ADDIS ABABA UNIVERSITY

College of Education and Language Studies

School of Psychology

Lived Experiences of Suicide Survivors visiting

Eka Kotebe general Hospital

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November, 2025

ADDIS ABABA, ETHIOPIA

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COLLEGE OF EDUCATION AND LANGUAGE STUDIES

SCHOOL OF PSYCHOLOGY

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A THESIS SUBMITED TO SCHOOL OF PSYCHOLOGY, COLLEGE OF EDUCATIONAL AND LANGUAGE STUDIES,ADDIS ABABA UNIVERSITY IN PATRIAL FULFILLMENT OF THE REQUEREMENTS FOR THE DEGREE OF MASTERS OF ARTS IN COUNSELLING PSYCHOLOGY

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Declaration

I declare the project work entitled “Lived Experiences of Suicide Survivors visiting Eka Kotebe General Hospital, Addis Ababa, Ethiopia: A Qualitative Study.” is my original work and all sources of material used for the work have been duly acknowledged.

Name	Signature	Date
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ADDIS ABABA UNIVERSITY SCHOOL OF BEHAVIORAL SCIENCE

DEPARTMENT OF PSYCHOLOGY

Lived Experiences of Suicide Survivors visiting Eka Kotebe general Hospital

Approval of the board examiner	Signature	Date
Advisor Name	Signature	Date
InternalExaminer	Signature	Date
ExternalExaminer	Signature	Date

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Abstract

The World Health Organization predicted 1.53 million suicides by 2020, highlighting the need for global public health intervention. In low- and middle-income countries like Ethiopia, stigma, insufficient mental health care, and low knowledge impede prompt intervention. This study aims to address this knowledge gap by examining the experiences of early adulthood who experience suicide visited Eka Kotebe General Hospital, aiming to shed light on psychological, social, and cultural implications. This study uses a phenomenological approach to examine the lived experiences of early adulthoods who attempted suicide survivors who are currently receiving treatment at Ekakotebe General Hospital. The research conducted site is a leading mental health

facility. The sample was 8 participants, with purposive sampling for those who meet eligibility criteria. Data collection tool was interviews the study emphasizes that suicide is not attributable to a singular factor but rather reflects a complex and cumulative process that encompasses emotional, relational, cultural, and socio-economic dimensions. Understanding these nuanced experiences is essential for the development of effective, compassionate, and comprehensive strategies for prevention and follow-up.

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Chapter One

1. Introduction

1.1 Background of the Study

Suicide (from Latin Suicaedere to kill oneself or self-murder) is the act of a person intentionally causing his or her own death. It is death from injury, poisoning, or suffocation where there is evidence either explicit or implicit that the injury was self-inflicted and that the decedent intended to kill himself /herself. The suicide attempt is a non-habitual act with the non-fatal outcome that is deliberately initiated and performed by the individual involved that causes self-harm or without intervention by others will do so or consists of ingesting a substance in excess of its generally recognized therapeutic dosage. In this regard, suicide might be attempted by using different means through hanging, poisoning, cutting of body, shooting, trying to kill one-self, throwing or any other way to kill one's own self due to different causes. According to a global estimate by World Health Organization around 800,000 people die due to suicide annually. This is corresponding to an age-standardized suicide rate of around 11.5 per 100,000 people a figure equivalent to someone dying in every 40 seconds. The worldwide burden of suicide is estimated to increase by 2020, and the rate of death due to suicide will be one person every 20 seconds. Suicidal acts result from a complex interaction of biological, psychological, sociological, cultural and environmental (World Health Organization,2020).

Suicide among early adults is a complex public health and psychosocial challenge, particularly in contexts like Ethiopia, where cultural, economic, and social pressures intersect with developmental transitions. Early adulthood, defined approximately as ages 18–40, is a critical period marked by the pursuit of independence, identity consolidation, career establishment, and intimate relationships. These developmental demands can heighten vulnerability to mental health challenges, including suicidal thoughts and behaviors. Understanding the lived experiences of early adults who have survived suicide attempts provides crucial insights into both the risk factors and the mechanisms that facilitate recovery and survival.

This study employs qualitative research methodologies to capture these nuanced experiences, generating rich, context-specific data that can inform the design of interventions tailored to the needs and realities of early adults in Ethiopia. By focusing on survivors' reflections, coping strategies, and meaning-making processes, this study challenges dominant narratives that often overlook the emotional and existential realities of young people.

The study is grounded in a comprehensive theoretical framework that integrates developmental, interpersonal, cognitive, existential, and resilience-based perspectives. Erikson's psychosocial theory posits that early adulthood is dominated by the challenge of Intimacy vs. Isolation, highlighting the importance of social connectedness and identity consolidation in promoting recovery after a suicide attempt. Joiner's Interpersonal Theory of Suicide emphasizes how perceived burdensomeness and thwarted belongingness contribute to suicidal behavior, underscoring the role of rebuilding relationships and fostering self-worth in survivors. Beck's cognitive theory highlights the impact of negative thinking patterns, such as hopelessness and self-devaluation, on suicidal ideation, emphasizing the need for cognitive restructuring in post-attempt interventions.

Moreover, resilience and post-traumatic growth theories suggest that surviving a suicidal crisis can catalyze personal transformation, strengthened coping mechanisms, and renewed life purpose. Existential and meaning-making perspectives further illuminate how survivors reconstruct meaning, re-

evaluate priorities, and cultivate hope, providing a foundation for long-term psychological well-being. The Integrated Motivational-Volitional Model complements these perspectives by framing suicidal behavior as a result of pre-motivational, motivational, and volitional factors, including personality traits, exposure to stressors, and life circumstances, highlighting the multidimensional nature of risk and survival.

