, “Oh, kill yourself;” “so, that was the support I got from him” (Emma).
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‘You’re Being Selfish’. Three Sharer encounters with concerned parents surfaced an unhelpful, and hurtful, sentiment: feeling suicidal is selfish. Alex and Ricardo’s parents did not know about their suicidal thoughts at the time. Still, parents' reactions to what they could see (e.g., tears) were scarring: “You’re just too sensitive...you're really selfish to be acting this way” (Alex's mom27); “How could you make us worry?... You don't care about me. You don't care about us. You don't consider our feelings” (Ricardo’s mom27). Jaz’s mom was well-acquainted with their suicidality. Jaz started self-harming and feeling suicidal in 2007; they were 11 years old. Jaz described their mom’s last reaction after trying to reach out while feeling suicidal: “It was very hurtful...She was like, ‘Oh, are we in 2007 again? You're still doing this? You were what? Going to do what? What about me, Jaz?’ And I was like, ‘Why is this about you?’”

‘You’re Not Alone’. Telling Sharers that they were not alone in their suffering did not help. “People would say, ‘Oh, you're not the only one that feels like this; you're not the only one.’ I'm like, ‘So, there's more people that feel bad? That’s shitty’...that didn't really help me” (Elise). Thinking about how many people do not get the help they need weighed heavily on Jaz, “It’s just all too much.” If someone told Elise that they were feeling suicidal, “It would just make me more sad. It’s like, ‘That sucks that you also feel like this.’" After several of Lily’s lunchroom episodes, Justin told her about his own trials with suicidal desire, trying to make Lily feel less alone. Justin’s attempt to relate only reinforced Lily’s perceived weakness in overcoming her own suicidality: “I just thought that he was definitely stronger than I was.”

‘Right’ Steps Do Not Help

Julie felt disheartened that nothing from her school’s suicide prevention training helped her: “I was like doing the drills they had us do. And in my head, I was like, ‘This wouldn't stop

27 As remembered by the Sharer.
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me.’ I know that sounds bad.” It felt ironic to Julie that no one was picking up on her suicidal ideation in the drills when the training discussed how “the signs of suicide are kind of obvious”— “[Pf], Obviously not! [laughing].” For Julie, disclosing suicidal thoughts is not as easy as the training made out, especially with a stranger: “If some random kid on student council came up to me and I didn’t know them, why wouldn't I lie about how I feel? It's not that easy to just say it.” Though Julie did not share the name of the training, she briefly outlined the three-step approach taught by the program: 1. Recognize the signs of suicide risk and approach the student in distress; 2. Ask the student directly about their suicidal thoughts; and, 3. Engage a trained or trusted adult in helping the student. Julie found the three-step method reductive and disappointing: “Knowing what the steps are and knowing that I got to step three, and nothing had changed, it was really discouraging.”

Looking Back Life-Savers

Sit Through ‘Side' Support

At the end of interviews, I revisited any shared failed attempt or missed opportunity to help by asking Sharers: What do you wish [close other(s)] would have said or done in the moment of feeling suicidal, making an attempt, or disclosing suicidal ideation? Rian reimagined her resident counsellor scenario as if she was there talking to herself: “I'd sit down and have a conversation about why I was feeling that way, and ways I could cope instead of being like, ‘You’d do it if you wanted to. Now let's go to the beach!’ type thing [laughs]”. Instead of pinning her down, Adhira wished her sister would have adopted a more sympathetic orientation: “It felt like she was against me instead of being on my side. So, like maybe changing that situation, not being against me in that moment, showing support instead of hostility...words
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instead of hostility.” Adhira did not have any thoughts around what words she wished she would
have heard from her sister.

*Helpful Sentiments*

Luna shared two sentiments that she wished her roommates would have relayed to her in
her crumbled state. Before sharing these sentiments, she did admit: “I don't know if I would have
accepted the phrases at the time.” The first is, “‘Your mind won't always be like this.’ I was
scared that, ‘Oh, my mind keeps hitting a wall; will it be like this forever?’ Kind of ‘this too shall
pass.’” The second is, “‘Eventually you'll be able to use this experience.’ Almost as an addition
to your arsenal of life experiences to make your life so much more colourful.” Given the gray, or
even black, associations with suicide, I asked Luna what she meant by ‘colourful’. Luna
compared her life to a canvas that is continually being layered with more coloured paints (i.e.,
life experiences). “It won't always be gray forever. But as a result of that gray, your painting has
depth and is much more rich.”

*Texts and Calls*

Some Sharers wished for close others’ actions that would have made a lifesaving
difference but seemed small and insignificant. “It’s just three letters in a text message. Say,
‘Hey’ and then a conversation can start.” This was one way Stella advocated for more
transparency with Quinn during a joint storytelling session if one of them were to need help in
the future. Leading up to this quote, they were talking about not wanting to reach out when they
knew they needed to. Stella’s ‘Hey’ solution runs counter to what change might have stopped her
attempt. In her interview, Stella explained to me that she has learned to cope with recent suicidal
thoughts through mindful breathing and calling to mind people she cares about. I asked her
whether this coping strategy would have worked the night she attempted. “Yeah. Just if I called
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Quinn, like literally.” Stella did not know what calling would have accomplished beyond another way of reaching Quinn; after all, Stella was texting Quinn that night. “So, why didn't you call?” I asked. “I didn't think about it. I didn't realize what effect it would have” (Stella).

**Hugs and Love**

In hindsight, if [my brother] had done anything, even if he saw I was upset and hugged me, that would have done it. It would have made me be like, “I'm good. Like, I'm not going to...” If I knew he was there and if he showed me compassion and love, which he doesn't typically do, that would have been sufficient. (Emma)

It is striking: Emma could not feel her brother’s care being hugged on the bathroom floor waiting for an ambulance; and yet, the very caring act that would have prevented her attempt was an out-of-the-blue hug from her brother. In the realm of being shown “compassion and love,” Emma wished she had heard “I love you” more during her suicidal episode. Because of that lack, she is now quick to relay how much she cares for others by often telling them that she loves them: “I would’ve loved it if somebody would’ve told me ‘I love you’...You never know when it's the last time you can say it. You never know when people need to hear it either.”

**Caring for Others Struggling with Suicide: Past and Potential Supports**

Sharers were asked about how they might support a peer, loved one, or even a stranger who was feeling suicidal. Some Sharers found it easier to reflect on what someone else needed in a moment than talk about their own past. While some Sharers hypothesized what they might say or do, many Sharers had front-line experience responding to another’s suicidal desire.

‘**Things Get Better**’

“The only fallback advice I can rely on is, ‘Things will get better.”’ Shalva believes this because his suicidal episode turned around in an unexpected way. He has yet to come across
someone who is suicidal, and he has his doubts about his advice panning out in someone else’s life: “I can’t confirm that things will get better. Things might not get better. Or someone might not have an awareness where they reach out for support when they need to. There's just so many what ifs.” For Stella, remembering the past and planning for the future are both important facets of things getting better. Revisiting artefacts from important relationships (e.g., letters, gifts) when feeling low can assure someone that better days are ahead: “I have a memory box of things. Pick it up and just remind yourself, ‘Hey, this good thing happened. It's not that long ago, why wouldn't it happen again?’” Making “tiny little” plans with others can help ground someone in “the bigger picture”: “So I do these little activities that don't mean much, but it reminds yourself, ‘Hey, there's a future. There is something else coming.’"

‘Wait Three Days’. “Even though you think there's nothing that can go right at the moment, just wait three days. There's always something, even if it's something tiny” (Quinn). During Quinn’s blackouts, she felt like nothing good could happen. Scrolling through social media, she came across the phrase “Wait three days.” The phrase became a resetting mantra to stay during her suicidal episode, and something that she has told multiple friends in crises: “If they're in a dark place, I tell them just to wait three days. If anything happens that cheers you up, makes you smile, just think about that one tiny thing and reset your three days from that [moment].” Quinn called tiny things worth living for “casual magic.” She shared a casual magic moment from July 22, 2019, the day Quinn had predicted would be her last. Quinn set the scene: it was late, and Quinn was lying awake brimming with anxiety. To her surprise, her cat came into the room and plopped down on top of her. “It isn't unusual for her to sleep on my bed, but she never sleeps on my stomach...as all cat lovers know, you shouldn’t disturb cats unless completely necessary, so I didn't move. And I fell asleep soon enough.” Quinn wrote a poem about this
moment, ending it with this question: “Did my cat save my life?... Probably not. But she made it easier to get through the night.”

‘Your Story Keeps Going’. One Sharer anonymously posted in the chat at the end of the focus group. They shared how their life had taken an unimaginable turn for the better after their suicidal episode: “When in chronic pain, it’s valid to want the pain to stop; Life without pain seems too implausible. But what I didn’t know was that I could heal and construct a reality where I have greater joys and peace.” Elise shared with me a photo of a continuous line painting (4’ x 3’) that she completed after her suicidal episode. The painting looks like a Rorschach test with more negative spaces, one snaking black line whirling chaotically around the canvas accented with splashes of magenta. She told me that the piece was about resilience:

Some parts [of the line] are thin, some parts are thick, but it keeps going. Your story keeps going...It ties into resilience because no matter what, you have to keep going. The line goes up. And even when it's down, it's going to go back up somehow. It can't always be bad.

Elise donated the painting to a local housing non-profit in hope that youth in transition might take strength from it.

Checking In

“I've had to call the ambulance multiple times.” Emma has become the frontline support for her childhood friend who episodically spirals into a suicidal episode. She checks in with him every day: “I make sure to call him every day and be like, ‘Hey [endearing nickname for friend], this is just your daily reminder that I love you!’” If he does not pick up, Emma follows up through other media: “I'll like Snap [i.e., ‘Snapchat’] him every day and text him and be like, ‘How are you? How was work?’” Emma expressed a great appreciation for her hallmates who
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regularly checked in on her. She attributed the quick bonding with her hallmates due to ‘bubbling”. Emma always knew when her hallmates were at the door because of their signature greeting: “They scratch on my door instead of knocking, because they try to scare me. I'm a very jumpy person. When I hear the scratches, I open the door.” If Emma had it her way, she would isolate herself until the pain ended, but she is grateful for her hallmates continued efforts to seek her out.

Invitation to Connect. A coffee check-in was Tess and Jack’s starting point to a caring encounter with someone feeling suicidal: “My first response would be something like, ‘Do you want to go grab a coffee?’” (Jack); “Something along the lines of, ‘I'm going out to get a cup of coffee. Do you want one?’” (Tess) “Let's get a coffee’ is sort of an analogy for ‘let's find a safe space to talk.’ It might not be a coffee; it might be another space that's safe for them like the gym or a crowded bar” (Jack). If the person took up the offer to talk, “then the first step is to listen to everything, and really just go from there” (Jack). Tess conceded that not everyone might take her up on her invitation: “People take the help they want, right?” Even if someone turned down her help, Tess still wanted the person to know that her support was still within reach: “If they're like, ‘No. Fuck you.’ I’d be like, ‘Okay, I'll be over here if you need anything” (Tess).

Being There to Hold Space

“I just kind of [pause] be there. I’m there for him. Yeah, I’m just there.” Lei did not know how else to summarize how she cares for her friend when he feels suicidal. Being ‘there’ was the most discussed approach to caring encounters. More than any other caring action, Sharers emphasized ‘being there’ as perhaps the most important thing someone could do to save a life. Unpacked, ‘being there’ is maintaining presence to hold space for someone suicidal to feel safe,

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28 Maintaining restrictive social clusters, or ‘bubbles’, to prevent the spread of COVID-19.
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heard, validated, and valued. Collectively, Sharer accounts piece together three elements of life-saving presence: show up, listen, and stay. (Considerations for subsequent sections: Sharers had a lot to say about ‘being there;’ so much so, that the below subsections are mainly comprised of back-to-back quotes. Quote-density gives this section a more instructional tone.)

**Show Up.** “Be around when things go really bad” (Paul). “Try to be there for them as much as possible. Call or go to them if [you’re] not already with them” (Julie). “You don't have to say anything, just be next to [the person]” (Ricardo). Show up “open-minded” (Paul). “It's important to be like, ‘I have no idea what to say that would help you right now, but I want you to know that I'm going to be here with you through this and try to help you figure it out’” (Alex). Relationship is not a perquisite of presence. Ricardo has shown up for multiple strangers expressing this sentiment: “Maybe you don't really know me, but I want to be there for you...I may not completely understand, but I know that you're struggling, and everyone needs someone to be that to them” (Ricardo). “That,” for Ricardo, refers to assurance of compassion and unconditional love. Mac could not pinpoint what exactly about Adhira’s presence is so comforting: “I swear it’s magic. She takes time out of her day to be there and make sure I’m doing okay. Whenever she’s there, I feel incredibly comforted.” “If someone is there for you, it's going to end the best way. If nobody is there, it's going to end the worst way” (Justin).

**Listen.** “When people are helping, they think that they need to offer a solution. When, a lot of the times, people just want to be listened to and heard” (Kelly). “Just listen and affirm that how they are feeling is okay” (Lyla). “If you want to get close to [the person], you should be infinitely curious or else it’s impossible” (Jaz). Be “receptive, understanding, and compassionate” (Mac) and “try not to judge...When someone is upset, there is no easy solution” (Lyla). “You don't necessarily need to know the perfect things to say. Just provide a friendly
supportive atmosphere for things to be able to be said” (Jack). “People just need someone to listen to what they say and provide the space where they can just vent” (Kelly). “They just want you to be either physically there or know that you are listening to them, even if they don't speak” (Ricardo). Relay to the person struggling that they “don’t have to say anything, but [you] want to” hear what they have to say (Julie). Do not worry if there are stretches of silence while being present. At times, silence is the caring language of the “comforting presence beside you” (Eve).

**Stay.** I asked Lauren what she would do for someone feeling suicidal to help them feel less alone. “I would just stay with them” (Lauren). “Don’t leave until they're okay...be there until it’s cooled down again” (Julie). For Julie, staying was the critical missing step from her school’s suicide prevention training. After identifying that someone is suicidal, Julie was meant to connect the student with additional support: “If I’m with somebody and they're on their knees, I'm not going to be like, ‘Let me just go get Mrs. So-and-So. I gotta go talk to her.’ I'm not going leave this person.” Staying with someone underscores care for the person. “People wouldn’t put the time in if they didn’t care” (Lauren). “Someone dropping everything gives a lot of perspective...It proves that your time with me is valuable. Like, ‘I don't want to be anywhere else but here’” (Julie). Knowing when someone in crisis is stable enough to leave is a challenge: “It’s hard to know when someone is okay” (Julie). Perhaps what matters to someone struggling is knowing that a close other “stayed with [them] as long as [the close other] could” (Jaz).

**The Nuance of Caring Encounters**

**The Right Window of Care**

Even considering proven, should have been, or should be life-saving actions, there is no magical recipe for a caring encounter that guarantees safety and belonging. Reflecting on the suicide risk of her little cousin, Stella sums up the fear of close others who are desperate to help:
“I have no control over it, and that is what bothers me the most.” The intersection of calculated effort from the right close other—“How to reach out, when to reach out, what's too much, what's too little” (Lyla)—and the right receptive moment during a suicidal episode appears to be at the heart of life-saving interventions. Tess tried to imagine what a successful intervention might have looked like during the worst of her episode:

There were a lot of windows. But because I kept it such a secret, the right person would’ve had to have seen it and been like, "I see that you're struggling.” They would’ve had to have been the right person in the right place at the right time.

For Alex, the vital timing of her friend’s support felt almost divine:

I'm not religious, but they're like angels sent from God. I don't want to label them as saviours because I think that puts an unjust emphasis on them, like they were the sole cause of me being alive. But, sometimes it feels like they really are just saviours. They were there at the right time, the right place, and gave me love that I didn't know how to accept and feel for myself. [pause] It was just so necessary.

**Real-Time Reactions**

Alex shared her saviour insight in a debriefing conversation after her joint storytelling session with Lyla. More than any of her friends, Lyla was, and continues to be, a lead pillar of support: “With Lyla by [my] side, life is just more tolerable, beautiful, and fun.” Six times in their joint storytelling session, Lyla admitted to having “no idea what to do” to help Alex or their mutual friend who regularly feels suicidal. Still, Lyla continues to show up: “I just try and help and go with the flow mostly [laughs].” Mac implored Adhira in their joint storytelling session to instruct him of how to better support her through her low moments: “[Suicide] is a problem that doesn't have clear cut solutions. I feel kind of useless because I don't really know exactly how to
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make you feel better.” “You cannot plan on how you will react,” explained Adhira. The best someone could do is to “keep trying to listen and understand.”

Show Up Anyway

Walking to the park to meet Jack, Kelly did not have a plan for how she was going to support him—In her defense, she did not really know what to prepare for; Jack’s post was principally a cry for help. “I was just acting on the fly. I thought about what I would want someone to do for me in that moment: listening and letting them know that they’re not alone and trying to talk through the problem” (Kelly). From the perspective of the close other, Kelly empathized with hesitating to help someone in distress. Kelly did not feel like the right person to respond to Jack’s post; it had been years since they had talked: “It doesn’t need to be a friend. It could be anyone...Just being there helped [Jack] a lot.” Hearing Jack talk about how much she helped him, Kelly wanted to encourage others to step into life-saving situations even when feeling unprepared: “It’s important that more people know that you don't need to be an expert in knowing how to help people. Doing any little thing to show that you're there for the person and they’re not alone is helpful” (Kelly).

