

Grappling with the Suicidal Monster: A Grounded Theory of how Parents Experience Living with Suicidal Distress

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Background

Suicidal behaviour is a significant public health concern given the strong association between acts of self-injury and death by suicide—particularly among young people where rates of self-injury are steadily increasing (National Suicide Research Foundation, 2017). Furthermore, carers including parents, relatives, and significant others are being allocated increasing responsibility in assisting mental health care services in the early detection and management of family members at risk of suicide (Chiang, Lu, Lin, Lin, & Sun, 2015). Thus, it is essential to understand how this vital role is experienced by parents in order to ensure that sufficient supports are made available to them. However, there is a paucity of literature relating to this phenomenon. This grounded theory (Glaser & Strauss, 1967) study generated a substantive theory about how parents experience living with young adults who are in suicidal distress.

The main concern

The main concern, keeping my child alive, describes the sole focus of the parents throughout the young persons' suicidal distress. Parents' thoughts, fears, and imaginations act as driving forces where they become preoccupied regarding the dangers to which their children may succumb because of their suicidality, rendering a "monster" to be reckoned with for a sustained period in their lives.

The core category/theory: Grappling with the suicidal monster

Grappling with the suicidal monster offers a novel theoretical understanding of the three-staged psychosocial process participating parents undergo to resolve their core concern. It describes how they struggle to understand the suicidal distress that their adult children are experiencing and the various protective actions they take to address this issue. While each progressive stage lessens in intensity and worry for parents, the experience has a profound and prolonged impact on their overall functioning and well-being.

Unmasking the monster

The first stage of grappling with the suicidal monster is unmasking the monster, which describes the processes the parents engage in as they begin to suspect that something might be wrong with their child. They notice changes in their child's behaviour, which lead them to feel increasingly on edge and concerned for their child's welfare, while not

wholly understanding what they are witnessing. They endeavour to communicate with their child about what is happening and become preoccupied with how they might protect them from this new and uninvited intruder into their lives.

Living with the monster

The next phase, living with the monster, reflects how the parents, consumed by their need to keep their child safe, enter a prolonged state of heightened fear. Due to this intense focus on their children, daily routines become less important to uphold, with some parents unable to concentrate on tasks, such as working or engaging in activities outside the home. The parents also withhold expressing their own feelings and monitor how they interact with their child for fear of inadvertently making the situation worse. Being continuously on guard results in sleep deprivation and a decline in their own mood. While seeking support for themselves is not a priority, some parents find support in their significant others, specialty programmes, or through creative relaxation exercises.

Surviving the monster

The final phase, surviving the monster, describes how, as the suicidal distress of their child begins to dissipate, the parents struggle to leave this traumatic experience behind and return to life as they had previously known it.

Application of the theory to mental health practice

The substantive theory, grappling with the suicidal monster, offers a theoretical framework for mental health practitioners to understand and respond to parents of young people in suicidal distress, particularly in relation to self-care, stress reduction, emotional support, and trauma recovery work. It can be used as a tool to assist in exploring with parents what stage they are undergoing at a point in time, thereby guiding intervention appropriate to each parents' needs.

References

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