By linking theory with empirical inquiry, this study advances knowledge on both the vulnerabilities and protective mechanisms associated with suicide in early adulthood. The findings hold practical significance for mental health professionals, hospital administrators, and policymakers by informing the development of psychosocial interventions, community support systems, and culturally sensitive public health initiatives. Ultimately, this research aims to mitigate suicide risk, promote post-attempt resilience, and enhance mental health support for Ethiopian early adults, while addressing stigma and fostering a deeper understanding of their lived experiences.

Suicide is fatal act that represents the person's wish to die. There is complex process that involves a series of pathways and mechanisms that starts from initiation of suicidal ideation to planning for days, weeks or even years before acting, while others take their lives seemingly on impulse without premeditation. The Diagnostic and Statistical Manual of Mental Disorders defines suicidal ideation as thinking about, considering or making plans for suicide and suicidal attempt a deliberate, self-destructive act with a clear expectation of death that is non- fatal. The burden of suicide constitutes a serious public health issue in the world.

Suicide is a major global public health concern, accounting for over 700,000 fatalities and many attempts each year. Early adulthood is more vulnerable to suicide due to emotional instability, identity formation, and an increased risk of mental health issues. (World Health Organization,

2019) The lived experiences of persons who attempt suicide are complicated and influenced by social, psychological, and contextual factors, which are frequently rooted in trauma, stigma, or a lack of supportive networks (Thomas & Bonnaire, 2023).

Though the suicides of urban-dwelling early adulthood are on the rise, no one is taking mental health in Ethiopia seriously. One in four adolescents and young adults exhibit suicidal thoughts, which precede up to 80-90% of youth suicide attempts in absence of formal help (Fekadu et al.,2014).

Even though most of the studies on the determinants and prevalence of the phenomena are quantitative, there is a shortage of qualitative studies on the experiences of the individuals who outlive suicide attempts, especially in Ethiopia(Birhan et al., 2025).

The World Health Organization predicts 1.53 million suicides by 2020, making suicide prevention a global public health priority. With a 10% reduction aim, suicide prevention research is quickly developing, with an emphasis on explanatory explanations of suicidal occurrences and theoretical methods to understanding predisposing and risk factors(Mcdermott, 2016).

According to new data, young people in Ethiopia are increasingly attempting suicide and having suicidal thoughts, particularly in cities like Addis Ababa (Fekadu *et al.*, 2014). Early adults who have attempted suicide are frequently admitted to hospitals like EkaKotebe General Hospital, one of the few specialist mental health facilities in the nation. In spite of this, little is known about these people's lived experiences, both in clinical settings and in public discourse.

Existing research in Ethiopia and other African countries focuses primarily on quantifying the prevalence or risk factors of suicidal behavior(Tesfaye et al., 2021), but there is a lack of qualitative, phenomenological studies that investigate how early adults internalize distress,

navigate crises, and reflect on their experiences post-attempt, limiting the development of effective, empathetic, and culturally appropriate mental health interventions.

There is a considerable gap in understanding of the lived experiences of Ethiopian adult who survive suicide attempts. Without this understanding, policies and Programmes may be reactive, fragmented, and improperly adapted to individual requirements, resulting in stigma, misdiagnosis, and inadequate care.

Suicide is also interpreted culturally and psychologically in Ethiopian society, with traditional ideas linking it to spiritual weakness or moral failure, while modern mental health frameworks see it as a bio-psychosocial occurrence. This conflict creates barriers to care and delays timely help from families and communities(Geremew et al., 2023). This study seeks to address this knowledge gap by delving into the personal narratives and experiences of early adults who attempted suicide at EkaKotebe General Hospital. The findings have the potential to inform culturally sensitive mental health care and suicide prevention methods in Ethiopia.

EkaKotebe General Hospital in Ethiopia is now treating more teenagers and young adults who have tried suicide. However, very little is known about their experiences, motivations, and emotional, social, and cultural influences. This may show unmet healthcare needs, gaps in support, and sociocultural issues contributing to despair. This may suggest the presence of unmet healthcare needs, inadequacies in support systems, and sociocultural factors that contribute to feelings of despair. In Ethiopia, qualitative phenomenological methodologies could aid in the creation of context-sensitive interventions, improve mental health services, and reduce the stigma associated with suicide.

1.2 Statement of the Problem

Suicidal behaviour is an important public health problem worldwide, It is a neglected public health issue especially in middle and low-income countries (Berhanu, 2012).Suicide is a serious but preventable public health problem that results in social, emotional, and economic consequences in families, friends, and colleagues (Jans, 2012). Even though the problem of suicide ideation and attempt appears to be common in Sub-Saharan countries in general and in Ethiopia in particular, significant measures have not been taken to prevent it. This might be because of awareness related issues or lack of information that clearly shows the extent of the problem especially among early Adulthoods. As clearly identified in many studies especially in developed countries, the magnitude and causes of suicidal ideation and attempt vary from situation to situation as well as due to age, sex and other socio-economic factors.

The study underscores the necessity for culturally relevant data in the development of trauma-informed mental health treatments for youth in Ethiopia. It enriches the global body of literature on suicide prevention by offering a culturally nuanced perspective within a low-income, urban African context (George C. Patton et al., 2016). As early adulthood mental health garners increasing attention, it is essential to ensure that vulnerable populations in underserved regions, such as Ethiopia, are not overlooked.

It appears that the problem of suicide attempt in Ethiopia is often Policy makers and others concerned bodies do not appear to have given special attention to the problem. The researcher of this study was initiated or motivated to do this research after encountering many suicidal attempt cases during my internship program at Ekakotebe general Hospital.

This study aims to fill a critical gap in the existing literature by examining the lived experiences of early adulthood who have attempted suicide and received treatment at EkaKotebe Hospital. By documenting their narratives, the research intends to shed light on the psychological, social, and

cultural consequences of these experiences, while also addressing the social stigma and systemic neglect related to mental health issues among adolescents in Ethiopia.