Summarizing Collective Sentiments

"I’m stuck in a whirling cycle of suicidal thoughts. The only way out I can see is death. Someone please break me out of this unending loop of suffering.”

“I can see that you’re struggling. I’m here. I don’t know exactly what to say or do. You don’t need to talk about things if you don’t want to, but I want to listen. *Silence* Things won’t always be like this; your story keeps going. Give it 3 days, something good is bound to happen, even if it’s something small. I’m going to stick around in the meantime.”

Note. Close other sentiments reflect an oversimplified rendering of helpful and successful actions taken by close others to intervene within another’s suicidal episode. A more complete conversation regarding what close others can do to save a life can be found in the discussion chapter.
On the Other Side of a Suicidal Episode and Beyond (Section 6)

Guiding Narrator Considerations. Up until this point, the narrative has been centered around Sharers’ experiences during suicidal episodes. Section 5 explored the critical turning point during Sharers’ episodes when Sharers no longer wished to end their life. The narrative could have easily ended with the words and ways others helped Sharers to stay alive. In a way, this section serves as a theatrical epilogue where Sharers are speaking frankly about realities that exist with living beyond suicidal desire. Section 6 follows Sharers’ journeys in moving past suicidal desire, choosing to stay, and finding connection.

Section 6 is made up of five subsections: ‘slowly getting back to me’, connection after suicidal episodes, choosing to stay, staying for connection, and continually choosing to stay. This section begins with ‘slowly getting back to me,’ a description of Sharers’ slow transition back to themselves and their lives coming out of a suicidal episode. How Sharers maintain connection with close others after caring encounters is then discussed in connection after suicidal episodes. Next, staying for connection explores the role of Sharers’ choice in surviving a suicidal episode and why a perfectly executed intervention might not be successful. The section then dives into how Sharers’ loved ones play an ongoing part of choosing to be alive in staying for connection. Finally, the narrative ends with Sharers’ fight to continually choose to stay.

‘Slowly Getting Back to Me’

Few caring encounters ended like Jack and Kelly’s—Jack returning home grateful, having processed his suicidal thoughts, and life resuming. Most Sharers’ return to their lives was a much slower transition. I asked Adhira if she felt better the night she wanted to end things after the intervention with her sister had cooled down: “Definitely not better. I think the opposite of better would be appropriate...The next day was pretty numbing” (Adhira). Stella “drifted for
months” following her attempt: “I lost two months. All the days felt like one.” She remembers finding “a bit more excitement for life” on a trip she took with Quinn three months after being hospitalized: “Being with Quinn was emotionally healing. She pushed me in the right direction to slowly getting back to who I really was.” After Kaden dropped Julie off and drove away, Julie “just walked inside. The numbing sadness was gone, and it was just sadness.” “I didn’t necessarily feel better, but I felt like I could breathe” (Julie). The severity of her episode sank in seven months later after reading through journal entries and old texts. She remembers thinking, “I’m not there and I don’t ever want to be back there.”

“Honestly, I don't know why I got better. I think I made a vow that I would never feel that way again and slowly but surely started feeling like myself again” (Alex). Four months after Alex’s lowest point, she remembers the moment that she could feel connection again and knew that she was returning to herself:

I went on a trip to [city] for school, and we stayed the day. I remember being with some friends talking the whole night. I was on the train ride home smiling. It was like that silent smile where you don't really notice that you're smiling until you stop and you can feel like your cheeks drop. I was like, “Oh wow! I was smiling pretty hard.” That was the realization that things can get better.

That day, Alex wrote this in her journal: ”I laughed today. I actually laughed and smiled and wasn't faking it for the first time in what feels like forever...I feel so alive right now. I hope this feeling lasts forever.” Lavender was also in disbelief when he cried for the first time in-between his first and second suicide attempts. He was reading a romance novel in his room thinking about the possibility of someone loving him again: “I stopped, and I just started bawling because I was
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just so happy I was crying. I was actually feeling something. That point of my life, I didn't have any emotions. I literally didn't.”

**Connection After Suicidal Episodes**

Beyond the spark of ‘actually feeling something’ for the first time in months or years, navigating how to sustain meaningful connection with close others was a vital component of staying alive. This section explores how caring encounters with close others, ‘thereness’, and choosing to invest in relationships fueled ongoing connection.

**Lasting Connection from Caring Encounters**

Jack and Kelly’s joint storytelling session unearthed a powerful dynamic of Kelly’s intervention: their monkey bar meet-up was a shared touchstone of connection that sparked opportunities for future caring encounters to occur for both. “It's shocking to me how that [night] still stood as an important moment for her” (Jack during joint storytelling session debrief). “I've always held that memory in my heart. And I feel like I really like bonded with you a lot that night” (Kelly). Reflecting on the encounter in the joint storytelling session reinforced how much they meant to each other: “I think it's just so interesting to me how, even though we have few encounters together, they can be so meaningful after the fact” (Jack); “[Now] I feel more of a connection than just you being a friend to me” (Kelly). Both were unaware that their encounter left a lasting impression for the other. Kelly had no idea that she “had such a big impact on” Jack: “The things you do, you don't think they have as big of an effect on people as they do” (Kelly). Jack was “really, really happy” to discover that the moment had a positive impact on Kelly.
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I think this has helped shape me into the person I am. I want to be someone who is there for others. And, it has allowed me to be someone who can open up to people I don't know that well, because you did that with me. (Kelly)

“The fact that me reaching out for help had a positive impact for both of us really means a lot to me” (Jack).

**Reaching Out Reciprocity**

Jack and Kelly’s encounter served as an important reminder that connection is always closer than we might think: “Even though you may think people don't care about you or think about you anymore,” (Kelly) “there are people thinking about us and about the impacts we've had on their life that are very important and very special to them. But we might never ever know” (Jack). Knowing the positive impacts their caring encounter had, Jack and Kelly each extended a warm receptiveness of being there for the other, should they need help in the future. In a way, these offers to help foreshadowed their special bond for years to come: “It could be 10 years down the road even [both laugh], you can text me and I'll be there for you” (Kelly); “I feel the same way. And, for all we know, maybe this conversation right now is the next step in the road of our meaningful friendship. Who knows where it'll lead us?” (Jack)

Continuing to lean on one another for support is the crux of what keeps Jaz and May’s relationship going: “Jaz is an integral part of what keeps me going right now. Just knowing that I can just pick up the phone and have your face on this screen is so incredibly helpful in keeping me stable” (May). “Yesterday when I was in crisis, I was thinking like, ‘I don't know who to call. I don't want to scare my sister. Can't call my parents.’ And I was like, ‘May! [chuckles] I can call May in crisis’” (Jaz). Jaz categorized their and May’s support as feeling both wanted and needed, a refreshing change from feeling unwanted and worthless to other key relationships. Jaz is also
realizing that they cannot always show up to support others. Choosing when to share love versus hold onto love is a delicate balance for Jaz:

I once thought not having boundaries was the ultimate compliment to people. I’ve learned that I have to keep a container that can expand to where I need to be and [limit] how far I can love instead of being like, "Oh no, I said ‘no’ to this person. I'm awful!" It's like, “No, I can love this person from here right now.” Or, "I don't have that kind of love for this person at all. I'm going to keep that for myself right now.”

‘Keeping a container of love for themself’ was Jaz’s language for cultivating a sense of belonging to themself. Jaz explained to May why it was important to sometimes hold back from support: “[It] was a big step, to build my identity outside of our friendship... [But] it was growth that I needed to take.”

**Facets of “Being There”**

**Finding Empathy.** Knowing Sharers’ suicidal past and responding in an empathic way sustained connection. However, empathy was a missing link in Sharers participating in the focus group’s search to connect beyond their episodes. “Do you speak up or not? It's hard nowadays to try to speak of [experiences with suicide] when you need to. There's a lot less empathy” (Paul). “We’ve all been there. You want to convey to someone this emotion that they never possibly be able to comprehend. No matter how hard you want them to understand it, they just can’t” (Stella). For Jaz, empathy is gauged by one’s emotional intelligence and how willing they are to “meet other people where they’re at.” Another’s unrealistic expectations of how someone is meant to be feeling when disclosing suicidal thoughts reinforced a lack of empathy, “People expect sadness, but that's not always the response I’m feeling...How we feel is really difficult to comprehend for them, and that makes it hard for someone to get close to you” (Stella).
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*Knowing and Validating Experience.* “It definitely makes it harder to connect with people when you realize they don’t value the aspects of your life you’re still holding onto as the way to forgive yourself” (Lavender). Others not knowing about Jaz’s suicidal past, has left them feeling invisible: “I’m feeling invisible lately...I want to be intimate; I want to feel loved and cared for; and I want to share with others who I am, [but] the responses that I get are really disappointing a lot of the time.”

It’s really hard to talk to people about [your suicidal past]. You sit there and you're like,

“This is what I went through, and I want to be closer to with you, So I want to share these things with you.” Then they're just kind of sitting there looking at you like you're a sad puppy dog that got kicked out. (Lavender)

“It feels weird to have people look at you like you're like some kind of wounded animal” (Alex).

“All you needed to say was that [my experience] was valid and moved on” (Lavender).

*Mutual Presence.* Luna and Tunas have found mutual presence as a way to engender empathy and compassion for the other. “We’re so used to people not giving us their full attention...When the other person is giving 100% attention, that drives connection. If both people have 100% attention, then you can stay there [i.e., in a connecting place] for longer, that's what sustains connection” (Tunas). When both people are ‘there’: “You’re understood, and you understand the other person” (Luna). Luna called another’s understanding channeled into caring action compassion. Another’s compassion borne from understanding helps Luna see parts of herself that she has lost sight of. Tunas helps her see “a different side to [her] story,” beyond an unending loop of suffering. Likewise, Luna’s presence helps Tunas see new “horizons he never knew existed”: “At times I can’t see my own potential...She’s a mirror...When she’s around, I see the world through her eyes.” In talking about Lyla’s presence, Alex adds another lens to what it
means to see the world in new ways: “With Lyla, it's like seeing in colour [through] all the
dreariness and mundane of everyday life. [Life]’s just more colourful and bright” (Alex).

**Realizing and Investing in Significant Connections**

“I hold close the ones that are here now. I love my people so much. They are my
everything” (Elise, Journal artefact excerpt). On the other side of suicidal ideation, Elise and
Naomi felt more aware and secure of people in their lives who could support them in the future.
Having a “toxic” boyfriend as a main support was a common denominator of both their episodes.
“He basically tried to almost alienate me so that he was always the one I was closest to”
(Naomi). At the time of both interviews, Elise and Naomi had broken up with their boyfriends
and were feeling grounded in a wider base of connection. “When I had those really bad times, I
leaned on the wrong people. If I were to have a really bad time now, I think I would be able to
lean on these people [e.g., mom, sister]” (Elise). “I started realizing I have some really good
friends that I know will always be there for me. I'd always be there for them no matter what. And
I can trust them” (Naomi). Both cases, but especially Naomi, surface an important fallacy in the
tunnel vision of a suicidal episode— [This close other] is the only person who can help. “He was
like, ‘I was the only one who realized this’ and like, ‘I'm the only one who's been there.’ But
that’s not true. He wasn't the only one who would’ve been there for me” (Naomi).

**Expanding the Narrative.** “A large part of what motivated me to share my story with
you, was finally realizing that I don’t regret surviving, which feels like a big part of the story to
me” (Lavender). I asked Lavender if he had found a way to have more agency in his own story
and make himself have a bigger part in others’ narratives. “Oh yeah, I definitely do that.”
Lavender told me several stories where he had been the relational bridge to connect people in his
different friend groups. For example, he brought several friends together to form a team for a
campus-wide a scavenger hunt. Lavender finds value from others becoming close through the “steps that [he] has laid out.” He refers to his ability to connect people as “the power of the extrovert;” and with it, he is bringing together a cohesive group worth staying around for.

**Choosing to Stay**

*‘It’s My Choice.’*

**During Episodes.** At the end of the day, surviving suicidal desire was, and continues to be, Sharers’ choice— “No matter what anyone said or did, I was alone in the struggle” (Elise). Yes, some close others’ actions directly prevented some Sharer attempts. Adhira’s sister restraining her from jumping off her apartment building is perhaps the clearest example. That night, Adhira stayed up late, long after her sister had gone to bed. She finally decided to not jump because she “felt like it wasn’t time to die,” not because of her sister’s actions, which felt hostile at the time. Elise’s journal provides a window into the thought processes of someone trying to separate themself from suicidal thoughts and affirm an identity that exists outside of darkness (Some quick context about this quote: In this journal artefact excerpt, Elise refers to her suicidal thoughts her ‘stories’): “What story am I telling myself this time? It doesn’t mean anything about me or my strength.... STOP believing my stories...They are fucking untrue...You’re halfway there [Elise].” On the adjacent page of the journal, Elise drew a small smiley face labeled “Me.” The face is nestled inside a much larger blacked-out penned circle. It almost seems like Elise was telling herself: ‘You’re still in there.’

**In the Ambulance.** Lei made an active decision and fought to stay while being rushed to the hospital:

While I felt myself slipping away, I realized that I didn't really want to die in that ambulance. All these years I’d been trying so hard to off myself. I'd been telling myself
that I didn't want to be here, that I wanted it to end...I was being very delusional. Like, I
didn't know what I was talking about. I didn't know what it actually meant to be dying or
to die until I was faced at the decision, and then here it is, the perfect opportunity. I could
just let myself go, drift away and it would just be over. But, I was fighting to keep staying
there. I actually really want to go on. It almost felt like it was a choice for some reason,
like I could let go or I could hang on and stay...when faced with the decision, I decided
not to go.

**After Episodes.** Rian still wrestles with intrusive suicidal thoughts. Sometimes they
fester long enough for her to reach out to her online network. However, Rian’s first response is
to challenge the suicidal thought with her desire to be alive: “I'll have a brief thought of like, "I
could do it right now"...and I'm just like, "No. I don't. I have so much going for me. I'm so
excited about like what's coming up in life.” Two days after Quinn’s cat ‘casual magic’ moment,
she wrote, “I realized that 22 July was much too soon, and I had so much I still wanted to do. I
wanted to live” (Poem artefact excerpt).

**Staying for Connection**

**Outsourcing Hope.** As much as staying alive was Sharers’ choice, close others still
swayed Sharers’ decision toward staying. Alex told Lyla:

> At the point when I thought, "Ugh, no one cares about me, if I just die, it will be fine. No
one will care." But then, knowing that you cared, it was like, "Someone *does* care, so I
should make the effort, even if it’s not for me, to get better until I do want to live for
myself."

At the peak of Alex’s ‘zombieness’, she did not feel like she could make the choice to live.
Instead, she made a choice to believe Lyla, and her friends, that life was worth living:
My friends] were telling me things like, "You're strong" and "things get better" and it was like, “Ugh, how can things get better? Every day is even worse than the day before.” But you just have to, I guess, have faith. You choose to believe them. I don't think that things are going to get better, but I'm going to trust that you think they are, and I'm going to wait it out until they do.

Alex used this graphic metaphor to describe how she outsources, then transplants hope:

You know when people lose an ear, they grow an ear on their back and then they cut the ear off and put it back where it should be? It's like I'm growing my ear on Lyla’s back. And when I'm ready for it. I can get it back and make myself whole again.

Thinking beyond medical possibility, I asked Alex if she ‘grew’ some other body part on her friends, perhaps a vital organ? (Afterall, zombies are heartless.) Her response reinforced that living, ultimately, is a choice for the person feeling suicidal to make: “The idea of that visually doesn't sit right with me, because a lot of the process of getting better depends on you. I have my heart. I just need it restarted.”

**Trusting Connections.** Jack held to the belief that his connections would deliver him from his suicidal thoughts. He remembers thinking, "I love these people so much and these people love me. I really value these connections.” Even though, at times, Jack’s pain felt “unbearable,” he trusted that “these connections can save [him]." Kelly was just one redeeming connection for Jack. “My connections definitely saved me in many, many different ways, more than just talking at the park.”

**Pain Left Behind.** “You have a responsibility to stay even when you don’t want to. You don’t want to cause that kind of pain to other people [crying], even if you are okay with it yourself” (Quinn). Contemplating a loved one’s pain, usually family, caused from their attempt
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motivated Sharers to stay alive. Stella did not think her little cousin knew about her hospitalization. Months after, Stella was role playing ‘house’ with her cousin using dolls. Her cousin took the doll that represented Stella, “and she was like, ‘Oh no, this one’s going to go away forever.’” Stella could not believe her cousin had picked up that she had tried to end her life. Stella’s cousin’s words “terrified [Stella] to [her] core.” “It was a wakeup moment of how deeply my actions impacted her. I realized what I meant to her, I switched from ‘this might happen again’ to, ‘this is never happening again.’” Stella “guilt trips herself” with this moment when feeling suicidal as a way to stay. “It’s a weird method, but sometimes it’s the only option left” (Stella).

