



THE UNIQUE EXPERIENCES OF A DUAL IDENTITY

EXPLORING LIVED EXPERIENCE IN GENDER AND SEXUAL MINORITY SUICIDE ATTEMPT SURVIVORS

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INTRODUCTION

Rates of death by suicide have risen steadily over the past 15 years (Curtin, Warner, & Hedegaard, 2016). Current estimates suggest that over 120 individuals die by suicide in the United States each day (Drapeau & McIntosh, 2016). This number is even higher for those who attempt suicide and survive—hereafter referred to as attempt survivors—with the most recent reports suggesting that roughly 25 nonfatal suicide attempts occur for each death by suicide (Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, 2015).

Compared to the general population, individuals who identify as a gender or sexual minority (GSM) are at an increased risk for suicidal ideation and behavior as well as death by suicide (Marshal et al., 2011). The most recent reports indicate 28-47% of GSM individuals have experienced suicidal ideation (Baiocco et al, 2014). GSM individuals are significantly more likely than the general population to attempt suicide in their lifetime (20-42% of GSM adults vs. 0.6% of adults in the general population) (Fenaughty & Harré, 2015; Centers for Disease Control and Prevention, 2016).

20-42% of GSM adults will make at least one suicide attempt in their lifetime.

PURPOSE

Research involving participants’ stories of lived experience of suicidality is needed in order to enhance our understanding of the intricacies of the experience for GSM individuals, the meaning ascribed to that experience, and what can be learned from their experiences with suicide. Learning from the unique experiences of individuals who identify as GSM who have attempted suicide can lead to improved approaches in addressing suicidality in GSM individuals. This study addresses the need for qualitative data from a diverse sample of GSM suicide attempt survivors.

Despite the high prevalence of suicidality among GSM individuals, the literature exploring the experience of surviving a suicide attempt as a GSM individual is limited. Therefore, this study utilizes interpretive phenomenological methods to analyze interviews with individuals who identify as GSM who also survived a suicide attempt.

What is unique about the experience of surviving a suicide attempt for GSM individuals?

METHODS

Personal stories of suicidal behavior were analyzed using interview transcripts from 25 suicide attempt survivors who also identify as a gender or sexual minority (see Table). The sample for this study was taken from a larger collection of qualitative interviews conducted as part of *Live Through This*, an advocacy project that collects the personal stories of suicide attempt survivors. The project posts portraits and interview transcripts online in an effort to humanize the experience of surviving a suicide attempt. Individuals volunteer to participate in the project by submitting their contact information through the project’s website (<http://www.livethroughthis.org/>). Volunteers are eligible to participate in the project if (a) they have survived a suicide attempt, (b) are over 18 years of age, and (c) at least one year has passed since their suicide attempt. Interviews for this specific study were selected if they were conducted with an individual who identified as a gender (e.g., transgender, non-binary, queer) or sexual (e.g., lesbian, gay, bisexual, queer) minority. Data analysis occurred in three phases by two coders utilizing a hermeneutical phenomenological approach (Ricoeur, 1976, 1986/1991).

FINDINGS

PEER SUPPORT

Attempt survivors better able to help others with suicidality

- “Only someone who’s tried suicide can really get it.”

Support found in others with similar experiences

- “There is nothing so therapeutic as one person going through one thing, helping someone going through the same thing.”

Sharing story to help others

- “I kind of feel like if just one person hears me say that that day will pass, it will pass, and the next day is better. If just one person hears that, that’s all that matters.”

FAMILY OF ORIGIN DYNAMICS

Family Conflict

- “We [GSM people] absolutely are one of the few communities that have minimal to absolutely no familial support.”
- “Of all the people, you want your family to be supportive of you and it’s usually not that way.”

Family of Origin Support

- “The only person in my life who actually made a difference was my sister.”
- “My dad totally changed. He went from being like, you know, a father, to now like such a nurturing guy. . . He was like the type of dad that joked around a lot and now he was very like always wanted to be there.”

“I would never want anyone to go through what I’ve been through, but I also think it’s probably made me who I am and I like who I am.”

INTERNALIZED STIGMA & SELF-HATE

Internalized Stigma

- “I saw it as making me a less valuable or worthy person if I had to take that labeling on.”
- “I knew I was evil and I knew I was wrong.”
- “I definitely was at a point where I knew I liked girls and I didn’t want to like girls and I really hated myself for liking girls.”

Self-Hate & Low Self-Worth

- “It’s one thing to have somebody hate you. It’s another thing entirely to hate yourself.”

CONCEALMEANT OF IDENTITIES

Concealing Suicidality

- “I refused to go [to the hospital] because I didn’t want my family to know.”