EkaKotebe General Hospital in Addis Ababa serves as a crucial institution for mental health care, particularly for individuals who have attempted suicide. However, there is a limited understanding of these individuals' experiences prior to, during and following their attempts. This study seeks to close this gap by concentrating on the subjective experiences of early adult suicide attempt survivors, thereby giving insights that can improve clinical practice, advocacy, and policy in Ethiopian mental health care.

1.3 Objectives of the Study

1.3.1 General Objective

To examine the lived experiences of suicidal survivors visiting Eka Kotebe General Hospital,

Addis Ababa, Ethiopia

1.3.2 Specific Objectives

- To describe the psychological and emotional experiences of suicide survivors among early adults.
- To describe the social experiences of suicide survivors among early adults.
- To identify the coping mechanisms and recovery journeys of the participants following their suicide attempts.

1.4 Research Questions

- What are the psychological and emotional experiences of suicide survivors among early adults?
- What are social experiences of suicide survivors among early adults?

- What coping strategies do these individuals adopt following the suicide attempt?

1.5 Significance of the Study

This study provides a comprehensive understanding of suicide survivor among Early Adulthoods in Ethiopia. The significance of this study is further reinforced by grounding it in a robust theoretical framework. According to Erikson's psychosocial theory, early adulthood is characterized by the challenge of Intimacy vs. Isolation, making social connectedness and identity consolidation central to recovery after a suicidal attempt. Joiner's Interpersonal Theory of Suicide emphasizes the role of perceived burdensomeness and thwarted belongingness, highlighting the importance of restoring social bonds and self-worth in survivors. Beck's cognitive theory underlines the impact of negative thinking patterns hopelessness and self-devaluation on suicidal ideation, underscoring the need for cognitive restructuring in intervention strategies. Additionally, resilience and post-traumatic growth theories suggest that surviving a suicide attempt can catalyze personal transformation, renewed purpose, and strengthened coping mechanisms. Finally, existential and meaning-making perspectives illuminate how survivors reconstruct life meaning, find new purpose, and cultivate hope, all of which are critical for long-term survival and mental well-being.In other word Examining suicidal attempts would be the first step in planning and implementing prevention mechanisms to reduce the magnitude of suicidal attempts among early adult hoods.

This study employs qualitative research methodologies to capture the nuanced, lived experiences of individuals affected by mental health issues, there by generating data that can inform the design of interventions tailored to the specific needs and realities of among Early adults.

One contemporary model of suicidal behaviour is the Integrated Motivational-Volitional Model of suicidal behaviour (Connor,2018). This model proposes that suicidal behaviour is complex and results

from a combination of pre-motivational, motivational and volitional factors. According to the model, some persons are more prone to develop thoughts of suicide because of personality characteristics such as high socially prescribed perfectionism (Kirtley,2018). They may also be exposed to acute or chronic life stressors thereby increasing the likelihood that they will experience an adverse reaction to stress (Connor,2011).

Joiner's Interpersonal Theory of Suicide (Joiner, 2005) posits that suicide results from the interaction of three key components: perceived burdensomeness, thwarted belongingness, and acquired capability for suicide. In early adulthood, individuals may feel like a burden to family, friends, or society, particularly when facing unemployment, relational difficulties, or financial stress. Simultaneously, feelings of social disconnection or isolation can exacerbate suicidal ideation. The theory emphasizes that surviving a suicide attempt often involves addressing these interpersonal vulnerabilities through rebuilding relationships, enhancing social connectedness, and fostering a sense of value and purpose. By strengthening social bonds and perceived belonging, survivors can reduce the risk of future suicidal behavior and promote long-term psychological resilience.

The findings are valuable to mental health professionals, hospital administrators, and policymakers engaged in enhancing suicide prevention and treatment strategies in Ethiopia. Furthermore, these results can inform the development of psychosocial support systems, community awareness initiatives, and public health campaigns. Its aimed at mitigating suicide risk and addressing stigma associated with mental health among early adult people.

This research introduces a phenomenological approach to suicide studies in Ethiopia and will serve as a foundation for future qualitative and mixed-methods research, as well as capacity-building efforts in the domain of Early adulthoods mental health. The findings provide context-specific insights that can enhance interventions in the field of mental health, inform prevention initiatives,

and support individuals at risk of suicide in Ethiopia. The study documents the participants' subjective meaning, feelings and impressions of their suicide attempt and post-treatment experience.

1.6 Scope of the Study

This study examines the experiences of early adults who have attempted suicide and subsequently sought psychiatric treatment at the Addis Ababa Eka Kotebe General Hospital. Employing qualitative phenomenology, the research aims to understand the personal narratives of individuals, encompassing the emotional, psychological, social, and contextual dimensions of their experiences before, during, and after the suicide attempt. Data were collected through in-depth interviews to ensure that the participants' perspectives are pertinent to the analysis. The study is limited to Eka Kotebe General Hospital in Ethiopia and focuses on adults who have had at least one recorded suicide attempt and have received inpatient or outpatient psychiatric care. It excludes people who are facing an acute psychiatric crisis or who are unable to provide informed consent due to cognitive or emotional instability. The study is qualitative, with no attempt to evaluate prevalence or define risk variables. The focus is on the participants' lived experiences, rather than the prevalence, epidemiology, or clinical results of suicidal attempts. The findings may not be applicable to all Ethiopian adults, but they will provide detailed insights into those interviewer’s unique experiences.

Chapter Two

2. Literature Review

Introduction

This chapter addresses or reviews past research on lived experience of suicidal survivors among early adulthoods. Suicide is a complex and multifaceted phenomenon that continues to be a major global public health concern. According to the World Health Organization (2023), approximately 700,000 people die by suicide each year, and many more engage in nonfatal suicide attempts. While quantitative studies have advanced understanding of risk factors and prevention strategies, qualitative research is crucial for uncovering the subjective meanings behind suicidal behaviour and survival. The lived experiences of suicide attempt survivors offer unique insights into the emotional, psychological, and social processes that lead to and follow an attempt. Understanding these experiences can inform compassionate suicide prevention practices.This chapter reviews literature on suicide attempts, focusing on early adult populations, phenomenological perspectives, psychosocial factors, and contextual gaps.