At the time of our interview, Emma was still “struggling with wanting to kill [her]self.” I asked her why she stays: “My brother and my mom, solely. I’d hate to mess up their lives. My mom point blank told me that if I ever killed myself, she’d be hospitalized for the rest of her life.” Whenever Ricardo thinks about ‘leaving’ he thinks: “I know that I’m the foundation of both my parents' worlds and it would break their hearts.” During Quinn’s suicidal episode, thinking about her mom’s pain if she died “kept [her] going a lot.”; although, Quinn admitted that she could not conceive of how much pain she would put her mom through. Dwelling on her mom’s pain sometimes led to her feeling like “she really cares about me.”

Rational Moments. Throughout Elise’s episode, her mind constantly tossed between wanting to end her life and thinking about how her attempt would impact her loved ones. She called moments of clarity where she thought about others her “rational” mind. “It's easy at the time to think, ‘No one cares.’ But in my more rational times, I was like, ‘No, they would care, and [my death] would profoundly impact their lives.’” Interestingly, holding onto both thoughts—fearing ‘no one cares’ about her life and wanting to live because others do care—
"kept [Elise] going.” Sitting with her loneliness and darkness was key to overcoming it: “Walk with fear. Allow it to breathe the same air as you. When we consider fear instead of suppressing it, we become rational” (Elise, Journal artefact excerpt).

**Funeral Perspective.** I asked Paul how he thought about his own suicidal thoughts at the funeral of his friend who took his own life. “It was absolutely devastating. I saw what could have been, and I saw how wrong I was for thinking that way...a tough love reminder of how precious life is, how precious every moment is. You shouldn't. You can't.” Seeing the impact of his friend on everyone at the funeral, including himself, “motivated [him] to keep going”: “The fact that people do care about me and I care about other people, and I know that if I were gone, it would affect them. That's what matters most.”

**Continually Choosing to Stay**

Most Sharers have made the choice to stay alive more than once. Thirteen Sharers have survived at least two suicidal episodes. Further, most Sharer episodes lasted months, some even years; months and years of weighing whether it is worth it to keep living one more day. In a joint storytelling session with Stella, Quinn made passing mention about actively “staying,” as opposed to having decided to stay. I asked her to explain what she meant by using a present tense of “stay.” Her response surfaces a sobering reality of suicidality: for many, the decision to live is one that must be made over and over again.

The first time you decide to not [end your life], it feels like a final thing. This big conclusion, “I’m not going to think about this ever again!” But that is not the case. And that really sucks [voice cracks]. The emotions wear off and you’re back at a place you were before having to make that decision [crying]. It’s exhausting, and it comes back [pause] and it comes back many times.
## RESULTS

### Summarizing Collective Sentiments

| “I’m still struggling, but I finally feel like I can breathe. I don’t yet believe that life can be more than my present pain, but I believe you when you say things can get better. When I think about leaving again, I think about how it would impact my loved ones. Today, I choose to stay.” | “I’m changed by that encounter we shared; it means a lot to me.” |
| “I’m still here. Text or call, and I’ll be there.” |


Chapter 5: Discussion

How can we help a youth who feels “very alone and very suicidal” (Jaz) choose to stay? This chapter distills Sharer stories into life-saving insights to inform frontline life-saving efforts and guide future suicide prevention research. Whereas the results chapter presented Sharer voices in a narrative that sought to place you in Sharers’ shoes to understand perceived disconnection from a first-person vantage, this chapter draws out the mechanics underlying belonging, the phenomenon, and in what capacities we can act to save lives.

Synthesizing key takeaways from the collective narrative takes us back to the critical questions set out at the beginning of this work. Key findings are framed by answering the three secondary questions; they will be answered in the following order:

1. What do youth consider to be at the heart of belonging to close others?
2. How does a youth’s sense of belonging fluctuate and thus trigger suicidal thoughts and behaviours throughout suicidal episodes?
3. How do close others influence a youth’s sense of belonging?

The narrative structure of the results chapter gives a slightly different organization to these three sections than a traditional discussion. Each secondary question section addresses two important areas of discussion. First, as promised in the prefacing considerations of the results chapter, each section draws out key ideas from the Sharers’ stories featured in the collective narrative. These key concepts are then considered in light of extant literature. Following responses to secondary questions, implications for post-secondary institutions and future research will be considered. Limitations of this study are peppered into secondary questions and in the future research sections. This chapter concludes by responding to the guiding principal research question of this
work: How do youth with past suicidal thoughts and suicidal attempt(s) make meaning of perceived disconnection from close others during suicidal episodes?

**The Heart of Belongingness**

What do youth consider to be the heart of belongingness? Belongingness was an undercurrent running through Sharer stories. It is important now to distill this powerful force into a concept that has yet to be articulated. Inquiring about Sharers’ sense of belonging around and during suicidal episodes surfaced myriad close relationships—parent, sibling, romantic partner, friend, and peer were common types of relationships featured in the results chapter. When looking across all Sharers’ relationships laid side by side, a definition and framework emerges for better conceptualizing belongingness and understanding the construct’s role in Sharers’ suicidal journeys. This conceptualization of belongingness is layered, complex, and packed with Sharer’s experience. I begin reviewing the heart of belongingness by presenting a definition of belongingness and unpacking definition components. Next, dynamics of how definition components fit together and considerations surrounding the meeting of one’s need to belong are reviewed. Finally, the reviewed conceptualization of belongingness is considered in light of extant literature.

**Defining Belongingness**

Belongingness is one’s real time cognitive-affective sense that they are known by, grounded in, actively supported by, and have significance to and because of at least one reciprocally caring relationship. This definition is a synthesis of Sharers’ meanings made across a wide landscape of pivotal belongingness moments and relationships. In this subsection, definition components are broken down and unpacked, and then considered in relation to one another through a visual graphic.
DISCUSSION

Unpacking Definition Components

Care. Sharers’ stories underscore the same starting point: belongingness begins with care, and reciprocal care is the engine of close relationships. Given the lifesaving focus of this study, Sharers’ examples of how close others have cared for them during suicidal episodes could be categorized as one, more extreme end of the caring spectrum. Showing up, checking in, creating a comfortable safe space to talk through pain, listening, choosing to stay—these are just a few ways Sharers spoke about close others being “fully there” (Julie) for them. Caring orientations taken by close others to be present through Sharer’s pain is addressed below.

Sharers’ stories also surface another category of care, gestures of care—Lei and Eve ordered each other UberEats for monthly catchups, Stella received a teddy bear and a friend’s disturbing drawing in the hospital, Emma received flowers and cards when she returned home from the hospital. Isolating the common denominator between these two care categories, presence and gestures, reveals a simple definition of care: Care is a giving or extension of oneself (e.g., giving time and energy to be with someone or giving a thoughtful gift both demonstrate care).

Real Time Cognitive-Affective Sense. Sharer’s real time intrapersonal state dictated whether or not close other’s care landed. Sharer’s sense of belonging shifted, at times quickly, over the course of suicidal episodes. In the span of days, hours, or even minutes, Sharers oscillated from perceiving a sense of belonging to loneliness, even when surrounded by well-established close relationships. Alternatively, after feeling alone for extended periods of time, belongingness returned to Sharers, almost in a sudden flicker of connection. Losses and gains in belongingness were perceived by the head and the heart. Many Sharers quoted from what they remembered thinking at times of loneliness or belongingness. And, Sharers recalled the intense feelings that came along with their experiences.
Reciprocity. Not just the act of reciprocity, but the desire and ability to demonstrate care back to close others, is a key dimension of the caring exchange. Without being able to foresee how Sharers might reciprocate in relationships, they felt unworthy of care, guilty, purposeless, dismissible, a ‘suffocating damp cloud’ (Alex) always in need “[un]able to offer enough back” (Julie). Sharer’s desire and perception that they had a way to give back to others was essential for staving off feelings of burdensomeness and increasing perceptions of significance to another.

Relational Byproducts. Sensing that one is known, grounded, supported, and has significance are four relational byproducts resulting from caring exchanges. Each is summarized below.

Known. There are two dimensions of knowing that appear core to belongingness. One dimension is linked to another knowing and accepting someone for their true self. Take Jaz for example, who directly linked care to others’ willingness to know, and the degree to which they knew, the real Jaz: “People don't always really know me enough to genuinely care...” The other dimension of knowing important to Sharers was others’ awareness and caring about their suffering, both past and present. Consider Jack’s Instagram account which he created so that his friends might witness the “clear expression of [his] struggle” with losing his friend to suicide. Or, Rian feeling more lonely in her residential program because she “couldn’t tell anyone” her ongoing suicidal thoughts.

Grounded. This byproduct corresponds with Sharers’ sense of fit among close other relationships. Sharers used expressions such as “alignment” (Paul), “my people” (Tess), being active in, or the foundation of another’s world (Adhira), being “immersed” in meaningful relationships (Ricardo), or a part of another’s story (Lavender) to convey security in relationships or groups that comprised their sense of belonging. Groundedness also refers to a sense of
stability brought to Sharer’s lives by the presence and caring acts of close others. Reassurance, emotional regulation, “getting me back” (Rian), and making one feel secure in uncertain world that had lost its colour and meaning (Quinn) are a few ways in which close others brought stability during dark and uncertain times.

**Supported.** Past and future caring actions are bundled into feeling supported. Knowing or being able to recall how a close other(s) had been a support engendered a sense in Sharers that they had a trust-worthy support to rely on in the future. Knowing someone has kept track of “the rough days” (Naomi), picked up the phone when everything felt wrong (e.g., Quinn), “gone out of their way” to show up (Lauren), that they were ‘100% always there’ (Jack) assured Sharers that close others are within reach, a text or call away (e.g., Alex), and that “there will [always] be time to connect” (Adhira). The word ‘actively’ is used as in the definition to infer the perception of potential future support from a close other. Perceived support does not necessarily need to come from relationships that exhibit a history of caring actions. Take Ricardo for example, who felt supported merely on others’ pledge to be there for him.

**Significance.** The root of significance is closely linked to one’s need to matter to others (Drabenstott, 2019). This need is captured in a question raised by Tess, ‘Does anyone care about my existence?’ Sharers desired to be seen in their suffering and “deep down” (Luna) for who they truly are, as opposed to feeling invisible (Jaz), is a cursory baseline of feeling significant in the eyes on another. There are two facets to significance to this belongingness definition: ‘significance to’ and ‘significance because of’. ‘Significance to’ refers to Sharers’ longing to feel wanted, needed, “good enough” (Alex), meaning something to someone (Julie), worthy, and/or indispensable to another. When feeling suicidal, most Sharers minimized their significance to
their close others, a sentiment summed up as: ‘You don’t need me here. I’ll be missed, but you’ll be fine with time.’

‘Significance because of’ describes shifts in Sharer’s world because of close other’s actions. Contrasting Sharers’ experience living through a suicidal episode and when they began to reconnect with close others reveals two stark realities. To Sharers, loneliness underlying suicidal episodes was a dark, cold, empty, vacuous, and unbearable world. Conversely, when Sharers reflected on caring moments with close others, particularly life-saving interventions, their realities were rendered meaningful. With a ‘jump-started’ heart (Alex), life was worth living, more colorful, exciting and positive, and there was renewed hope for things to get better.

The Duality of Byproducts

A caring action might result in one or the combination of multiple byproducts. These four byproducts are both relational qualities of close relationships and met psychosocial needs. This duality exists to account for multiple relationships comprising one’s sense of belonging.

Relationship Qualities. Byproducts manifest as relationship qualities differently across caring relationships. Let us take ‘known by’ as an example. Person X might know certain personality traits about a youth, but Person Y intimately knows the hardships the youth has overcome.

Psychosocial Needs. Caring exchanges with a close other(s) shape how byproducts are met as psychosocial needs. Returning to a question raised in the literature review chapter—Does thwarted belongingness reflect one cohesive construct, or is it a composite of fundamental, psychosocial needs? —this work suggests the latter: belongingness is comprised of the need to be known, grounded, supported, and have significance. When one’s sense of belonging is made up of multiple relationships, a psychosocial need can persist even after losing sight of or
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doubting the connective qualities of one core relationship—perhaps due to distance, a commonly cited reason of why Sharers’ relationships atrophied. All four psychosocial needs do not need to be met in order to satisfy one’s need to belong. One, or a combination of multiple met psychosocial need(s), may be sufficient to spark or maintain a sense of belonging. However, this understanding renders that meeting all four psychosocial needs fosters the fullest experience of belongingness, based on the relationships featured in Sharer’s stories.

Realizing One’s Sense of Belonging

To experience belongingness, one does not necessarily need to have an awareness of how the four relational byproducts are manifesting via caring exchanges, nor does one need to be able to articulate what relational qualities they share with another or how their psychosocial needs are being met. Afterall, to frame this discussion in a phenomenological perspective, one is caught up in a constant flow of experiences and a continual process of becoming (Gadamer, 2004). However, knowing the extent to which one is known, significant, grounded, and supported by another seems to boost belongingness. The near-death aspect of suicidality was a particularly potent awakening for Sharers to discover the roots and depth of belongingness. Take for example, Emma who came home from the hospital reflecting on the cards and flowers left in her room, and slowly realizing that “people do care about [her].” Other, less extreme life events and actions, also illuminate the vital qualities of a relationship or aid in realizing the richness of a met psychosocial need. Jack affirms his meaningful connections by posting “Friend Appreciation Posts” to his Instagram. Jack shared one appreciation post screenshot with me. The post was a collage of quotes from his friends’ messages that had kept him grounded and feeling supported. Such posts serve as an awakening action for both Jack and his quoted friends. Curating and
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revisiting a box of memories when she felt cared for, Stella created a regular practice of assuring herself that caring moments are bound to happen in the future.

Focused reflection around one’s sense of belonging also draws attention to and reinforces one’s sense of belonging. Over the course of the study, the processes of making meaning around critical moments with close others surfaced powerful insights about relational byproducts. In particular, facilitated conversations with Sharers and their close others in a joint storytelling session format elicited key ways how the Sharer is known by the close other, touchstone memories that validate the security and significance of the relationship to the other, how their lives are more colourful because of the other, and an assurance of full support in the future. Deliberate conversations tailored to exploring the connective tissues underlying a relationship—to answer the question “What does the other mean to you?”—may be the most direct and rich avenue to awakening one’s sense of belonging. Thinking beyond the structured design of joint storytelling session, finding occasions and spaces to hold such a conversation appear key.

**Graphic of Belonging**

To help illustrate how definition elements fit together, Figure 6 assembles definition components into a graphic for visualizing belongingness. This graphic creates a conceptualization of belongingness in the context of caring exchanges occurring alongside complex interpersonal and intrapersonal processes.
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Figure 6

*Belongingness Graphic*

*Notes.* The two circles containing the ‘‘�’’ and ‘‘��’’ icons represent the featured dyad traced throughout this paper, that of the youth and a close other. Glancing at the figure, the winding black arrow of another’s care is perhaps the most commanding focal point, encompassing most of the figure’s components, serving as the driving force on belongingness. The arrow representing another’s care wraps around a wide dotted line encircling the youth and meanders to the close other. The wide dotted line represents the intrapersonal filter all caring actions must traverse, a youth’s real time cognitive-affective sense of belonging. If care successfully lands, another’s caring action produces one or more byproduct of care (i.e., knowing, groundedness, support, and significance). Denoted by the bi-directional fading boomerang-shaped arrowheads
continuing beyond the caring arrow, byproducts manifest as relational qualities and met psychosocial needs. Noted by breaks in the black arrow, there is an environmental and an intrapersonal opportunity for care to not reach a youth. The curled arrow in the middle of the figure accounts for youths’ desire to reciprocate close others’ care. To help bring this figure to life, an example illustrating the mechanics of the graphic has been included in Appendix P.

**Before Belongingness: Finding Fit**

The presented definition and visual conceptualization of belongingness seek to capture “heart of belonging”, as set out in the secondary research question. A rudimentary, budding sense of belonging exists prior to reciprocal caring exchanges in the form of finding fit among individuals who are within one’s solar system of connection (Reviewed in section 2). Feeling known and accepted for one’s true self offers an early sense of grounding that youth have a place in other(s)’ lives, in their narrative. Caring relationships develop from the network of relationships youth finds fit. In part, the four social factors (i.e., proximity, time together, agency, and ever-shifting dynamics) govern which relationships grow into relationships defined by the four relational byproducts.

Beyond social factors, Sharers identified three potent factors which catalyzed caring interaction: vulnerability, relatability, and actions that broke through their ‘loop of suffering’. When exhibited by another, these catalyzing factors conveyed hard to miss caring acts or opened to the door for caring exchanges, which in turn led to the formation of deeper, caring relationships. Adhira and Mac stand out as an example in vulnerability and relatability. Adhira met Mac as an anonymous social media profile living in a different country; Mac started as a small, distant minor planet in Adhira’s solar system of connection. Mac became immensely more important to Adhira after they shared origin stories, a vulnerable, “huge leap of faith” that paved
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the way for them to draw closer and care for each other through ongoing mental health struggles. Jack and Kelly offer an example of how breaking the loop leads to caring relationships. Jack and Kelly fell out of touch years before Kelly answered Jack’s call for help. Their monkey bar conversation sparked a caring encounter that started them down a “road of meaningful relationship” (Jack).