Concealing GSM Identity

- “I was pretty much pretending to be straight, or convincing myself I was straight.”

Concealing Mental Illness

- “I pretty much hid the constant depression that I had.”

“My suicide attempt and living through it, this is mine.”

“Unless they walked a mile in your shoes or my shoes, they’re not gonna know. I don’t care how many books they read.”

“I was so scared that I would let my secret slip that I chose not to talk.”

“We absolutely are one of the few communities that have minimal to absolutely no familial support.”

“You’re constantly hiding who you are.”

SOCIAL ENVIRONMENT

Cultural Stigma

- “A community can be so stigmatizing of someone’s suicidal ideations that they actually further isolate that person who has a suicidal past.”

Interpersonal Conflict & Victimization

- “I was mercilessly bullied from middle school to high school.”

Social Isolation & Lack of Support

- “I didn’t have anybody. . . I felt really, really, really alone.”

Social Support

- “I managed to find people who accepted me for what I do and what I look like, which I know a lot of people who are like me don’t find.”

Exposure to Suicidality in Others

- “I was so angry at all the ones in my life who had killed themselves.”

Negative Disclosure Experience

- “I was suicidal quite a bit when I came out.”

INTERSECTING IDENTITIES

Gender & Sexual Minority

- “Being queer is a huge part—was a huge part of—I was just discovering that I was gay when I attempted suicide.”

Attempt Survivor

- “My suicide attempt and living through it, this is mine.”
- “I can’t imagine myself without it. I don’t know who I would be without it.”

Other Identities

- Mental Illness
- Culture/Race/Ethnicity
- Gender

PARTICIPANT DEMOGRAPHICS

Characteristic			Characteristic		
Sex	Female	20 (80)	Gender	Cisgender woman	18 (72)
	Male	5 (20)		Cisgender man	5 (20)
Sexual Orientation	Lesbian	11 (44)		Transgender man	1 (4)
	Bisexual	5 (20)		Non-binary	1 (4)
	Gay	5 (20)	No. of attempts	One	11 (44)
	Queer	3 (12)		Multiple	14 (56)
	Heterosexual	1 (4)	Age		
Race/Ethnicity	Caucasian	23 (92)	Range: 15-59; M = 32.1, SD=10.5		
	Asian	2 (8)	Time Since Attempt (years)		
	Non-hispanic	22 (88)	Range: 1-31; M=9.8; SD=7.5		

DISCUSSION

This study utilized an interpretative phenomenological approach to explore the unique experiences of gender and sexual minority (GSM) individuals who have survived a suicide attempt. Our findings highlight the compounding stigma that occurs when individuals identify as both a GSM and a suicide attempt survivor. This finding represents an added risk: The increased stigma related to GSM status could increase the likelihood of experiencing discrimination and victimization, which could put them more at risk for re-attempting compared to non-GSM attempt survivors. For example, if GSM individuals are more likely to experience prejudice and discrimination that increases their likelihood of attempting and they are more likely to additional stigma following an attempt, these attempt survivors may be less likely to disclose suicidal ideation or seek treatment if ideation occurs again. This points to the need for outreach efforts and interventions tailored for GSM attempt survivors. Two current options for tailored outreach—the Trevor Project for LGBTQ youth and TransLifeline for transgender individuals—provide unique opportunities for individuals in crisis to speak with professionals or peers who are specifically trained in the unique needs of GSM callers. Similar efforts should also address tailored clinical interventions for outpatient treatment and explicit guidelines for inpatient facilities to be supportive of GSM individuals during hospitalization.

Another interesting finding highlights the need for additional peer support for individuals who maintain this dual identity. Many participants emphasized the importance of peer support in their recovery, suggesting it is easier to relate to people who have had similar experiences and, therefore, who could provide an additional level of social support and understanding that comes from shared experience. Finding peers who have recovered from their attempt and feel prepared to use their experience to help others can be difficult. One reason may be due to the increased risk of stigma following an attempt, which could deter GSM individuals from wanting to share their experiences. This increased stigma could also prevent GSM individuals from recovering to the extent that they feel capable of helping others through a similar experience. However, an alternative view could be that it will be easier to recruit GSM individuals to serve as peer support members, in that they will recognize the desire to hear from others with similar experiences and understand the gap in current options available. Additional recovery efforts should address how to help GSM attempt survivors recognize when they are ready to help others and how to recognize when their own needs warrant a break.

“When you’re going through it alone, it’s hard to believe you can get yourself out of it, but if there’s people around you who support you, it’s easy to stay afloat.”