According to Erikson's psychosocial theory, early adulthood is characterized by the challenge of Intimacy vs. Isolation, making social connectedness and identity consolidation central to recovery after a suicidal attempt. Joiner's Interpersonal Theory of Suicide emphasizes the role of perceived burdensomeness and thwarted belongingness, highlighting the importance of restoring social bonds and self-worth in survivors. Beck's cognitive theory underlines the impact of negative thinking patterns hopelessness and self-devaluation on suicidal ideation, underscoring the need for cognitive restructuring in intervention strategies. Additionally, resilience and post-traumatic growth theories

suggest that surviving a suicide attempt can catalyze personal transformation, renewed purpose, and strengthened coping mechanisms.

2.1 Conceptual Review

Suicide

Suicide (from Latin Sui caedere to kill oneself or self-murder) is the act of a person intentionally causing his or her own death . It is death from injury, poisoning, or suffocation where there is evidence (either explicit or implicit) that the injury was self-inflicted and that the decedent intended to kill himself /herself. The suicide attempt is a non-habitual act with the non-fatal outcome that is deliberately initiated and performed by the individual involved that causes self-harm or without intervention by others will do so or consists of ingesting a substance in excess of its generally recognized therapeutic dosage. In this regard, suicide might be attempted by using different means through hanging, poisoning, cutting of body, shooting, trying to kill one-self, throwing or any other way to kill one's own self due to different causes. According to a global estimate by World Health Organization around 800,000 people die due to suicide annually. This is corresponding to an age-standardized suicide rate of around 11.5 per 100,000 people a figure equivalent to someone dying in every 40 seconds. The worldwide burden of suicide is estimated to increase by 2020, and the rate of death due to suicide will be one person every 20 seconds. Suicidal acts result from a complex interaction of biological, psychological, sociological, cultural and environmental (World Health Organization,2020).

Suicidal Ideation

Suicidal ideation is known as suicidal thought and is thoughts about how to kill oneself. Those might be as particular as a detailed arrangement, however without the suicidal act itself. Although most people who experience suicidal ideation do not confer suicide, some do move specifically to attempt suicide.

The suicidal ideation range varies from fleeting thoughts to certain planning, role-playing, and unsuccessful tries, which could be each deliberately made to fail or are completely meant to achieve success but are dissatisfied via discovery. Suicidal ideation therefore suggests wanting to take one's own life or considering suicide while not primarily making arrangements to commit suicide (Gliatto&Rai, 1999).

Suicidal Behavior

The nonspecific term suicidal behavior‖ includes completed suicide, nonfatal anticipate self-harm (for instance suicide attempt, suicide motions, self-damage, self-poisoning) with or without a suicidal goal, suicide interchanges not including suicide threats: and suicide ideation (Donald, 1989). Three general classifications of suicidal behaviors‖ are: Completed suicide, including all deaths in which wishful. Self-beset life-threatening act has brought about death. Suicidal attempt and Suicidal ideation suicidal behavior‖ in the present research is limited to suicidal ideation.

Attempted suicide: is defined as a potentially self- injurious action with a nonfatal outcome for which there is evidence, either explicit or implicit that the individual intended to kill himself or herself. The action may or may not result in injuries (Shamsaei, Yaghmaei and Haghighi, 2020)

Hopelessness is a belief that conditions will not enhance later on includes the desire of negative results consolidated with desires, that those negative results are out of one's control (Abramson, Alloy, &Metalsky, 1989). As per the hopelessness theory of suicide (Cornette, 11 Abramson, &Bardone, 2000), a negative subjective life works as helplessness for the development of hopelessness.The inclination that life is too much to deal with, and disregard. The person turns out to be extremely inactive and cannot anticipate constantly being in an alternate situation.

The lack of care results from his failure to adapt to the present and from a conviction that nothing will ever change. In Scotland's (1969) definition, hopelessness has been determined as a system of negative expectations concerning oneself and one's future life (Bruss, 1988). Hopelessness means a sense of

impossibility, negative hopes for the future, loss of control in connection to the future, inactive acknowledgment or the worthlessness of wanting to accomplish goals (Campbell, 1987).

Despair means an absence of hope, while hopelessness implies an offensive type of despair, where all hope is lost (McGee, 1984). Many authors have depicted hopelessness as being orientated to or focusing on the past (Bruss, 1988; Cutcliffe, 1997; Collins &Cutcliffe, 2003; Engel, 1968). McNaught and Spicer (2000) emphasized that hopelessness has not been characterized as having any desires without bounds but as having negative desires without bounds and recommend that the future of hope does not really mean the absence of hopelessness; the capacity to take control and end one's own suffering can give an individual hope without moderating hopelessness.

Lived Experience: The personal, subjective perception and interpretation of one's own life events, emotions, and social contexts related to the suicide attempt, as described by the participant in their own words (Shamsaei, Yaghmaei and Haghighi, 2020).

Early Adulthood: Individuals aged 18 to 40 years, a life stage marked by transition from adolescence to full adult responsibilities and identity development (Knight, 2017).

Phenomenological Study: A qualitative research approach that seeks to explore and describe how individuals experience and make sense of a particular phenomenon, focusing on their lived experiences (Geremew *et al.*, 2023).

Quantitative studies have identified various factors linked to suicidal behaviour, including personality disorders, depression, emotion-focused coping styles, psychological distress, hopelessness, childhood trauma, stressful life events, losses, and substance abuse (Kleiman, Riskind & Schaefer, 2014; Liu, 2023).

Among those Quantitative studies; Phenomenological research, which focuses on individual experiences, is especially effective in suicide study, as subjective meaning-making is crucial. According to the study conducted in Hong Kong that investigated the emotional depth of suicide survivors, showing themes such as "emotional numbing,""feeling invisible," and "ambivalence about death."(Huen et al., 2015).