Proposed Belongingness Conceptualization in Light of Literature

Positioning this belonging definition and graphic among components of the construct found in reviewed literature helps elucidate the construct’s core and the relationship among belongingness’ many proposed components.

Care. Belonging (Baumeister & Leary, 1995), relatedness (Ryan & Deci, 2017), and connectedness (Whitlock et al., 2014) theorists identified care as one element of belongingness. This work elevates care from one commensurate component listed within these frameworks to the driving force of belongingness.

Reciprocity in Relationship. Feeling like one can support (van Orden et al., 2010) and contribute to (Ryan & Deci, 2017) others’ lives corresponds to the desire to reciprocate care; reciprocity was also one of Mahar et al.’s (2013) key themes of belongingness. Alongside thwarted belongingness, interpersonal psychological theory of suicide theorists claim burdensomeness to be a second thwarted need which incites suicidal desire (van Orden et al., 2012). However, this study illuminates how burdensomeness fits within the belonging conversation. For Sharers, burdensomeness came up as a dampening condition of belongingness. Without an being able to see how they might give back to close others, and not just be a hurtful stressor in their lives, Sharers’ sense of belonging was stifled. This discussion is picked up below
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in the detangling perceived burdensomeness’ relationship with thwarted belongingness subsection.

Byproducts. Extant literature supports but does not comprehensively capture most byproducts of care. Trust (Whitlock et al., 2014) and feeling cared for (Elliott et al., 2005; Ryan & Deci, 2017; Kyron et al., 2019) are facets of feeling actively supported. Mattering to others (Adams & Marshall, 1996) in the form of feeling seen (Rosenburg & McCullough, 1981), holding value (Whitlock et al., 2014) and being significant “in the eyes of the other” (Ryan & Deci, 2017, p. 96) speak to having ‘significance to’ another. Other’s rendering life meaningful (Tajfel & Turner, 1979) and positivity (Baumeister & Leary, 1995) are aspects of having ‘significance because of’ someone. Sharing the same name, Mahar et al.’s (2013) key theme of groundedness partially captures the groundedness byproduct highlighted here; stability (Baumeister & Leary, 1995) and at-homeness (Antonsich, 2010) would also tap into facets of groundedness. Lusk et al.’s (2015) operationalization of thwarted belongingness as ‘feeling like an outsider’ and the need to feel integral within relatedness (Ryan, & Deci, 2017) correspond with a budding sense of belongingness (i.e., finding fit), and fit’s more rooted byproduct, groundedness.

The literature is almost silent on the remaining byproduct, feeling known. Connectedness literature (e.g., Whitlock et al., 2014 and Mahar et al., 2013) list respect as one component of the construct, which could be linked to close others’ respect of one’s identity. Prior to this study, other’s acceptance of one’s gender identity came closest to establishing the link between belongingness and knowing among transgender youth with suicidal pasts (Hunt et al., 2020). Beyond the field of suicide, being known for one’s true self holds more robust footing in conceptualizing belongingness. Brown (2017) offers perhaps the clearest link between knowing
oneself and being able to share that self authentically. Here is an excerpt from her definition of “true belonging”: “the spiritual practice of believing in and belonging to yourself so deeply that you can share your most authentic self with the world...” (p. 157). Belongingness, for Brown, begins with establishing a sense of belonging to oneself, and then finding connection with others on the basis of that “most authentic self.” The spirituality dimension of her definition refers to an interconnectedness of people by a greater power, which could be a divine being or some other synergistic force that brings people together.

**Belonging Beyond Relationships.**

*Self.* Many Sharers resonated with belonging to themselves, the core of Brown’s (2017) definition. I initially did not set out to look into this dimension of belongingness, but my first interview with Lavender brought belonging to self into the periphery of inquiry. Trying to understand Lavender’s sense of fit with himself in light of gender transitioning and healing from childhood trauma opened the door to exploring belonging to oneself. In line with Brown’s (2017) definition, belonging to self was largely talked about in terms of true identity: “Belonging to oneself has a lot to do with just being yourself” (Lavender). “It’s that feeling of being comfortable with yourself...Feeling safe in your own head” (Jack). Luna called belonging to oneself a “fluid state” where you are “just the way you are naturally.” When Luna described the fluidity of authenticity in our interview, the image of a river came to mind. Leading up to this quote, Luna shared how “different parts of our personality” are formed by “big or small” traumas, much like a river is shaped by boulder and eroding terrain. “We belong to ourselves when we feel like we can operate from a place that doesn’t feel forced” (Luna); like a river, Luna’s sense of belonging to herself in relationship mirrors traversing winding bends and currents with a sense of grounded ease.
Sharers also described belonging to themselves as self-care and creating boundaries around how they care for others. Lei called belonging to self “the golden halo of self-love.” Jaz’s thoughts around keeping a ‘container of love for themself’ were in response to a question about belonging to themself. Similarly, Adhira promoted a sense of belonging within herself by creating “internal boundaries” around how much she cares for others and tempering her expectations around how much care she expects from others. The two facets of belonging to oneself identified by Sharers, identity and boundaries of care, have at least some footing in the interpersonal core of the belongingness construct (van Orden et al., 2010). However, they also point a source of belonging that can exist outside of relationship (i.e., care for self and a grounded knowing in oneself). In addition to belonging to oneself, two other sources of belonging outside of relationships surfaced in this study worth mentioning: pets and places.

**Pets.** Jack and Quinn brought up their cats during interviews as sources of comfort, security, and support. Jack intentionally brought his cat to the interview. You might recall Quinn’s question from one of her poems: “Did my cat save my life?” The answer was “probably not”, but her story illustrates pets’ importance, for some, in choosing to stay.

**Places.** Several Sharers brought up meaningful places where they found belonging. Following one of her suicidal episodes, Lily wrote a poem about the beach: “Splashing in the distance. Dolphins call. The ocean is where I belong” (Poem artefact excerpt). Growing up, Jaz would routinely bring their friends over to their house to paint the walls of their bedroom. Jaz called their room a “very sacred space.” “It was a little cave where I belonged, my energy was in it. It was my space” (Jaz).

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29 See p. 190 for original Jaz quote.
DISCUSSION

**Social Factors.** One of Baumeister and Leary’s (1995) conditions that form the backbone of belongingness, frequent interactions—termed ‘time together’ in Chapter 4— is considered one of four social factors that govern one’s solar system of connection. Self-determination and dynamism, two key themes of belonging from Mahar et al.’s (2013) work, closely related to two social factors: agency and ever-shifting. The other social factor, spatiality in relationship, is not explicitly addressed in the literature as an independent factor in shaping belongingness.

**Inter- and Intrapersonal Factors.** In concert with all reviewed conceptual literature on belongingness (e.g., Ma et al., 2019), the aforementioned belongingness definition is made up of both interpersonal and intrapersonal factors. The social factors that influence who comprise one’s solar system of connection, and close other’s caring actions are key interpersonal factors that inform belongingness. One’s subjective ability to perceive real time caring actions and to recognize met psychosocial needs and relationship qualities are intrapersonal factors that shape one’s sense of belonging. Individual variances in cognitive-affective functioning allow for differences in belongingness perception despite similar interpersonal situations. Interpersonal factors, principally caring actions, are the stoking fuel of a youth’s sense of belonging. But, belongingness is kindled by a youth’s intrapersonal state. A youth may not receive a caring action from a close other in a long time, but still maintain a vibrant sense of belonging rooted in met psychosocial needs. Alternatively, in an avalanche of caring actions a youth might feel utterly disconnected from all close others.

**Acute and Chronic Dimensions.** Badcock’s (2021) research suggests that belongingness can act as an acute and a chronic variable with youth. Rather than positing the construct as one or the other, this conceptualization of belongingness breaks down aspects of caring exchanges into acute and chronic dimensions. Shifts in one’s solar system of connection throughout suicidal
DISCUSSION

episodes, the presence and caring actions of close others, real-time cognitive-affective perceptions are acute dimensions of belongingness. One’s developed sense of fit within their solar system of connection, met psychosocial needs and relational qualities with close others (i.e., relational byproducts) established from a history of caring exchanges are chronic dimensions. Parsing belongingness into acute and chronic dimensions aid to better capture both the multifaceted nature and change processes of the construct; these two areas are identified by Rogers and Joiner (2019), and others, as much needed insights for understanding how belongingness fluxes and changes over time.

How Fluctuations in Belongingness Trigger Suicidal Thoughts and Behaviours

This section explores the second secondary question: How does a youth’s sense of belonging fluctuate and thus trigger suicidal thoughts and behaviors throughout suicidal episodes? Across Sharers’ suicidal episodes, belongingness failed at every junction along the suicidal pathway. While damaging interpersonal events cannot be overlooked, intrapersonal fractures in belongingness were powerful pains in prolonging and exasperating suicidal desire. Sharers’ reflections around perceived disconnection and two relational dynamics that further erode belongingness breathe life into the haunting realities of these intrapersonal fractures. This section begins with a distillation of reflections into a definition of the phenomenon of study and a graphic for conceptualizing relational dynamics. How the phenomenon and relational dynamics fit within extant literature are considered next. This section then reviews how both interpersonal and intrapersonal fluctuations in belongingness influenced Sharers’ suicidal timelines. Finally, Sharer fluctuations are positioned within ideation-to-action theorist projections of belongingness role throughout suicide. This conversation helps to shine a light into why perceived
burdensomeness consistently demonstrates stronger correlations to suicide-related variables than thwarted belongingness.

**Defining Perceived Disconnection**

Perceived disconnection is a profound sense of loneliness stemming from a seemingly unending, unreachable subjective reality characterized by inescapable darkness, unbearable pain, looping suicidal thoughts, and floating undeadness despite close other(s)’ explicit attempts to show care or the ready availability of trust-worthy support. Each of the definition components are expounded on below, illustrated with examples from Sharer’s experiences.

**Profound Loneliness.** A deep and searing sense of loneliness defined Sharer’s suicidal episodes. Sharers felt: “a lot of loneliness” (Jack), “very alone” (Jaz), “really alone” (Quinn), “so alone all the time” (Alex), “all alone” (Elise); Lei described her experience as “the epitome of the loneliest moment of [her] entire life.”

**Seemingly Unending.** Stemming from unrelenting misery, Sharers were “stuck in a loop” of suffering (Julie), an inescapable “downward spiral” of pain that inevitably led to “rock bottom” (i.e., ending one’s life) (Shalva). Sharers were stuck in an inescapable ‘riptide’ of loneliness (Lei).

**Unreachable.** Sharers felt viscerally separated from close others, disconnected, and out of reach from life-giving care. “Curled into [themselves]” (Lei), ‘untouchable’ (Tess), unresponsive (Lily), it felt like Sharers and others existed in “two realms” (Elise) creating a widening “gap for connection.” Three Sharers felt like there was a physical barrier separating them from others. “When it was the worst moments, nothing would touch [my suffering]” (Elise), and “nothing could touch me” (Tess).
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**Subjective Reality.** Sharers’ worlds were turned upside down during suicidal episodes. “Disconnected” (Alex) from reality, “nothing fe[lt] real” (Julie), “as if wandering in a dream” (Quinn). This dream was colourless (Quinn, Luna), muffled (Stella), dreary (Alex), and terrifying (Julie). Lauren remembered the transition from a ghost-like ‘la la land’ to a slow return to reality. Mid-attempt, surrounded by her family, texting friends, Stella felt like she “wasn’t really there.” Sharers’ suicidal realities were defined by four characteristics:

**Inescapable Darkness.** Dragged into darkness (Quinn), “shadow hands” overtaking their heart (Lei), Sharers were trapped in “the dark place” (Justin, Alex). Hemmed in by darkness (Elise) with no glimmer of hope reaching Sharers, they “saw nothing but darkness” (Lily).

**Unbearable Pain.** “No reprieve” (Tess) from “all the pain” (Alex), Sharers felt powerless to “uncontrollable” (Lei), “unbearable” (Jack), and ‘crushing’ (Julie) pain. From the vantage of their dark, colourless world, “life without chronic pain seem[ed] too implausible” for Sharers (unknown); “It hurt so much to physically be alive” (Emma).

**Looping Suicidal Thoughts.** Sharers could not break the “mental loop” (Luna) of suicidal thoughts playing through their minds— “I hate myself” (Paul); “Every day is worse than the day before” (Alex); and “What if [I jump]” (Elise). Suicidal thoughts were “ravenous” (Naomi), followed them “everywhere” (Elise), and only got “bigger and bigger” over time (Shalva). The constant barrage of ideation felt like “slowly dying inside [one’s] own mind” (Quinn).

**Floating Undeadness.** “Bleeding out” (Paul), flatlining (Alex), stiff and cold (Julie)— These descriptions paint a picture that Sharers were already dead, white knuckling their way through episodes. Sharers dragged themselves through life like “zombies” (Alex)— hollow, “going through the motions” (Alex), and drained, “existing from moment to moment”
DISCUSSION

(Lavender). Or, Sharers drifted through life like a ghost (Lauren)—paralyzed, ‘not inside their body’ (Julie), feeling void (Paul), and haunted by an itchy, creeping emptiness (Quinn).

**Care Does Not Land.** Close others’ care simply could not penetrate Sharer’s siloed suffering. “No matter how much anyone would say something reassuring, when it was the worst moments, nothing would help...I was all alone” (Elise). “In that space, words literally fly over your head...[others] just [can’t] help [you] at that point” (Luna). “In that dark space,” you think, “No one cares” (Alex). Care ricochets off a ‘crushed core’ (Julie) and dissipates into a vacuous whirling of a mind “overcrowded with: lonelylonelylonely...” (Lei)

**Ready Availability of Trust-Worthy Supports.** At some point during suicidal episodes, all Sharers had at least one close other “in the back of [their] mind” (Lei) that they could have called on to elicit support—Jack had “tens of people [he] could’ve called who would’ve picked up.” But, these supports felt out of reach to Sharers: “I literally felt like I just couldn't” (Lei), “I didn’t have the right mindset...[nor] the emotional capacity” (Ricardo). “It d[oesn’t] matter if people [are] there physically or saying that they're there...it [doesn’t] mean anything” (Elise).

**Depression and Perceived Disconnection**

It is worth noting that many components of perceived disconnection overlap with depression symptomatology. In particular, feelings of hopelessness, emptiness, extreme fatigue, worthlessness, guilt, physical pain, and suicidal thoughts are symptoms used to diagnose depression and featured throughout Sharers’ stories (American Psychiatric Association, 2013). This connection is not surprising in light of Hallensleben et al.’s (2020) research. Hallensleben et al. conducted a multilevel analysis of loneliness subscales of the Interpersonal Needs Questionnaire with 73 psychiatric inpatients diagnosed with depression. They found that the heightened experiences with depression correlated with increased levels of thwarted
DISCUSSION

belongingness. Studies featuring youth samples corroborate a strong link between depression and thwarted belongingness (e.g., Ringer & Anestis, 2018). Badcock (2021) concluded her dissertation work pushing future research to better understand how depression spikes suicidal ideation through its impact on belongingness and loneliness.

Not surprisingly, 14 Sharers used the term ‘depression’ in describing their journey with suicide; half of these Sharers had been diagnosed and/or had received therapeutic treatment for depression. I did not ask any direct questions about the presence or role of pre-existing mental illnesses, so it is possible that more Sharers struggled with depression than reported. Depression was just one of many mental health challenges that emerged throughout the study. Anxiety, nonsuicidal self-injury, and eating disorders were other common challenges experienced by Sharers. Isolating depression, or other mental health challenges’, role throughout suicidal episodes or within the phenomenon was not the goal of this study. Rather, grounded in a phenomenological orientation, this study aimed to sift through the embodied experiences of youth with past suicidal thoughts and behaviors, inclusive of experiences mental health challenges, to uncovering the essence of perceived disconnection.

Two Dynamics that Exacerbate Disconnection

The dark, numb, and empty reality of suicide was profoundly lonelier to Sharers because of two intrapersonal relational dynamics that further drove a wedge between them and close others: losing sight of themselves and hiding but hoping. These dynamics are extensively reviewed in sections 2-4, respectively, of the results chapter. Here, I provide concise summaries of these dynamics and use a figure to conceptualize how Sharers are further isolated in their struggle because of them.
DISCUSSION

**Losing Sight of Self.** Sharers lost sight of themselves during suicidal episodes; they felt like shadows of who they once were—unwanted, disposable, the “embodiment of a piece of shit” (Tess). Their true sense of self evaporated before their eyes and was replaced with foreign thoughts and feelings centered around wanting to end everything. Returning to any version of themselves known by close others seemed impossible; and, several Sharers felt like they made life worse for others by staying around. A shell of who they once were, Sharers no longer felt known by, significant to, nor grounded in relationships with close others. This perceived separation further underscored their solitude in overcoming struggles that already felt insurmountable. Hopelessly worthless, Sharers minimized the social impact of ending their life, and ‘wrote themselves out of close others’ narrative’ (Lavender). “Nobody really needs me here. If I wasn’t around, what would it affect?” (Julie)

**Hiding, but Hoping.** Sharers felt like they needed to hide their suffering from others, leaving them to feel even more “profoundly alone” (Tess). This was largely due to feeling like a burden by sharing; shame, not having the words, feeling like others have it worse, and not having the ability to reach out were other reasons. Many would isolate from others to keep their pain behind closed doors, which only made loneliness worse. Sharers wore ‘brown paper smiles’ (Quinn) to assure others that ‘everything is fine’. Though, underneath the façade, at least some small part of Sharers hoped that “someone [might] notice” (Alex), ‘see through the bullshit, be very persistent,’ (Lei), stop them (Ricardo), and save them (Jack). In hopes of clueing others into their pain, Sharers crafted myriad hints, fragments, and encoded messages as ways of reaching out.