Additionally, Phenomenological research shows that suicide attempts are frequently driven by pain relief rather than a wish to die. This emphasizes the importance of empathic, trauma-informed care. However, in the African setting, few research have used phenomenology to investigate the experiences of adult suicide attempt survivors, indicating a large methodological and contextual gap(Nilsson & Bremer, 2022).

2.2 Global Overview of Early Adult Suicide Attempts

Suicide is the world's fourth highest cause of death among early adults especially vulnerable due to developmental obstacles, identity crises, scholastic stress, and emerging mental health conditions. Over 77% of suicides occur in low- and middle-income nations, where mental health care is scarce and stigma persists(Cha et al., 2018). Furthermore, Suicidal behavior among early adults is a significant global health concern, with around 800,000 people dying by suicide annually (James et al., 2020).

Suicidal thoughts and behaviors among early adults are particularly concerning due to the sharpest increase in suicide deaths throughout the lifespan occurring between early adulthood. Suicide ranks higher as a cause of death during youth compared to other age groups, ranking as the second leading cause of death among early adulthoods(Naz et al., 2021).

Studies in high-income nations show that juvenile suicide attempts are frequently motivated by psychological suffering, pessimism, and interpersonal issues, but they may not fully represent non-

Western cultural experiences influenced by sociocultural and religious elements(Arbabi, Yeh & Sangkar, 2025).

2.3 Causes of Suicidal Attempt

Social, psychological, cultural and other factors can interact to lead a person particularly high school students those of grade nine to twelve to suicidal behavior, but the stigma attached to mental disorders and suicide means that many people feel unable to seek help.

In this regard, there are common causes and risk factors for suicidal ideation include, Hereditary, physical, and environment.

Hereditary: People those are naturally belonging to families with mental illness or suicidal thoughts are at a higher risk of creating suicidal thoughts or emotional sickness themselves. However, there is a hereditary part to suicidal ideation and maladjustment. Not everyone who

has a family history will create suicidal ideations, nor each one of the individuals who have suicidal ideation has a family history of the disorder (Cannon, &Hudzik, 2014).

Physical: The physical cause is a kind of thought process that particularly changes the structure and capacity of the cerebrum through low levels of the neurotransmitters „dopamine and serotonin", and it can build the risk for emotional instability, including those that cause suicidal thoughts and behavior (Goodwin, &Jamision, 2007).

Environmental: Those who are barraged with rehashed, negative life occasions and experience steady levels of major stress that overpower their capacity to adapt are at higher threat of suicide. Also, those presented to other people who passed on by suicide are at more serious risk for creating suicidal ideation themselves. The most common situations or lives occasions that may bring about suicidal thought are the pain, sexual abuse, financial issues, regret, dismissal, relationship, separation and unemployment (Rockefeller, 2017).

According to (world health organization,2014), an estimated 804 000 suicide deaths occurred worldwide in 2012, representing an annual global age-standardized suicide rate of 11.4 per 100 000 population (15.0 for males and 8.0 for females). However, since suicide is a sensitive issue, and even illegal in some countries, it is very likely that it is under-reported.

In countries with good vital registration data, suicide may often be misclassified as an accident or another cause of death. Registering a suicide is a complicated procedure involving several different authorities, often including law enforcement. And in countries without reliable registration of deaths, suicides simply die uncounted. In richer countries, three times as many men die of suicide than women do, but in low- and middle-income countries the male-to-female ratio is much lower at 1.5 men to each woman (WHO, 2014). Globally, suicides account for 50% of all violent deaths in men and 71% in women. Many different theories of suicide have been proposed over the last century. These include biological (Oquendo et al., 2014) and sociological approaches (Durkheim, 1897), and

psychological theories that conceptualize suicide as a phenomenon related to the following: psych ache (Shneidman, 1993); escape from aversive self-awareness (Baumeister, 1990); hopelessness (Beck, Steer, Kovacs, & Garrison, 1985); emotion dysregulation (Linehan, 1993); perceived burdensomeness, thwarted belongingness, and capability for suicide (Joiner, 2005; Van Orden et al., 2010); defeat, entrapment, and low social support (Williams, 2001); various diathesis-stress models (Mann, Waternaux, Haas, & Malone, 1999; O'Connor, 2011; Wenzel & Beck, 2008); and ideation to action‖ frameworks (Nock, Kessler, & Franklin, 2016 for a discussion), among several others. Each of these approaches is actively researched, with several relevant publications each year. Such diversity is healthy for a young field but may not be a good sign for the suicide research field, which has been around since at least Durkheim (1897).

In many other fields, a broad set of early theories gives way to a dominant paradigm (or a small set of paradigms) that eventually shifts to new paradigm to account for anomalous findings (Kuhn,2012).

The current theoretical diversity of the suicide research field means that it is still in a preparadigmatic phase. Each theory specifies a unique set of risk factors or specifies a unique relation among a set of risk factors that drive each of these theories and by extension, each set of risk factors cannot completely explain. It is therefore likely that some of these theories are largely inaccurate, others are partially accurate, and still others may only apply to specific populations or situations. For the field to progress to a paradigmatic phase, empirical data must be employed to the accurate theories or accurate theory elements from the less accurate theories.

2.4 Psychosocial and Cultural Factors Influencing Suicide in Early Adults

Perceived social support or the notion that others give resources, may be protective against suicide. Social support mediates the relationship between depress genic risk factors and depression, which is strongly linked to suicide. It also mitigates the link between terror exposure and depressed symptoms. Furthermore, social support may help people avoid suicide by strengthening feelings of belonging(Kleiman& Schaefer, 2014).

Depression, anxiety, trauma, family conflict, academic failure, substance misuse, and social isolation are all factors that impact suicidal behavior in young people around the world and in low- and middle-income countries(Cha et al., 2018).

In Ethiopia Poverty, inadequate care, spiritual interpretations of mental illness, and pervasive stigma all contribute to the prevalence of suicidal behavior among young people(Ferede et al., 2025). Fear of social criticism, coupled with limited access to confidential services, often delays help-seeking. Furthermore, Cultural and spiritual beliefs play a dual role, either serving as protective factors through strong community and religious support or intensifying the problem by fostering shame and concealment through condemnation.

2.5 Suicide and Mental Health Services in Ethiopia

Suicidal behavior in Ethiopia varies by group, including community members and individuals with medical issues. Non-fatal suicidal behavior is more common in patients , whereas suicide attempts are fewer in rural locations. Female gender, young age, mental illnesses, and low education and economic level are also risk factors (Belete & Belete, 2021).

Ethiopia's mental health services are centralized and underfunded, with less than 10% of people obtaining sufficient treatment(Fekadu et al., 2014). EkaKotebe General Hospital provides specialized psychiatric care, but there are no adult-focused suicide prevention programs or

established follow-up care paths for individuals discharged following a suicide attempt. Different studies demonstrate that high school and university students have high rates of suicide ideation and attempts, but little is known about their emotional and psychological experiences prior to, during, and after these attempts.

2.6 Research Gaps and Justification for the Current Study

There is little research on suicide in Ethiopia little available focuses on prevalence and risk factors through cross-sectional, quantitative methodologies. The breadth of personal experiences and environmental factors influencing suicide behavior are not adequately represented by this method.

A lack of qualitative research, particularly employing phenomenological methodologies, leaves a gap in our understanding of the personal, emotional, and cultural elements of suicide attempts among Ethiopian early adult people. The voices of adolescents and young adults who survive suicide attempts in Ethiopia are mostly undocumented, which is critical for developing effective mental health interventions and addressing stigmatizing myths. Research often combines teenagers and adults, leading to a deficiency in context-specific insights. As a result, the continuum of care from crisis intervention to inpatient and outpatient psychiatric services and subsequently reintegration into the community remains inadequate. Additionally, there is a scarcity of sociocultural evidence regarding the significance of factors such as religious beliefs, gender norms, economic stress, and stigma in relation to suicidal behavior and treatment, with minimal qualitative research conducted in this area. The aim of this study is to fill these gaps by using a phenomenological approach to examine the lived experiences of early adulthood who have tried to commit suicide and have been treated at EkaKotebe Hospital.

Chapter Three

3. Methodology

3.1 Study Design

This study employs a qualitative phenomenological research approach to investigate the experiences of individuals who have experienced suicidal thoughts. The focus is placed on their personal, emotional, and social realities, facilitating an exploration of the profound, subjective meanings within the participants' narratives (Geremew et al, 2023). This methodological framework is particularly appropriate for examining the subjective meanings and factors that contribute to suicidal behaviour, thereby enabling a more comprehensive understanding of the topic. Furthermore, this approach allows researchers to reveal deeper, subjective insights embedded within participants' narratives, transcending superficial explanations of their experiences.

Phenomenological insight into the lived experience of suicide attempters strongly suggests pre-existing torturing existential feelings along with a sense of dissociation. Evidence of the widespread lack of mental health services is the fact that in Ethiopia the testimonies of early adulthood survivors of suicide attempts are frequently muted.

3.2 Study Setting

The research was conducted at the Eka Kotebe General Hospital, located in the Yeka sub-town of Addis Ababa, Ethiopia. This institution is recognized as the foremost mental health facility in the region, offering both medical and psychiatric care to the city’s population. Established in 2009, the hospital employs 725 healthcare professionals. It specializes in mental health services and serves as

a referral centre for individuals experiencing suicidal ideation, thereby providing an optimal setting for the study.

EkaKotebe is one of the few public hospitals in the country that provides specialized mental health services, including inpatient and outpatient psychiatric care. The hospital serves a wide catchment area and frequently admits adolescents and young adults with suicide attempts or self-harm-related conditions. Its diverse patient population and dedicated mental health infrastructure make it a suitable setting for the current research.

3.3 Study participant

The source population include early adults aged 18–40 years who have attempted suicide and are receiving care at Eka Kotebe General Hospital.

3.3.2 Study Population

The study population consist of comprises early adults (aged 22–38years) who meet the inclusion criteria and are willing to participate in the study

3.4 Eligibility Criteria

Inclusion Criteria

- Individuals aged 18–40 years
- Early adults who have made at least one suicide attempt within the last 12 months.
- Have received inpatient or outpatient psychiatric care at EkaKotebe General Hospital.
- Are mentally stable and able to give informed consent at the time of the interview.
- Willing to participate and share their experience voluntarily.

Exclusion Criteria

- Individuals currently experiencing acute psychiatric symptoms (e.g., psychosis, severe depression with suicidal ideation).
- Individuals with cognitive impairments that limit their ability to provide informed consent or participate meaningfully in the interview.
- Individuals aged less than 18 or greater than 40 years.

3.5 Sample Size and Sampling Technique

Early adults who had attempted suicide at least once within the previous year, who could provide written consent, and who could communicate in Amharic were considered suitable for the study. Because this is a qualitative phenomenological study, data saturation were determine the final sample size, rather than statistical representativeness. A total of 8 participants willing to give the interview.

The primary investigator and data collector pick early adults for the study, which conducted in two parts. To begin, the contacts early adults as they arrive for out patients or inpatient treatments in the hospital, asks if they want to participate in the study, and only those who give consent are referred to the data collector. Second, the data collector provides detailed information about the study and requests written consent. Interviews are then conducted with people who provided consent until the information is saturated. A purposive sampling method utilized to choose individuals who match the eligibility requirements and are prepared to provide detailed, reflective narratives about their suicide attempts. The hospital's mental health professions help identify eligible participants during follow-up visits or during the discharge process.

3.6 Data Collection Tools

The study uses an in-depth, semi-structured interview guide to gather data on early adults who have attempted suicide. The tool prepared in English, translated into Amharic, and back-translated for accuracy. Face-to-face interviews conducted in a private, safe, and quiet room within EkaKotebe General Hospital, lasting 30-45 minutes. Audio-recording done with participants' consent, and detailed field notes taken to enrich the data.