Figure 7 below illustrates how a youth’s sense of belonging is further clouded during a suicidal episode because of these two relational dynamics.
DISCUSSION

Figure 7

Visualizing Relational Dynamics

Notes. This figure contrasts the outward facing, interpersonal, persona that a close other sees (see right side of figure), with the intrapersonal reality youth experience (see left side). The encircling thick dotted line (also used in Figure 6) represents the spiraling subjective world of suicidal episodes (i.e., the experience of perceived disconnection). The vanishing youth icon within the circle points to loss of identity, what Quinn called the “evaporating” of self. Curling out from the lips of the youth icon, is a line linking to a smiling projection facing the close other. This face alludes to the “I’m fine” façade fronted by Sharers during episodes. The dotted gray line behind this face illustrates the gap between what close others see and what is really going on ‘behind the curtain’ of youth’s concealed suffering.
DISCUSSION

_Squaring the Phenomenon and Relational Dynamics within Literature_

This work maintains that someone feeling ‘all alone’ in their suffering of a suicidal episode, the summarizing sentiment of thwarted belongingness, is at the flatlining core of failed belongingness (van Orden et al., 2010). Though, it is important to delineate thwarted belongingness from this work’s findings. In thwarted belongingness’ current conceptualization within extant literature, perceived disconnection and the two relational dynamics presenting in this study do not fully capture thwarted belongingness, nor can they be fully summed up by the construct. Most apt to thwarted belongingness, the definition of perceived disconnection and two relational dynamics bring to life a rich new landscape to loneliness, the intrapersonal dimension of thwarted belongingness (Ma et al., 2019), and the accompanying sense that life-sustaining connections are utterly obliterated (Joiner, 2005). This work challenges the current framing of ‘lack of reciprocal care’, the interpersonal dimension of thwarted belongingness (Hallensleben et al., 2020). In high physical opportunities to satisfy belongingness during their worst moments (Olson et al., 2021), Sharers felt like they “ha[d] no one to turn to” (van Orden et al., 2010, p. 581). Not having anyone to turn to is the key sentiment of lacking reciprocal care.

Looking back on episodes, all Sharers had at least one caring relationship available to them throughout their struggle. As a point of concession, this may not be true of all youth. It is quite possible for someone to be completely severed from relationships for a time, or all their relationships cease resembling healthy belonging qualities. This possibility reinforces the importance of maintaining focus around the interpersonal aspects of thwarted belongingness. Still, opposed to the others’ presence, the “emphasizing perception” (van Orden et al., 2010) of a youth’s intrapersonal reality remains “the best gauge” for one’s sense of belonging (Whitlock et al., 2010, p. 8).
DISCUSSION

Belonging Fluctuations Along Suicidal Timeline

Intrapersonal Fluctuations. Though intrapersonal perceptions are the best gauge on belongingness, getting an accurate read on this gauge is a difficult task. In accounting their suicidal journeys, Sharers offer a glimpse into how internal shifts in belongingness increased suicidal desire. Some distinct moments of perceived disconnection could be triangulated across the broader collected narrative, pinpointing when and how the phenomenon spiked suicidality along the ideation-to-action timeline. Examples of these shifts are identified below, beginning the early ideation and tracing through suicidal attempts.

Developing Early Ideation. Hanging out with friends having ‘literally nothing to be upset about’, Lei would be ambushed with rushing sadness, “like shadow hands over [her] heart” (Lei). Elise’s haunting question— “What if?”—looped constantly in her mind constantly: “My friends would be over and I’d still have those thoughts.... It didn't change for whoever I was around.” Despite her roommates’ willingness to sit through tears with tea and passing tissues, Luna’s unnerving emptiness continued to develop a “slow negative valence, until she utterly crumbled. “I felt really lonely and scared, and I felt like I could die at any point” (Luna).

Severe Ideation. As the “gray fog” continued to descend and “monochrome gray walls” encircled Quinn, her suicidal thoughts increasingly got worse until she “couldn’t see any light at the end of the tunnel,” and reaching out to any close others felt hopeless. Julie depicts a similar pattern of her suicidal episodes worsening going hand-in-hand with rising perceptions of disconnection. The crushing pain of suicide, “in her core”, “got heavier and heavier” to the point that hanging out with her closest friends felt foreign, sad, “and just nothingness”.

Escalated Ideation with Intent. Julie’s bathwater poem is a visceral window into her mind just weeks leading up to her near attempt. Her poem captures the slow painful
DISCUSSION

disintegration of belongingness, warm memories faded into inching numbness—a cold, stiffness that led Julie to the thought of jumping in a lake and dying of hypothermia. Julie was on her way to carry out her plan if it were not for Kaden’s ride home. Lauren held a similar cold resolve during her second, more serious, suicidal episode. Despite having received support after texting her suicide note to her friends three months earlier, Lauren felt estranged from her friends and kept her plans hidden.

**Just Before an Attempt.** Lei was on the phone with Eve just weeks before she was rushed to the hospital for her “intentional-unintentional suicide attempt.” Even though they shared history of supporting each other for years, Lei could not bring herself to telling her—"I literally felt like I just couldn’t.” Stella also felt paralyzed to picking up the phone and calling Quinn the night she attempted suicide. She had been in such a dark place for so long, she “just kind of give up” (Stella).

**Mid-Attempt.** Even during Stella’s attempt, Stella was surrounded by family while texting friends, and felt no impulse to alert anyone to the fact that she was in the process of trying to end her life. In the sense that she was also surrounded by family during her attempt, Emma was in a similar position to Stella. Emma’s inability to feel her brother’s embracing care, and only wanting continued relief from the intense pain she felt illuminates, perhaps the most extreme, intrapersonal blind spot to belongingness.

Stretching Sharer memories along the ideation-to-action timeline is a somewhat simplified misrepresentation of Sharers’ experiences. The examples above speak to clearly identifiable internal shifts in belongingness at pivotal suicidal crossroads; in other words, the examples are moments when Sharers’ internal shifts were forceful enough to register on their intrapersonal gauge and share or be deciphered by me during meaning making sessions. Internal
shifts ran throughout Sharers suicidal episodes. For example, pain was always present for Julie, it simply got heavier. The gray came and went throughout Quinn’s episodes, at times growing darker and denser. Parsing snapshots of internal shifts into ideation-to-action categories illustrates that fluctuations in Sharers’ perceptions of belonging were prolific across the suicidal pathway.

**Interpersonal Fluctuations.** Interpersonal breakdowns in belongingness and their impact on Sharer’s suicidal desire are much clearer and easier to pinpoint along the suicidal pathway. Many of the fluctuations presented here are detailed in the no one cares section of the results chapter. This section reviews these vignettes alongside other interpersonal stories, placing them in escalating order of ideation-to-action severity. Alex traces the beginning of her suicidal episode to being “completely crushed” by her boyfriend breaking up with her. Ricardo’s mom’s thunderous shouting—“I wish you’d never been born”—pushed Ricardo closer and closer to leaping into darkness, “the only peace [he] could find.” Adhira wanted to jump off her apartment building because she was distraught that no one showed up to her birthday party. The completed suicides of Stella’s and Jack’s friends led them to develop their own severe suicidal thoughts. Stella would later attempt, at least in part, because of her friend’s death. Emma made her “walk home decision” to attempt suicide because she was turned away by her friends.

**Shining a Light on Belongingness’ Inconsistent and Weak Connection to Suicide**

Tracing painful fluctuations in Sharers’ sense of belonging throughout suicidal episodes, it is evident that cognitive-affective shifts and relational fractures can influence suicidal desire at every crossroad of the ideation-to-action timeline. Looking back on the extant literature, weak-to-moderate relationships found among thwarted belongingness and suicide-related variables (e.g., suicidal ideation, attempt) hint at belongingness’ influence throughout the suicidal
DISCUSSION

pathway. There are several possible reasons to why belongingness has not been placed as a critical variable throughout suicidal episodes. One is a limitation in the way that belongingness has been assessed. The story-rich portrayals of belongingness and perceived disconnection in this discussion suggest that past attempts to measure thwarted belongingness through the Interpersonal Needs Questionnaire (INQ; van Orden et al., 2012), the backbone measure substantiating ideation-to-action theorists’ claims about the construct, were just scratching the surface of belongingness. For example, the driving role of care in this conceptualization of belonging adds new meaning to this INQ: TB item: “These days\textsuperscript{30}, I rarely interact with people who care about me”; and, the definition of the phenomenon supply depth and complexity to this item: “I feel disconnected from other people.”

**Detangling Perceived Burdensomeness’ Relationship with Thwarted Belongingness.** The conceptualization of belongingness featured in this discussion helps to elucidate why perceived burdensomeness consistently demonstrates stronger correlations to suicidal variables compared to thwarted belongingness (e.g., Joiner & Rogers, 2019; Ordóñez-Carrasco et al., 2020). Facets of perceived disconnection emerged in Sharers’ meaning making about their caring relationships, suggesting that the line between the twin “nonredundant constructs” of IPTS (i.e., thwarted belongingness and perceived burdensomeness) is more blurred than originally thought (van Orden et al., 2012, p. 198). In regard to the INQ, Sharers’ perceptions of messing up others’ lives (Emma), ruining everything (Tess), and “suffocating everyone with [their] presence” (Alex) strongly echo three perceived burdensomeness subscales: “I think my death would be a relief to

\textsuperscript{30} All INQ items begin with “These days.” Omitted from subsequent referenced INQ items in this chapter.
the people in my life”; “I think I make things worse for the people in my life”; “the people in my life would be better off if I were gone” (van Orden et al., 2012).

Like thwarted belongingness, perceived burdensomeness is comprised of two dimensions, both of which surfaced in this study: self-hate and liability. Self-hate, cropped up in a couple of Sharers’ accounts. Paul’s looping thoughts—“I hate myself...over and over again.”—throughout his mom’s tough love speech in the kitchen is the clearest example. Liability, the feeling of that one is expendable or unwanted, aligns closely with sentiments shared by Sharers in the relational dynamic: loss of identity (e.g., “Nobody wants me. [starts crying], Why does nobody want me?” (Jaz). Hiding, but hoping is also congruous with liability. Burdensomeness was the main reason for Sharers to internalize and conceal their suicidal thoughts “from everyone” (Naomi). Sharers feared “negatively affect[ing] other people” (Alex) “with what [they] ha[d] been going through” (Quinn). Sharer’s also felt like their “absolute best wasn’t good enough” (Tess), and that they could never reciprocate, or “offer enough back” (Julie), to match the care received from close others. Hiding, but hoping and the need to reciprocate fits well within the existing frame of liability (van Orden et al., 2010).

On the other side of Sharer’s concern is perhaps a new leaf on liability, one that has a footing in belongingness. Sharers’ desire to not burden others was rooted in a deep care for close others’ well-being. Sharers were keenly aware of close others’ struggles and did not wish to pile their seemingly unsolvable (Lei) issues onto others. Sharers also did not want their close others to suffer pain because of their struggles or in wake of their absence. Some of this pain Sharer’s could see (e.g., Emma), while most of Sharers’ pain management of their close others was

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31 Julie almost quoted this item verbatim in reference to feeling like a constant drag in her friend group: “I'm burdening them, they would do better without me.”
32 Lacking the ability to reciprocate would be considered a thwarting in one’s sense of social competence (Ma et al., 2016), a need derivative need stemming from self-determination theory’s competence variable (Ryan & Deci, 2017).
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projected. This distinction adds another layer to how we think about burdensomeness. When perceived burdensomeness is talked about in the extant literature, hampering life circumstances—typically physical illness, unemployment, incarceration, and family conflict (e.g., van Orden et al., 2010)—are pre-existing conditions that fuel perceived burdensomeness. While some Sharers could identify such pre-existing conditions within their suicidal narrative (e.g., Jaz’s complex family dynamic and conflicts), most Sharer’s sense of burden appears to be less rooted in encumbered life circumstance, and more in how the pain of suicide ripples across the social fabric of close relationships.

To be fair, this discussion does not offer an exhaustive inquiry into perceived burdensomeness and thwarted belongingness’ relationship. This study did not ask Sharers targeted questions about perceived burdensomeness. Rather, facets of burdensomeness arose from detangling the relational fibers of Sharer’s caring relationships. However, the strong presence of perceived burdensomeness within Sharers’ belonging narratives suggest that thwarted belongingness may have a more robust role in the suicidal pathway than currently evident, but impacts are presently masked within quantitative finding due to the current framing of constructs. Reexamining the makeup and relationship between constructs may show an increased correlation among thwarted belongingness and suicide-related variables. Untangling burdensomeness’ from belongingness is not a new suggestion for the field. Early on in presenting IPTS, theorists flagged: “The role of perceptions of burdensomeness in impacting the degree to which relationships can satisfy the need to belong is an area of research that merits investigation” (van Orden et al., 2012, p. 212)
**DISCUSSION**

*Thwarted Belongingness Along the Ideation-to-Action Pathway*

Ideation-to-action theorists’ varied positioning of belongingness along the suicidal timeline also suggest thwarted belongingness’ stronger influence throughout suicidal episodes. Imagine theorists’ placement of belongingness as ‘dots’ plotted along the suicidal pathway. Breakdowns in Sharers’ belongingness connect these dots, revealing belongingness as a vital current that runs deeply along the entire suicidal pathway. In this way, fluid vulnerability theorists’ (Rudd, 2006) focus on keeping a pulse on a suicide risk variable throughout episodes, is perhaps the most apt ideation-to-action lens to employ in future attempts to conceptualize and assess for belongingness.

It is important to distinguish between the composite intrapersonal and interpersonal timelines of fluctuations in Sharer’s belongingness throughout suicidal episodes and how belongingness will flux in a suicidal youth beyond this sample. This discussion points to ‘where’ fractures in belongingness influence suicidality; findings from this work suggest that belongingness can intersect at all points of the suicidal timeline. But, not all Sharers experienced thwarted belongingness at every twist and turn of their suicidal journey. Because of this, this study falls short in answering theorists’ dimensionality question pertaining to when, precisely, belongingness will fail and spike suicidal risk. Continuing to zero in on the ‘when’ of belongingness remains a worthwhile pursuit in helping to predict someone’s suicidal behaviour. Adopting a temporal dynamic orientation to data collecting, seeking to capture the small day-to-day shifts during and after suicidal episodes, may be fruitful in tackling the ‘when’ of belongingness. This work does, however, shine a light into the ‘how’ of dimensionality. The rich description of perceived disconnection and the two relational dynamics uncover the underlying mechanics of flatlining belongingness. Having a more dialed-in read on failed belongingness
DISCUSSION

empowers close others to identify more accurately how a youth’s sense of belonging has failed, and thus allow them to take the most hope-filling course of action.

Close Others’ Influence on a Youth’s Sense of Belonging

Implications for Close Others to Help Youth Stay

This section explores the third and final secondary research question: How do close others influence a youth’s sense of belonging? I talked to a lot of people while carrying out this work—social workers, school counsellors, teachers, concerned parents, bereaved loved ones, suicide survivors, among others. Conversations almost always lead to the same pressing question: “What can I do?” This section seeks to answer this daunting and desperate question by drawing out implications for close others from life-saving actions and orientations from Sharer stories. The answer lies in more than just a checklist of to-dos; rather, words and actions that inspire hope should focus on contextualizing expressions of care that emerge out of the fabric of close other and youth relationship. This care, in turn, fuels belonging and helps youth choose to stay.