Purposive sampling used to select early adults (18-40 years) who have attempted suicide and are receiving or have received psychiatric care at the hospital. The interviews were conducted in a private room to ensure privacy, and participants were given space to discuss their experiences, concerns, support mechanisms, challenges, sexual behavior, and experiences.

Additionally**,** Field notes used to document non-verbal cues and observations, while the interview guide explore key themes like emotional state, perceived triggers, experience, support, stigma, and recovery, and coping strategies and meaning-making.

3.7 Data Analysis

Data were analyzed using the four stages of a Framework Analysis, which involves familiarization of the data, identification of a theoretical framework, and mapping of themes and finally interpretation of themes(Ritchie et al, 2013).

In the first stage, all the transcripts were read several times by two qualitative researchers, listening to tapes and studying field notes allowed the researchers to immerse themselves and get familiar with the content of the interviews. Following detailed readings of the transcripts, a conceptual thematic framework was constructed to identify key issues, concepts and themes (Furber,2010). Development of the framework was based on three important components; a priori issues (informed by the topic guide), emergent issues raised by the participants themselves, and analytical themes

emerging from the recurrence of particular views or experiences. Categories and subcategories were identified. The third step of the analysis was the indexing of themes, which included application of the draft thematic framework systematically to interview data in the textual form. Indexing references were written on margins of each transcript by descriptive textual system based on headings (categories and sub-categories) derived during development of thematic framework

During data analysis the study involved developing a code book and analyzing data simultaneously with data collection. The audio recording transcribed and translated into English, and a preliminary analysis performed to determine saturation and developing themes. Manually code technique used for coding and categorization. The concepts of interpretative phenomenological analysis used, taking into account participants' actual experiences and the meanings they conveyed through their words. The themes understood in terms of the different main life world existential elements: the thematic analysis used to synthesize the findings, with quotations reflecting the majority's opinions and appearing just once. During the process of data analysis includes familiarization with the data, initial code generation, theme search, and review, definition, name, and report production, which continuous process throughout the process(Ahmed, 2025).

3.9 Ethical Considerations

Before the actual data collection Ethical clearance obtained from the Institutional Review Board of the affiliated university of Addis Ababa and the EkaKotebe General Hospital Ethics Committee. Written informed consent was obtained. Participants were informed of their right to withdraw at any time without penalty. Interviews conducted in a supportive and non-judgmental manner, and participants showing distress referred for further psychosocial support. Anonymity and confidentiality is ensured by using pseudonyms and secure data storage.

CHAPTER FOUR

4. Findings and Discussion

This chapter presents findings of the study and discussion of the main findings in relation to the research questions. The study relied on data that were collected through interview, which were held with eight adults who had previously attempt suicide.

The lived experiences of suicide survivors provide important information about the complexity and personal nature of suicidal behaviour. These themes and their subthemes (Psychological and Emotional Challenges, Interpersonal and Social Relationship Challenges, and Post-Attempt Reflections) provide a comprehensive understanding of the psychosocial landscape that surrounds a suicide attempt. The findings of the current study are integrated with the relevant literature and the clinical and theoretical implications are discussed.

4.1 Participant Background Information

Eight participants were interviewed, comprising five males and three females aged between 22 and 38 years. They varied in marital status, education level, and occupation. This diversity allowed for a rich exploration of the phenomenon across different life contexts. All participants had survived at least one suicide attempt and were willing to reflect on their experiences.

One out of eight participant attempted suicide more than once. From the eight participants three of them are single and five are married.

Table 1: Demographic characteristic of the participant

No	Age	Sex	Marital status	Education level	Occupation	History	Suicidal attempt
Case 1	22	Female	Single	Student	Unemployed	Lack of support	Once
Case 2	24	Male	Married	Diploma	Teacher	Feeling of burden	Once
Case 3	25	Male	Single	Diploma	Driver	Substance & Hopeless	Two wise
Case 4	33	Female	Married	Degree	House wife	worthlessness	Once
Case 5	33	Male	Married	Degree	IT professional	Feeling of loneliness	Once
Case 6	37	Female	Single	Masters	Human resource	Deep Emotional pain	Once
Case 7	37	Male	Married	Degree	Unemployed	Feeling of shame & guilt	Once
Case 8	38	Male	Married	Degree	Health professional	Social pressure	Once

4.2 Themes and subtheme emerged from the interviews

The purpose of the interviews was to investigate their experiences both prior to and following their attempted suicide. Participants were asked to describe their life experiences prior to their suicide attempt, their feelings during the attempt, and their feelings following the attempt.

The responses of the eight study participants shed light on the major themes. Suicide attempters' experiences with the phenomenon were better understood through a thorough analysis of the themes

that arose from the participant stories. Three themes and six subthemes are discussed below. Psychological and emotional challenges (subthemes: feeling of hopelessness, worthlessness, sense of burdened on others), Interpersonal and Social relationship challenges (social isolation, financial problems, social pressure) and Post attempt reflection (feeling understood, engagement with mental health service, develop new perspective for life).

Table for teams and sub teams

Psychological and emotional challenges	Feeling of hopelessness
	Worthlessness
	Feeling of burden
Interpersonal and Social relationship challenge	Social Isolation
	Social status
	Social Pressure
Post attempt reflection	Feeling understood
	Engagement with mental health service
	Develop new perspective for life

4.2.1, Psychological and emotional challenges

Psychological and emotional challenges are one of the main facilitators of suicide. Most participants experiences have shown that Psychological and emotional pain are characterized by feeling of hopelessness, worthlessness, sense of burdened on others.

All participants described significant psychological distress leading up to their suicide attempts. This distress often manifested as chronic sadness, emotional numbness, anxiety, overwhelming pressure, and, in some cases, untreated mental illness. The internal pain was persistent and, for many, unbearable.