Considering Sharers’ stories and recommendations surrounding helpful interventions, we can tease out what components are at the core of a helpful intervention. Table 5 below lists close others’ phrases and actions that helped facilitate a life-saving encounter; or, in a few cases, projected words and phrases Sharers would employ in future attempts to support someone through suicidal thoughts. Brought together into one table, this compilation of words and actions feels like a compendium, or a back pocket resource to reference when encountering someone at their edge. An orienting consideration about Table 5, words and phrases are ordered by when a close other encountered someone’s suicidal episode, beginning with first learning about a suicidal episode and ending with how to care post-attempt.
### Table 5

**Words and Actions That Facilitated Life Saving Opportunities for Sharers**

<table>
<thead>
<tr>
<th>Suspecting/Hearing Suicidal Thoughts</th>
<th>What to Say</th>
<th>What to Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inquiring about what’s wrong or trying to open the conversation about suicide:</td>
<td>• “It’s just three letters in a text message. Say, ‘Hey’ and then a conversation can start” (Stella).</td>
<td>• Do not panic. Consider Jaz’s parents reactions to their sister’s attempt.</td>
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<tr>
<td></td>
<td>• “So, what’s going on?” (Kelly)</td>
<td>• Be tactful in how you approach someone. Julie wished her school counsellor had taken a different strategy for asking about what was wrong.</td>
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<tr>
<td></td>
<td>• “You’re not alone” (Kelly)</td>
<td>• Resist “jumping the gun” and trying to fix what is wrong (i.e., saviour complex).</td>
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<tr>
<td></td>
<td>“I love you” (Emma).</td>
<td></td>
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<tr>
<td></td>
<td>“It’s not about how hard life is now” (Paul’s mom).</td>
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<td></td>
<td>“Your mind won’t always be like this...this too shall pass” (Luna)</td>
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<td></td>
<td>“Things will get better” (Shalva).</td>
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<td></td>
<td>“Never ever give up” (Paul’s mom).</td>
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<td></td>
<td>“Your story keeps going...no matter what, you have to keep going” (Elise).</td>
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<td></td>
<td>“Even though you think there's nothing that can go right at the moment, just wait three days” (Quinn).</td>
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<td>“There are too many people you can impact to just rob it away from yourself and everyone else you love” (Paul’s mom)</td>
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<td>“Eventually you'll be able to use this experience...an addition to your arsenal of life experiences to make your life so much more colourful” (Luna).</td>
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<td></td>
<td>Say soothing words (Lily)</td>
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<td></td>
<td>“I may not completely understand, but I know that you're struggling, and everyone needs someone to be that to them.” (Ricardo)</td>
<td></td>
</tr>
</tbody>
</table>

| Supporting Someone who is Suicidal    | “[You’re] not alone” (Kelly)                                               | Respond to cries for help (e.g., Kelly, Lauren’s friend)                                           |
|                                      | “I love you” (Emma).                                                       | Stop what you are doing and show up (e.g., stop playing bass and show up to the bathroom).         |
|                                      | “It’s not about how hard life is now” (Paul’s mom).                        | Create or find a safe space appropriate to hold a vulnerable and meaningful conversation (e.g., “Do you want to go grab a coffee?” (Jack)) |
|                                      | “Your mind won’t always be like this...this too shall pass” (Luna)         | Take the person’s concerns seriously (See dismissive section above)                                 |
|                                      | “Things will get better” (Shalva).                                         | “Be the shoulder to cry on” (Lyla).                                                                |
|                                      | “Never ever give up” (Paul’s mom).                                        | “Talk about it” (Kelly). Talk openly through the tears (Jack), emotions (Shalva), pain (Quinn), and suicidal thoughts and plans (Lauren). |
|                                      | “Your story keeps going...no matter what, you have to keep going” (Elise). |                                                                                                     |
|                                      | “Life is too precious and beautiful to give up” (Paul’s mom).             | Help the person figure out healthy avenues of coping. (Rian)                                        |
|                                      | “Even though you think there's nothing that can go right at the moment, just wait three days” (Quinn). | Acts of physical reassurance, such as hugs or holding the person (Lily). Emma called such acts demonstrations of “love and compassion.” |
|                                      | “There are too many people you can impact to just rob it away from yourself and everyone else you love” (Paul’s mom) | Make an effort to regularly check-in with the person (Kelly), “mak[ing] sure [they’re] doing okay” (Mac). |
|                                      | “Eventually you'll be able to use this experience...an addition to your arsenal of life experiences to make your life so much more colourful” (Luna). | Maintain day-to-day contact with the person. (e.g., phone calls “just to talk (Quinn), or nightly video game sessions (Adhira). |
|                                      | Say soothing words (Lily)                                                  | Make “tiny little” plans with the person to help remind and ground them in “the bigger picture... [and that] there is something else coming” (Stella). |
|                                      | “I may not completely understand, but I know that you're struggling, and everyone needs someone to be that to them.” (Ricardo) | Invite (i.e., “Instruct”) the person to activities and little outings, such as going out for a simple treat (Elise). |
No examples were provided in Sharer accounts.

- Send cards and flowers (Emma)
- Frequently visit and/or call the hospital (Lauren’s family and friends)
- Bring thoughtful gifts to the hospital (e.g., favourite foods, homemade thoughtful gifts)
- Hold off on sharing how the person’s attempt has personally impacted you (Stella’s friend who gave her the ‘snake-bite mirror’ drawing)

Why ‘Right’ Words and Actions Do Not (Always) Work

The above compendium of care is a helpful starting point in equipping close others when responding to a youth struggling through a suicidal episode. And, in a quick pitch about helping someone with suicidal thoughts, I might cite from the above table. However, Sharers’ stories of staying make it clear that saving someone’s life is less of a prescriptive offering and more of a responsive, nuanced orientation. This is evident in inconsistencies found across Sharers’ stories; words that were vital for one Sharer were not helpful to another. For example, several Sharer’s cited variations of ‘life will get better’ as helpful words to share; but for Alex, “Things get better” was on her list of “the same kind of trite, comforting things that don't necessarily help.” For Jaz, there was nothing anyone could say that would have helped them: “There's no missing antidote, that I'm aware of, that someone could[‘ve] [told] me to make everything better” (Jaz).

Another reason why prescriptive responses will fall short of saving lives in some cases is perceived disconnection. While consumed by a dark, painful, and empty world, it “didn't matter if people were there physically or saying that they're there. [pause] It didn't matter...it didn't mean anything” (Elise); “As horrible as it sounds, [others’] care wouldn’t help” (Luna). At the peak of loneliness, Sharers were completely unreachable by any utterance or gesture of care. For care to penetrate the intrapersonal filter of someone feeling suicidal requires both bespoke actions and the right timing in someone’s episode. Julie attests, trying to execute a formulaic 1-2-3 approach does not work, even when one is trained on providing what is not need: “Knowing what the steps
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are and knowing that I got to step three, and nothing had changed, it was really discouraging.”
Not having clear steps to follow can be frustrating and a scary life-or-death frontier for close others. Stella captured this concern in thinking about her niece who might be prone to future suicidal ideation: “I have no control over it, and that is what bothers me the most.”

Orientation Over Prescription

Given the idiosyncrasies and unpredictability of suicidal episodes, a more nuanced approach is required for close others who wish to be on the frontline of life-saving encounters. Pulling from poignant turning points from Sharer episodes and from how Sharer’s have or would support(ed) other youth with suicidal episodes, five orientations emerge as a path for close others to inspire youth contemplating suicide choose to stay. Orientations are both a way for close others to extend themselves and an articulation of care. These orientations are complimentary to words and actions cited in Table 5. Although, responses rising out from orientations should be considered before resorting to Table 5. Orientations are explored below, drawing from Sharer stories and recommendations.

Reach a Condensation Point of Vibes. Sharers needed something outside of their predictable spiral to rock bottom (Shalva) to enter from left field and break their unending loop of suffering. The specifics of who or how someone jumpstarted their flatlined heart (Alex) were not particular important; consider the swath of tactics that Sharers found helpful33. What mattered for Sharers was that a new possibility, beyond Sharers’ present comprehension, was being introduced into their life. There appears to be a threshold, or a breaking point in the loop, when care finally reaches the suicidal mind. Julie describes Kaden’s life-saving car ride as a building collection of “vibes” (e.g., how he approached her in the parking lot, the friend kicked

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33 See p. 158 for helpful close other interventions.
to the back seat). These vibes crystalized into a singular moment where Julie realized she wanted to live when she noticed Kaden’s ‘doe-eyed’ look getting out of his car. Other Sharers’ caring encounters show the same pattern, though Sharers may not have known and/or parsed the event into specific vibes. For example, take the interaction between Lily and her mom. Justin brought Lily to a quiet room after spending the lunch period huddled next to her, the crafted one-on-one space, Lily’s mom passed her tissues the whole time, her mom continuously reassured her that she was not angry—this is just a known list of vibes from the encounter that all contributed to Lily leaving the interaction feeling grounded and cared for.

The accumulation of care mirrors the physics principle of a matter reaching a condensation point. The condensation point is the precipitous moment when amassing near-invisible vapors coalesce into a perceptible droplet of liquid. This principle removes the pressure of finding the singular ‘right’ thing to say or do. Rather, this finding encourages close others to cultivate a smattering of caring expressions (i.e., vibes) to create the conditions for a life-saving moment to arise. Each youth’s condensation point of perceiving and feeling care adds a layer to the dimensionality of belongingness (van Orden et al., 2010). Just like Julie’s life-saving moment occurred in a central hub to many prior caring exchanges (i.e., Kaden’s car), caring expressions that land are likely going to emerge out of a youth and close other’s existing belonging fabric.

Be “Really, Really” There. Sharers’ description of another’s presence echoes the vital importance of an individualized caring orientation. Sharers bundled all vibes of another’s, or their own, caring presence into one word, ‘there’—“I tried to be there for him as much as I could” (Kelly); “[Stella] was really, really there for me” (Quinn); “I’m there for [my friend]. Yeah, I’m just there” (Lei). Thereness began the same way: showing up, ‘being around’, and ‘putting in the time’ (Lauren). The personalized manifestations of care—passing tissues, playing
video games, bringing tea, giving hugs, sending gifs and emojis, tough love kitchen chats, to list a few expressions from Sharers’ stories—shaped and formed the fullness of presence, or one’s ‘thereness’. This framing of thereness encourages close others to confidently show up to unknown and dark world of someone feeling suicidal and embrace the unique fingerprint of care they can offer in that moment. Alex’s bottom-line about Lyla’s life-saving presence cinches this point: “What was important for me was the presence, knowing she was there for me. She cared. That was enough.”

‘Be By and On My Side’. Across helpful encounters, there were a handful fundamental aspects of thereness that close others should consider when seeking to embody life-saving presence. One is to orient oneself to the person struggling. This approach has two orientations, a physical (i.e., ‘by’ my side) and a championing espousal (i.e., ‘on’ my side). The first is very simple, “just sit there” (Alex). “You don't have to say anything, just be next to [the person]” (Ricardo). Once next to the person, “just stay with them” (Lauren) ‘as long as you can’ (Justin). Staying “gives a lot of perspective...It proves that your time with [the person] is valuable. Like, ‘I don't want to be anywhere else but here’” (Julie). Some youth feeling suicidal might not want to be around other people. In this case, close others can still establish their willingness to be there and where the youth can access them, a sentiment Tess summed up as: “I'll be over here if you need anything.” Afterall, “people take the help they want” (Tess).

Being next to someone and staying shows someone in their struggle that they have someone in their corner\(^\text{34}\), a champion who espouses their heart ache and struggle. Consider Jaz’s school nurse. Their nurse was the first person who “sat with [them]”, showing Jaz that they were ‘not wasting anyone’s time’, and took action to help end their pain. When close others

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\(^{34}\)In my corner’ was language that came up during the pilot of this study.
DISCUSSION

show that they “want to be there for” a youth, it helps demonstrate that the close other ‘wants to see [the person] do well’ (Alex). Adhira desperately wished her sister was “on her side”, as opposed to being “against her” the night she wanted to jump off her apartment building. Based on this orientation, close others’ care should be guided by a mindfulness in demonstrating to the person struggling that they are on their side and deeply invested finding the next step that leads to safety and life.

**Lead with Listening.** Once by another’s side, lead with listening. Listening is the main artery of care, if not the very lifeblood. Listening is “the first step” (Jack), the driver of connection (Tunas & Luna), and a default vibe\(^35\) to close others can always fall back on. Listening distinguishes successful and failed caring encounters; without wholehearted listening, “it is impossible” to get close to someone at the edge (Jaz). Many of Sharers’ failed or unhelpful encounters seemed to stem from close others feeling like they needed to say something or simply saying the wrong thing. Choosing to listen can lead to long bouts of silence. Silence can feel disconcerting or spark the desire to pull together quickly found consoling words. However, silence is the caring language of the “comforting presence beside you” (Eve).

For close others who “think that they need to offer” the right words or solution (Kelly), returning to the mantra “Just listen” (Lyla) removes significant pressure from imposed expectations about what a caring encounter should look like. Adhira’s bottom-line advice for those who wish to help was “just keep trying to listen and understand.” It may feel redundant to read about listening in simple terms over and over again, but this repetition is purposeful to underscore the power of a simple gesture. Further perspectives surrounding the importance and qualities of listening are extensively reviewed in the listen subsection of be there to hold space

\(^{35}\) As an aside, in describing her friends catching on to suicidal thoughts, Stella directly links listening to a contributing ‘vibe’ to care: “They listen a bit more, even if I’m the one asking questions. It’s a different vibe.”
section above\textsuperscript{36}. One challenging aspect of listening worth reiterating here is a close other’s unspoken invitation for the youth to share: Strive to convey to the person that they “don’t have to say anything, but [you] want to” hear everything they have to say (Julie).

\textbf{Granting Legitimacy.} Knowing the right moment when to speak or act is not an exact science. Justin spent the better part of a year dialing in the right “communication point” when he could reach Lily through her sad shell. This critical window was also a moving target; Justin had to “wait” for the point to emerge during each of Lily’s episodes. Likewise, close others need to wait for and feel out the thin space in another’s suicidal fog of when it is best to show care. When such a window arises, a close other’s caring expressions should be framed in at least one of three sentiments: recognition, empathy, and affirmation. All three are rooted in an overarching orientation to grant legitimacy\textsuperscript{37}. Unpacked, granting legitimacy is coming alongside someone to validate that the person who is struggling’s perceptions, feelings, and up-side down world is a real experience. Each of the three sentiments is explored below.

\textbf{Recognition.} It is important for close others to see and recognize a youth’s pain. This point is, in part, discussed in the known by and ‘significant to’ components of the above belongingness definition. The important takeaway to outline here is that it was a painful thing for Sharers to feel like their pain was invisible to another’s gaze (e.g., Lavender’s story with his drama teacher), or even “blatantly ignored” (Jaz). Close others do not need decorated words to establish that they see another’s pain. Something simple such as “I see that you're struggling” (Tess) could suffice.

\textsuperscript{36} See p. 181.
\textsuperscript{37} I came across the phrase ‘granting legitimacy’ in a nonprofit project orientation. The term appears to originate for law ethics. I was unable to track down a citable source for the term.
DISCUSSION

*Empathy.* Sharers wished others to ‘meet them where they were at’ (Jaz), adopting a more open, empathetic orientation to hearing their stories. There is an empathetic balance to be struck by close others: trying to comprehend what a youth is going through, while coming to terms with never fully understanding someone’s suicidal experience. Eliminating expectations for how a youth might be feeling during suicidal episodes is a crucial step of empathy. Multiple Sharers shared horror stories of close others’ rash and hurtful reactions, which left them feeling like a “wounded animal” (Alex).

*Affirm.* Close others’ recognition that they heard a youth’s story coupled with the affirmation that their experience(s) were valid is paramount. “All you need to say was that [my experience] was valid” (Lavender).

‘*Am I the Right Person?*’

Close others might feel ill-equipped or wonder whether they are the right person to step into a potentially life-saving encounter with a youth who is suicidal—“There are others who are more qualified or closer to the person than me”; “What could I do?”; “What can I say?” Individuals who carry such concerns are in good company with many close others who helped, and are helping, Sharers choose to stay. Jack “doesn’t know where [he’d] be” without his monkey bar conversation with Kelly, who “wasn’t really sure what [she] was doing” and “was just acting on the fly.” After discussing how Mac had continued to keep Adhira stable in their joint storytelling session, he told her: “Honestly, I don't know what I do that makes you feel better or makes you feel as if I'm there, makes you feel my presence. I don't think I’m good at [it]” (Mac). Lyla “really had no idea what to do” (Lyla); Alex described her as a “saviour” who gave her the love that she so desperately needed during her worst moments. “You don't necessarily need to know the perfect things to say” (Jack); In fact, most times “you cannot plan
how you will react” (Adhira). “Just try and help and go with the flow” (Lyla), “any little thing to show that you're there for the person and they’re not alone is helpful” (Kelly).

**Unknowingly Saving a Life**

Perhaps the most pervasive testimony to show up in another’s suicidal episode despite feelings of inadequacy or unpreparedness are the numerous stories of others’ unknowing influence in saving a Sharer’s life. Kelly had no idea how one late playground chat was such a profound turning point in Jack’s life: “The things you do, you don't think they have as big of an effect on people as they do” (Kelly). The “intimate moment” Stella was “really, really there” for Quinn just felt like another hangout for Stella. Lavender’s mom does not know that she stopped his attempt simply by coming home from work early. At the time of our interview, Julie had yet to tell Kaden that “he literally saved [her] life” (Julie). “We've had [impacts] on [another’s] life that are very important and very special to them. But we might never ever know” (Jack).

**The Vital Importance of Professional Help**

While close others can be a life-saving bridge in a youth’s decision to leave or stay, the importance of engaging professional supports in suicidal crisis cannot be overlooked. Six Sharers were hospitalized for suicidal thoughts or an attempt. Naomi, Stella, and Jaz were taken to the hospital by a close other. Four Sharers had extended hospital stays or completed residential programs—Lauren and Stella both completed month-long hospital stays. Some Sharers, like Jaz and Lauren, had repeated hospitalizations. Five Sharers discussed consulting with a professional counsellor or therapist during or since their episodes. Unmistakably, the decision to engage emergency or professional help can and often does fall in the hands of close others. Accordingly, the role of close others extends to calling for emergency medical assistance (e.g., Emma’s

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38 We do not know if Jaz would consider their school nurse a close other. Though, the way that Jaz spoke about the nurse seemed to indicate at least some level of relationship between them.
Proposed Orientations in Light of Prevention Strategies

Enlisting professional assistance to help someone struggling with suicide, typically in the form of phoning or texting a suicidal prevention line unless someone is in imminent crisis, is the chief objective of leading suicide prevention pedagogy (e.g., Centre for Addiction and Mental Health, 2021; Government of Canada, 2020). Going to find additional help was the third, and final, step in Julie’s school suicide prevention training. Although prevention strategies vary slightly in what someone should do leading up to connecting someone to a professional, these four steps are common approaches: Talk to the person about their thoughts and feelings, ask directly about suicidal thoughts, staying with the person, highlight the seriousness of suicidal thoughts, and create a safe space by minimizing possible risks available to the person (e.g., LivingWorks\textsuperscript{39}, n.d.; Mayo Clinic, 2018; Substance Abuse and Mental Health Services Administration, n.d.).

Aspects of prevention strategies share close links with this discussion’s exploration of belongingness and in what ways close others can act in life-saving capacities. Instructions to reassure someone that they are not alone (Government of Canada, 2020) was one of the guiding mentalities of Kelly’s intervention. Canadian Mental Health Association (2013) lists “You are really important to me” as a something to say in a caring encounter, an echo of the ‘significant to’ component of belongingness. As the engine of belonging and core of life-saving orientations, it is surprising that more prevention strategies do not reference care. Being someone who “really

\textsuperscript{39}Though, I have completed an abridged online version of the training, which I reference in the considerations pertaining to prevention strategies above. A deeper look into applied suicide intervention skills training, LivingWorks more comprehensive training (commonly referred to as ASIST), may offer further complimentary or comparative perspectives into findings from this work.
DISCUSSION

cares” (Mayo Clinic, 2018), and “letting [the person] know you care” are cited as key qualities of response (Government of Canada, 2020). Although, ‘care’ is undefined and left open for interpretation. Establishing one’s presence, an orientation detailed above, is a common thread among recommendations to close others who intervene. One of Substance Abuse and Mental Health Services Administration’s (n.d.) five steps to help is to “Be There”, which consists of showing up, talking through what is wrong, and listening well. Listening is maintained as an important affirmation for the close other responding (Centre for Addiction and Mental Health, 2021). After relaying “an expression of care”, American Foundation for Suicide Prevention (2021) lists “listening to [a person’s] story” as the first order of response.

Significance, staying, care, presence, listening—these ties suggest fit within the existing prevention frameworks and endorse the life-saving path set out by them. This discussion brings depth and dimension to what it means for a close other to ‘be there’, listen, among other steps. In particular, this work brings to light the nuance of responding to suicidal episodes, and how following the same steps might look completely different across caring encounters. Although most Sharer’s stories did not end in close others linking them to professional help, connecting struggling youth to professional supports remains a paramount responsibility for intervening close others.

Implications for Colleges and Universities

Because all Sharers were either university or college students, this study is well-positioned to offer recommendations for how post-secondary institutions can best serve students vulnerable to suicide. Post-secondary institutions may not have a pulse on just how many students are entering their campuses with suicidal pasts and/or current ideation. An anecdote from my recruitment gives perspective on the scale of possible students struggling. After
DISCUSSION

pitching the scope and inclusion criteria for my study to one Zoom classroom of nearly 100 students, 12 students sent me a private message inquiring about participating in the study. There may have been more students with past or present suicidal thoughts in the room who were not comfortable reaching out to me. How can universities and colleges reach students such as these?

To guide post-secondary institutions in supporting students who are vulnerable to suicide three implications are presented below: make care a compass, cultivate relationships, and create space for sharing.

**Make Care a Compass.** Make care a central ethos of day-to-day campus life. This is not an original claim. Noddings (2005), perhaps the leading voice in caring pedagogy, says it best; “Caring is the very bedrock of all successful education...contemporary schooling can be revitalized in its light” (p. 27). Similar to this work, Noddings does not see care as a checklist, but rather a “way of being in relation” (p. 17) to students. In this way, orienting culture and programming around care will chart a path to lifesaving supports for students at risk of suicide. Starting considerations for how postsecondary institutions might foster caring actions among faculty and students are reviewed below.

**Faculty Care.** Encourage faculty to explicitly spell out that they care about their students’ well-being and will be a supportive lifeline to students if/when life gets difficult (See pledged support section above). Academics is one difficulty faculty can help buffer against developing suicidal ideation. Seven Sharers identified “overwhelming” (Luna) academic pressure or the “looming” (Tess) workload a contributing factor to their developing suicidal ideation. Promoting faculty to take risks to be vulnerable and relatable in front of students, even in simple ways such as pointing that “today is a rough day for me”, will further open doors for youth to reach out when struggling. Though, faculty should also consider this recommendation alongside navigating
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the need to maintain personal and professional boundaries. Carving out time to check-in with their students, both at a class level and an individual level, can be another way faculty can cultivate care. Class-wide check-ins might seem daunting. An anonymous snowball activity could facilitate such a check-in; this activity is reviewed in Appendix O.

**Student Care.** The snowball activity also engages students into showing care for their peers. Before arriving to classrooms, consider weaving the importance of care into welcome speeches to incoming classes of students. Create a feedback loop of how students have been cared for by others (e.g., a graffiti wall, a dedicated appreciation day). Pushing caring orientations through peer mentors, residential assistances, and other peer-led positions on campus could accelerate infusing care into student culture. Consider taking up a campus-wide campaign encouraging students to look out for one another and offer ways to show care to peers. Creating pathways to professional help also remains a key priority. Empower students to seek help for themselves or other by making resources fingertip accessible, and encouraging students, and staff, to complete online suicide prevention training.

**Cultivate Relationships.** Double down on existing efforts to forge relationships among students. This is vitally important with incoming first-year students, many of whom are leaving behind established networks of relationship and may feel untethered from the bustling energy of a new place. “The first week of university was really, really hard” (Emma) for multiple Sharers; Elise had “a panic attack on the first night.” Paying close attention to how programs usher new students to the campus is a starting point. In the context of fostering belonging-rich relationships, it is more important for programs to orient new students to each other and the community that will be home for the next two to four years compared to orienting students to the where their classes will be held and what student life is like. There is also an opportunity for universities and
colleges to be a bridge in aiding students to maintain connection with important relationships beyond campus living.

For Emma, bubbling was influential in bring together her closest friends. Bubbling was a highly structured response on her university’s behalf to prevent the spread of COVID-19. Emma’s university requested Emma, and other students, to limit their socialization to the same small group of students. Social clusters (i.e., bubbles) were formed around students who lived in the same residence halls and/or the same program. Emma’s bubble formed around her dorm hallway neighbours. Institutions should assess how they currently bring students together and explore how they might better strive to facilitate student connections, paying attention to programming, physical layout of gathering spaces, and mission. Beyond structuring how student relationships form, institutions might also consider how to bring depth and meaning to relationships. The four byproducts of care\(^\text{40}\) could be helpful lenses in starting conversations around forming belonging-rich relationships (e.g., How are students finding their footing and a sense of worth at this campus?).

**Create Space for Sharing.** This study is predicated on a simple premise: stories save lives. Sharers showed up to this study grateful to have a safe space to share the pain, the messiness, the overcoming. “It feels very liberating to be able to talk about this stuff, finally. I feel better now than I did before” (Naomi). Sharers also appreciated the process of recounting hard aspects of their past: “It was good for me to consolidate all these things that happened into one cohesive story. I’ve never done that before” (Lei).

Prior to the study, several Sharers mentioned deliberately seeking out opportunities to share their stories with their peers—“I talk about my mental health openly, because...I wish I

\(^{40}\) See p. 202 for review of relational byproducts.
DISCUSSION

had a person like me” (Tess). Lei shared a powerful example that bears implication for post-secondary institutions. Lei’s university hosts a monthly open mic where students get a half hour slot to present about themselves. The semester following her suicide attempt, Lei put her name in the hat, and told a room of 150 of her classmates her story—“I just gave everything out there. I stood there in front of everybody and told them all the shitty things that I felt like I was hiding... [the sexual assault], the drugs, the cutting, the suicide. Everything.” Leading up to her presentation, Lei told me that hiding her story felt like a suffocating “straight jacket”. Multiple people in the audience approached her afterwards to share that they too had survived suicidal experiences. Lei called the presentation a “cathartic” moment of courage. If post-secondary institutions could figure out how to set the stage and ‘open a microphone’ for students to share the stories that have shaped them, this could open new avenues to support and relationship.

Future Research

College and University Close Others?

It is worth noting that no post-secondary faculty or staff featured in Sharers’ stories as a close other or playing a part in life-saving interventions. It makes sense that faculty and staff did not appear for many Sharers considering that half of Sharers were in their first year, many in their first semester, when they participated in this study. Further, most Sharers were reflecting on suicidal episodes that occurred during adolescence, before arriving at college or university. Multiple secondary school staff came up in Sharer’s stories. Some acted a life-saving capacities: Jaz’s school nurse who took her to the hospital comes closest in this respect; others made Sharer’s episodes worse such as Julie’s school counsellor who inopportunely approached her. Still, the other half of Sharers were at least in their second year of their program when participating, and multiple Sharers experienced episodes after arriving to campus. It is surprising
DISCUSSION

that none of these Sharers brought up a caring encounter with college or university personnel. Sharers might have had a life-saving moment or consider a faculty member a close other. This study might not offer a true read on faculty and staff as close others. I did not include items pertaining to post-secondary staff or probe to uncover possible post-secondary influences in belongingness. Understanding the role college and university staff play in caring for students vulnerable to suicide remains a frontier for future research.

Missing Youth Voices

The collective of Sharers voices is representative of many vulnerable groups to suicide. Youth and first-year students are perhaps the most apparent levels of vulnerability. But Sharers also account for other prominent at-risk groups. Eight Sharers identified as LGBTQ+, a group nearly five times more at risk of making a suicide attempt than heterosexual youth (Centers for Disease Control, 2016). International student suicide has become a “disturbing trend in Canada” (Kahlon, 2021); four Sharers are international students and one recently immigrated to Canada. In Canada, men are three times more likely to die by suicide than women (Public Health Agency of Canada, 2020), making them a high-risk group. This statistic may partially explain why far more women were recruited to this study than men—four Sharers were men, compared to 13 women. Although, the disproportionate representation of male voices in this study lends this work to best understand and aid female youth vulnerable to suicide risk.

This study falls short in representing the most vulnerable group to suicide in Canada, indigenous peoples. Across age groups, indigenous people are three times more likely to die by suicide than non-indigenous (Kumar & Tjepkema, 2019). First Nations’ adolescent males are ten times more likely to attempt suicide than non-indigenous adolescent males; Inuit young women are 33 times more likely to attempt suicide than non-indigenous young women. More
concerning, Kumar and Tjepkema believe their findings to underestimate the true suicide risk for indigenous youth given the colonial approach implemented to collect census data used in analysis. Paul was the only indigenous youth to participate in the present study. Though his voice adds a contextualizing layer to findings, this work lacks insights into the lived experiences of indigenous youth with suicidal pasts. Further research is needed to explore perceived disconnection and the heart of belongingness among indigenous samples.

**Methodological Restrictions on Recruitment**

Study design might have influenced youth recruitment. This study attracted youth who were comfortable communicating their stories aloud in a Zoom room, often a dyadic format. Study recruitment invitations might have deterred youth who prefer to articulate their story through written, artistic, or other unconventional mediums. A broader net of meaning-making methodologies is needed to create more inviting forums for young people to share their stories. Sharing circles (Lavallée et al., 2009) and photovoice (Wang & Burris, 1997) are two methods that might foster such a forum. Providing multiple paths and choices for how youth can engage in meaning-making will further aid in recruiting youth with a range of perspectives. As evidenced by this work, a ‘choose your own adventure’ approach will lead to a high variability among participant data sets. Some Sharers completed all study phases and submitted artefacts (e.g., Jaz), while others just completed the first phase (e.g., Ricardo). However, certain methods worked better at eliciting important details of a Sharer’s story than others. For example, Adhira’s artefact, her origin story, read like a 1080p high-definition version of her interview, saturated with authenticity and vulnerability. Finding the method that unfurls the roots of each youth’s story should be a chief aim for future suicide prevention research.
DISCUSSION

Final Thoughts

Pulling together Sharer’s meanings made around perceived disconnection from close others during suicidal episodes boil down to this: Belongingness is at the heart of the will to live and the life-saving forefront of helping those wrestling with suicidal thoughts choose to stay. Reciprocal caring exchanges are the lifeblood of belonging-rich relationships. Care, a giving or an extension of oneself, engenders a sense that one is known, grounded, supported, and has significance. These four relational byproducts manifest as qualities of relationship(s) and met psychosocial needs. Meeting all four psychosocial needs represent the fullest experience of belongingness, though one’s need to belong can be satisfied through meeting one need. Generally, one’s sense of belonging is derived from a confluence of relationships that rise out of one’s solar system of connection; however, just one caring relationship can be the connective thread that sustains a deteriorating sense of belonging.

Yet, life-sustaining care means nothing in the darkest night of suicidal desire. There is a moment(s) during a youth’s suicidal episode where they will be unreachable to another’s care, separated by an impenetrable wall of isolated suffering. For the youth who is struggling, these moments are profoundly lonely, painfully dark, and hauntingly empty realities. Seemingly unending, hollow exhaustion frays the youth’s will to live. Such suffering is often hidden behind fears of being a burden or not having a story-worthy reason for ideation; all the while, youth feel as they are evaporating into a shadow of who they once were. Life-saving words and actions will fall-short and fail so long as a youth is caught up in an experience of perceived disconnection.

But, there is hope. There are thin spaces in a caring encounter when a kind word or caring action seeps into “little cracks” (Elise) that form in a youth’s loneliness. For any individual case, predicting when the fog will lift is, at this point in our understanding, impossible to predict. This
unknown places a critical emphasis on close others’ willingness to wait out a youth’s ‘zombieness’, to be vigilant to stay and find the flicker of care that might kindle life. The first eleven attempts to inspire hope may disappear under a riptide of loneliness; but on the twelfth attempt, another’s care strikes a spark in the darkness, a call to stay. As much as Sharers can shine a light into life-saving interventions, the right touch powerful enough to ‘restart’ a heart (Alex) is a life-saving horizon to be discovered in the caring spaces where you(th) belong.
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Appendices

Appendix A

Pilot Study Abstract

Belongingness remains a mostly unexplored frontier in modern suicide theory. With few exceptions, scholars have utilized quantitative approaches to understand the effect of belongingness on suicide. This research has found moderate-to-weak correlation between belongingness and suicide variables. However, belongingness may require a more nuanced approach to uncover its true role. With that in mind, this study places belongingness at the center of qualitative inquiry to explore young adult perceptions of significant others during suicidal episodes. The study was designed using an interpretative phenomenological analysis framework. Data was gathered through individual face-to-face semi-structured interviews with three young adults. Interview questions were adapted from seven belongingness-related measures. Verbatim interview transcripts were annotated and then analyzed. Thematic patterns were identified by arranging clusters of colour-coded significant statements on a reflective wall. Fine-grain individual accounts were developed before considering patterns across cases. Interviews unearthed a trove of language detailing the ebb and flow of belongingness during their suicide journeys. Moreover, interviews revealed how people can play a life-saving role by kindling another’s sense of belonging during their darkest hour. Findings show promise of using nuanced approaches to better understand suicide risk variables, which could unlock important new approaches to suicide prevention.
Appendix B

Interpersonal Need Questionnaire: Thwarted Belongingness Subscale

These days, I feel like I belong (R)
These days, other people care about me (R) (Care)
These days, I often feel like an outsider in social gatherings (Self-Esteem)
These days, I feel disconnected from other people
These days, I rarely interact with people who care about me (Frequency)
These days, I am fortunate to have many caring and supportive friends (R)
These days, I am close to other people (R)
These days, I have at least one satisfying interaction every day
These days, I feel that there are people I can turn to in times of need (R)

*Note.* Reverse coded items are indicated with a “R”
Appendix C

Recruitment Poster

Experience with suicidal thoughts & behaviours?

Tell your story  Help others

Seeking university and college undergraduates, especially first-year students, who have past experience with suicide to share their story. In this study, you will explore more deeply the relationships that matter most to you. Your story, completely anonymous, will be used help others struggling with suicide; this can save lives.

Participants receive a $50 gift card of their choosing.

Here’s how you can participate:

Send Matt Drabenstott, PhD Candidate at Queen’s, a direct message @mystorysaves on 📝 Telegram 📬 Email

Or, an e-mail: 17mvd@queensu.ca for more details.
## Appendix D

### Sharer Demographics Table

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Appendix E

One-on-One Semi-structured Interview Protocol: Identification of Close others

(* Asterix denotes questions used in pilot study)

- Who are some people who have played an important role in your life the longest?*

- Who currently makes up your tapestry of belonging?*

- If I really wanted to (know something about you/get a vivid picture of who you are), who would I go to get the most accurate answer? ____________?* (adapted from UCLA Loneliness Scale)

- Sometimes a relationship can feel very meaningful to us and give us a sense of belonging. These relationships often are positive, significant, caring, and give us a feeling of closeness with that person. These moments are not always obvious to us.
  - Do any memories come to mind of a time when you felt like you belonged?*
    - Who might contribute to your sense of belonging?* (adapted from INQ: TB)

- Who do you enjoy spending time with? (adapted from Interpersonal Support Evaluation List: Belonging subscale)

- Who do you turn to in a time of need?/Do you feel like you have someone to turn to in a time of need? (adapted from INQ: TB)

- Is there someone in your life that makes you feel loved and cared about when you spend time with them? (adapted from Basic Needs Satisfaction Scale: Relatedness subscales)

- Who do you talk with most often? (adapted from Interpersonal Support Evaluation List: Belonging subscale)

- Do you feel like you have a (significant/genuine/substantial) relationship with ____________? (adapted from UCLA Loneliness Scale)
Appendix F

One-on-One Semi-structured Interview Protocol: Timeline of Suicidal Episode(s)

Overarching goal
Capture the psychological suicidal pathway: Their circumstances, thoughts, and feelings before, during, and after the suicide attempt (Chan et al., 2017; Crocker et al., 2006).

Leading up to suicidal episodes
“What was happening in your life around the time you attempted suicide?” (Hirst, 2010)

Suicide-Inciting Pain (adapted from Psychache Scale)
Did you ever feel/think:
- Terrible
- Empty
- “Life is dark”
- Hurting inside/Soul aches/Heart hurts
- “I want to scream”
- “I’m falling apart”
- Everything is painful

Entrapment (adapted from Entrapment Scale)
Did you feel/think:
- Powerless to change myself/things around me
- “I want to escape my thoughts and feelings/my life”
- I feel trapped inside myself/other people/my obligations
- “I want to run away/get away”
- “I see no way out”

Hopelessness (adapted from Beck Hopelessness Scale)
Did you feel/think:
- “I might as well give up”
- Things are never going to get better
- The future is uncertain
- The future is dark

Suicidal Ideation (adapted from Geriatric Suicide Ideation Scale)
Did you feel/think:
- Life getting harder
- Empty existence
- Feeling useless/worthless
- Not having something to live for
- “I can’t carry on”
- Wishing life was over
- Ending it all
APPENDICES

- “[They] would be better off without me”
- “Nothing left for me in this world”
- Things getting worse/turning out poorly

- How long did your suicidal ideation last? (adapted from Scale for Suicide Ideation)
- What was your attitude toward your suicide ideation? (adapted from Scale for Suicide Ideation)
- What made your suicidal ideation worse?

Escalated Suicidal Ideation & Suicide Intent
- “Did you tell someone that you were going to commit suicide, or that you might do it?” (Suicide Behaviors Questionnaire-Revised)
- How much did you want to die when you attempted suicide? (adapted from Suicide Behaviors Questionnaire-Revised)
- “Prior to your attempt, did you make a plan about how you would attempt suicide?” (Youth Risk Behavior Survey)
- “Did you think of specific ways of ending your life?” (Geriatric Suicide Ideation Scale)
- “What was it like for you living with the uncertainty about whether to live or die?” (Bergmans et al., 2017)
- Was anyone around when you made your attempt? (adapted from Scale for Suicide Ideation)
- Had you made any final arrangements prior to the attempt (e.g., saying goodbye, gifts)? (adapted from Scale for Suicide Ideation)
- Did write, or start formulating, a suicide note? (adapted from Scale for Suicide Ideation)

Acquired Capability Scale (adapted from Acquired Capability Scale)
- Where you afraid to die?
- Did thinking about death bring about anxiety?
- Did the pain involved in dying frighten you?
- Did death feel like the end?

Suicide Attempt
- “What factors contributed to the decision to make a suicide attempt?” (Crocker et al., 2006)
- “What was your experience of the suicide attempt?” (Hirst, 2010)
- To what degree do you think you had control over making a suicide attempt? (adapted from Scale for Suicide Ideation)
- “At what point did you realize you were going to survive? What was that like?” (Hirst, 2010)

Post Attempt
- “At what point did you decide to continue living?” (Chan et al., 2017)
- “What impact did the suicide attempt have on your life?” (Hirst, 2010)
Appendix G

One-on-One Semi-structured Interview Protocol: Experiences of Perceived Disconnection

(* Asterix denotes questions used in pilot study)

Guiding Participants to Moments of Disconnection

- During your suicidal episode, do you think _________ knew about your suicidal thoughts?

- When spending time with _________ do you ever feel (alone/alienated/separated) from them?* (adapted from UCLA Loneliness Scale)

- Was there a time in your life when felt like the people in your life did not care about you?* (adapted from Mattering Index)

- What do you think (brings/brought on) feelings of loneliness?* (adapted from UCLA Loneliness Scale)

- Was there a time in your life when you felt as if you were invisible to those around you? (adapted from Mattering Index)

- Can you describe a situation when you felt like you mattered less to _________? (adapted from Short Answer Mattering Questions)

- Have you ever lost connection with someone you were once close to? (adapted from INQ: TB)

Understanding Moments of Perceived Disconnection

- At that time (i.e., moment of loneliness), did you feel:
  - cared for by those around you?*
  - close to _____?* (adapted from INQ: TB)
  - disconnected from _____?* (adapted from INQ: TB)
  - like you mattered to _____?* (adapted from Mattering Index)
  - loved by __________?* (adapted from Basic Needs Satisfaction Scale: Relatedness subscales)
  - misunderstood by ________?* (adapted from UCLA Loneliness Scale)
  - separated from __________?

- Looking back now, do you think _________ actually stopped caring about you?* (adapted from Basic Needs Satisfaction Scale: Relatedness subscales)

- Other youth who have experienced loneliness during suicidal episodes have used the analogy of (a huge wall of separative/a dark fog/stone-cold heart) to describe their experience with close others. Does this visual resonate with your experience?
  - Or, would you use different language to depict your experience?
APPENDICES

- What other descriptions/visuals/analogies might you use to help to describe where you were in relation to the people you loved and your surrounding world?*

- Do you think ________ knew when you felt disconnected from them? (adapted from INQ: TB)

- Do you think ________ missed you when you are apart? (Mattering to Others Questionnaire)

- What made it difficult to reach out and communicate? (adapted from UCLA Loneliness Scale)

- Were there people you wish you would have reached out to for (help/support/love) but did not? (adapted from Interpersonal Support Evaluation List: Belonging subscale)
APPENDICES

Appendix H

One-on-One Semi-structured Interview Protocol: Experiences of Reconnection

(* Asterix denotes questions used in pilot study)

○ How did your sense belonging with ________ come back?

○ Did _____ do anything that reestablished a sense of connection with you?*

○ At that time, was there anything that (you/_____ ) did that made you to respark belonging (feel less alone/cared for/closer to )?*

○ What do you wish ______ would have said/done to make you feel (connected/cased for/less alone)?*

○ Have you ever been able to help anyone else along their suicidal journey? What did you say/do that you think helped them?*

○ Have you ever ‘debriefed/processed’ with your close others to discuss ways to maintain a connection with you?*

○ Do you now have conversations with significant people about what they should say or do if you start feeling ______?*
Appendix I

One-on-One Semi-structured Interview Protocol: Demographic Data

(* Asterix denotes questions used in pilot study)

*Gender
○ In terms of gender, how do you identify?

*Current Age
○ How old are you?
Age of (first) suicide episode(s)
○ How old were you when you first experienced suicidal ideation?

*Ethnicity
Which ethnicities would best describe your heritage?
- Aboriginal (that is, First Nation, Métis or Inuit)
- Arab
- Black
- Caucasian
- Chinese
- Filipino
- Japanese
- Korean
- Latin American
- South Asian (for example, East Indian, Sri Lankan, etc.)
- Southeast Asian (for example, Vietnamese, Cambodian, etc.)
- West Asian (for example, Iranian, Afghan, etc.)
- Other: ___________________________
- Decline to State
- I am unsure

*Socio-Economic Status
How might you describe your socio-economic status:
- Upper
- Middle
- Lower
- Other
- Decline to state
- I am unsure
Appendix J

Limited Spaces for Youth with Suicidal Pasts to Gather

Support groups and resources for suicide loss survivors\(^{41}\) (i.e., someone who has lost a loved one to suicide) are abundant. But spaces and resources for youth who have past suicidal thoughts and behaviors are scant. Since the pandemic, The Hope Group, a Denver-based suicide prevention non-profit, has started holding monthly online support groups for adult who are suicide survivors or who struggle with ongoing suicidality. A manual for developing suicide survivor groups has been developed by a United States-based suicide prevention support groups, but the lack of advertised community programs suggests poor uptake (Didi Hirsch Mental Health Services, 2014). Recently, a youth suicide survivor created the first Canadian suicide survivor support group (Ryan, 2018). There are many places where someone feeling suicidal could find another’s story of surviving suicide. Livethroughthis.org is one growing anthology purposed at letting people struggling “know that they’re not alone and tomorrow is possible.”

It is possible that support groups are more prevalent but are mostly private, or ‘closed’. There is a smattering of online Facebook groups for individuals who struggle with suicidal thoughts. “Suicide Attempt Survivors: You Are Not Alone,” and “Life After Attempting Suicide—Survivors Support Group” are two of the largest support groups. These groups are private communities ranging between 2,000 and 16,000 members and require screening questions about personal experience with suicide prior to admittance to the group. A larger community of individuals struggling with suicide ideation (~279,350 members) exists on the social media platform Reddit—“SuicideWatch” is primarily a space where people post cries for help amidst suicidal episodes.

\(^{41}\) Suicide loss survivors are often referred to as suicide survivors.
Appendix K

Review of Collected Sharer Data

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<th>Name</th>
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<th>Naomi</th>
<th>Lily</th>
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\(^{42}\) Explained further in results chapter (see p. 145).
Appendix L

Emergent Theme Word Reflection Used in Sharer Focus Group
APPENDICES

Appendix M. Flowchart of Data Collection and Analysis

Ongoing pattern recognition within cases (e.g., rearranging data, drawing connections, annotating reflective wall, developing narratives)

Pattern recognition across cases

1. Capture case clusters
   2. Thematically rearrange data on reflective wall around the three secondary research questions, considering the wall through two lenses:
      - 'Shining a light' on the data using a Phenomenological lens:
        - Bracketing out my own experiences and perspectives
        - Keeping data at arm's length
        - Grounding analysis in individual narratives as presented in case clusters
        - Carefully preserving the richness of participants' voice
        - Sifting through details to uncover common threads and essence
      - 'Holding a light' with the data using a Hermeneutic lens:
        - Taking into consideration my own experiences and perspectives
        - Immersed and drawn into narratives
        - Analyzing data from a place of empathy, standing in the shoes of participants and questioning the experience from and embodied perspective
        - Entering meaning at any point in individual and collective narratives using an iterative, dynamic, and non-linear approach
        - Moving in ever-widening circles from parts to whole, finding harmony among details
   3. Thread overarching theme sections for collective narrative

**Key**
- ○ Study timeline
- ← Flow of analyses
- → Collected Data

Recruitment

Developing fine-grain individual cases

Synthesis across cases

Collective Narrative

---

**Phase 1: One-on-one Interview**
- Transcribe
- (Re)Read & annotate transcripts
- Identify, cut out, & add significant statements to case clusters
- Annotate & thematically code
- Identify, cut out, & add significant statements to case clusters

**Individual interview recordings**

**Artifact from suicidal episode**

**Follow-up Sessions**
- Transcribe
- (Re)Read & annotate transcripts
- Identify, cut out, & add significant statements to case clusters

**Follow-up recording or Follow-up correspondence**

**Phase 2: Joint Storytelling**
- Transcribe
- (Re)Read & annotate transcripts
- Identify, cut out, & add significant statements to case clusters

**Joint storytelling recordings**

**Phase 3: Sharer Focus Group**
- Transcribe
- (Re)Read & annotate transcripts
- Identify, cut out, & add significant statements to case clusters

**Focus group recording**

**Focus group chat transcript**

**Field & Debriefing notes**

**Researcher reflective journal**

Ongoing consultation and addition of salient statements to case clusters
Appendix N

Pictures of Research Wall with Narrative Strands
Appendix O

Anonymous Snowball Check-in Activity: One Way to Foster Care in the University Classroom

This activity is best conducted within the first week of a course. Pass out paper to the class. Ask students to write down one ‘fear that they are bringing into the classroom or to university’ anonymously. The teacher and teaching assistants are strongly encouraged participate in this exercise. Tell students that whatever they write will be read aloud to the class. Have students crumple their pieces of paper and then have them throwing them across, or to the middle, of the room—this is where the activity gets its name! Students then select one crumpled piece of paper, that is not their own, at random. Students then write an empathetic response to the fear written on their selected paper. Going around in a circle, original fears were then read aloud with accompanying responses. If the class is a huge lecture hall, have a dozen or so volunteers read their response aloud. Hearing one another’s fears aloud provides an opportunity for the youth to relate to one another and start building connection, without having to divulge fears. This activity has been piloted, and works well, in online classroom formats.
To help bring this belongingness visualization to life, consider this example of a caring exchange. The youth in our example is named Kai, and the close other is Kai’s best friend, Remy. Kai and Remy have a history of caring exchanges over the years that have promoted a meaningful, belonging-rich relationship. Here is snapshot of one of those caring interactions. Remy sends Kai a text on their birthday: “Wishing you a happy birthday, Kai [confetti emoji]! Love you!” In one version of this story, Kai has turned their phone off to go on a stroll through the forest for a few hours and Remy’s text does not arrive to Kai’s phone. This is an example of an external barrier to care. Alternatively, Kai does receive Remy’s birthday text, but Remy’s text does not land with Kai, the “words literally fly over [Kai’s] head” (Luna). Kai might have an idea of why this happened, or maybe Kai is caught up in their own experience, unable to place where their loneliness is coming from. This is an example of an intrapersonal, or internal barrier to care. Barring both barriers, Kai receives Remy’s text. Remy’s message adds to his feeling of significance to his belonging network that has been amassing over trickling snap chats, well-wishing social media posts, and phone calls throughout the day (i.e., meeting Kai’s psychosocial need to feel significant). Further, Kai feels valued and more secure in his meaningful bond with Remy.
Appendix Q

HSREB Ethical Approval

QUEEN'S UNIVERSITY HEALTH SCIENCES & AFFILIATED TEACHING HOSPITALS RESEARCH ETHICS BOARD (HSREB)

HSREB Amendment Acknowledgement/Ethics Clearance

July 10, 2020

Mr. Matt Drabenstott
Faculty of Education
Queen's University

TRAQ #: 6029060
Department Code: EDUC-001-20
Study Title: "EDUC-001-20 Exploring Youth Suicide Survivors’ Experiences of Belonging to Significant Others During Suicidal Episodes: A Four-Phased Interpretative Phenomenological Analytic Study"
Review Type: Delegated
Date Ethics Clearance Issued: July 10, 2020

Dear Mr. Drabenstott:

The Queen's University Health Sciences & Affiliated Teaching Hospitals Research Ethics Board (HSREB) has reviewed the amendment application and granted ethics approval/acknowledgement for the documents listed below:

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Comments</th>
<th>Version Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter of Information/Consent Form (combined document)</td>
<td>Revised SSP Written Informed Consent Form</td>
<td>2020/07/02</td>
</tr>
<tr>
<td>Recruitment Letter/Email/Notice/Poster</td>
<td>Revised Recruitment Script for University Courses</td>
<td>2020/07/08</td>
</tr>
<tr>
<td>Recruitment Letter/Email/Notice/Poster</td>
<td>Revised Recruitment Flyer</td>
<td>2020/07/02</td>
</tr>
</tbody>
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NOTE: In-person contact should be eliminated due to COVID-19. If you wish to continue data collection for your research that currently involves in-person contact, submit an amendment event form to outline methods for remote data collection, including all privacy and security considerations. There are human participant research policies, in relation to hospital and non-hospital based research, that are being continually updated. Many restrictions are now in place with respect to in-person research. For the most current information on the COVID-19 impact on research, please visit https://www.queensu.ca/vpr/covid-19. For information directly related to GREB/HSREB please visit the Research Ethics FAQs.

Regards,

Albert F Clark, PhD
Chair, Queen's University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board
APPENDICES

The HSREB operates in compliance with, and is constituted in accordance with, the requirements of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2); the International Conference on Harmonisation Good Clinical Practice Consolidated Guideline (ICH GCP); Part C, Division 5 of the Food and Drug Regulations; Part 4 of the Natural Health Product Regulations; Part 3 of the Medical Devices Regulations, and the provisions of the Ontario Personal Health Information Protection Act (PHIPA 2004) and its applicable regulations. The HSREB is qualified through the CTO REB Qualification Program and is registered with the U.S. Department of Health and Human Services (DHHS) Office for Human Research Protection (OHRP). Federalwide Assurance Number: FWA#: 00004184, IRB#: 00001173. HSREB members involved in the research project do not participate in the review, discussion or decision.