Chronic sadness, emotional numbness and hopelessness

One of the participant's (case 5) said:

> To everyone around me, I looked fine. I had a decent job at a private software company in Addis Ababa.I wore clean clothes, greeted the security guard at the gate every morning, even showed up at church. But I had been carrying a weight for over a year now, a weight that no one else could see.
>
> I wake up every day feeling heavy. I couldn't think straight, couldn't feel anything good, and everything just seemed pointless. Even on the outside, when people saw me smiling or doing my job, inside I was breaking down. I remember walking to work one day, thinking to myself, 'what is the point? why am I even doing this?' It was not one big event it was this constant, quiet suffering that no one could see. It wore me down slowly, until the idea of ending it all started to feel like the only relief I could think."(Male 33 years old)

His struggle illustrates the hidden nature of depression and suicidality, where individuals may mask severe internal suffering behind a façade of normalcy. The gradual, persistent nature of his pain rather than a single triggering event—shows how ongoing, unrecognized mental strain can erode resilience over time. Ultimately, the sense of pointlessness and desire for relief through death reveals a state of severe depression with suicidal ideation, emphasizing the need for early identification, empathy, and psychological support for those silently struggling.

A 37 year female says:

> I kept everything to myself because I didn't want to burden my family, but inside,
>
> I was screaming. My heart felt heavy all the time, and no matter how much i tried to distract myself, the sadness would come back even stronger. I lie awake at night, thinking about how much easier it would be if i just disappeared. I did not want to die; exactly….I just wanted the pain to stop. It felt like i had no control over my emotions.
>
> This case reveals the silent, internal struggle of a person experiencing deep emotional pain and despair. Despite not wanting to burden others, the individual feels overwhelmed by sadness, hopelessness, and emotional exhaustion. Their attempt to suppress or distract from the pain only intensifies it, leading to sleepless nights and intrusive thoughts of disappearing.
>
> Importantly, the statement "I did not want to die; I just wanted the pain to stop" reflects a profound psychological ambivalence often seen in individuals with suicidal ideation rooted in depression the desire is not for death itself, but for relief from

unbearable emotional suffering. The loss of emotional control, ongoing isolation, and self-silencing highlight the urgent need for empathetic support, open communication, and timely mental health intervention.

Anxiety and overwhelming pressure, and worthlessness

One of participant says: “I started to believe that I was a failure not just in my job, but as a husband, as a man, as a human being. Every little thing became overwhelming. I remember sitting in grocery, crying because could not handle going home and pretending everything was fine. I didn’t want to show anyone how much i was struggling. I felt ashamed, like i should be stronger. But inside,I was falling apart. My mind would not stop racing, and the only way I saw out was to end it.”

(Male 37 years old).

This case powerfully illustrates the emotional collapse hidden behind the mask of strength and responsibility. The 37-year-old man expresses deep feelings of failure, shame, and self-blame, not only in his work but in his identity as a husband and man. Everyday tasks became overwhelming, showing how depression can distort self-worth and magnify ordinary challenges into unbearable burdens.

His isolation and fear of appearing weak prevented him from seeking help, while internalized expectations of masculinity (“I should be stronger”) intensified his suffering. The image of breaking down in a public place like a grocery store reveals how emotional exhaustion can no longer be contained, leading to thoughts of suicide as an escape from relentless mental pain.

Overall, this case highlights the devastating effects of hidden depression, shame, and societal pressure, emphasizing the importance of creating safe spaces for emotional vulnerability, challenging stigma, and encouraging early psychological support for men facing silent mental struggles.

4.2.2, Interpersonal and Social relationship challenges

In addition to psychological distress, most participants identified strained relationships and emotional disconnection as critical contributors to their crises. Despite being surrounded by people, they reported feeling unseen, misunderstood, or emotionally neglected. These disconnections exacerbated their isolation and deepened their sense of hopelessness.

Social isolation and not understood

A 22 year female believes suicide idea stems from social problems. When asked to share her experiences, she responds:

> Since my relationship with my friends has diminished, I am less out of the house and more alone spending more time on social media. I am not motivated to do anything. I think I am forgetter because no one cares for me in the community. The situation is such that i have no siblings and more peer relative so i think this makes me separate from people.
>
> A student participant says: “if I had had people to check in with on a regular basis that would have helped. Um, if I had had just someone to talk to…..
>
> The case of this 22-year-old female highlights how social isolation and a lack of supportive relationships can lead to deep feelings of loneliness, worthlessness, and

suicidal thinking. As her friendships faded, she withdrew further, spending more time alone and online, which only intensified her sense of disconnection. Her belief that “no one cares” reflects a profound loss of belonging and social identity, especially in the absence of siblings or close peers. The student’s statement that having “people to check in with” might have helped underscores the protective role of social support in maintaining emotional well-being. Overall, this case demonstrates how social isolation, unmet belonging needs, and perceived rejection can contribute significantly to depression and suicidal ideation among young adults.

One of the participants said:

> People think that if you’re married and have a family, you must be happy but that was not my reality. I was constantly surrounded by people but I felt completely alone. No one ever asked me how I was doing. It was always about the kids, the house, what needed to be done. I gave everything to others, and no one noticed that
>
> I was running on empty. I did not even recognize myself anymore.

This case describes a person who feels emotionally invisible despite being surrounded by family. Although marriage and family are often seen as signs of happiness, the participant’s experience reveals deep loneliness, emotional neglect, and loss of self. Constantly caring for others while receiving no emotional support left them feeling drained and disconnected from their own identity. Their statement reflects the quiet suffering that can exist behind socially accepted roles, highlighting how emotional burnout, lack of recognition, and unmet personal needs can lead to profound inner emptiness even within a seemingly stable family life.

(case 4, Female 33 year)

I didn't have anyone in my life I could really open up to. My friends were not the type you could talk about feelings with and I was never close to my family. I spent a lot of time alone, just drinking. When things got bad, I kept telling myself I will be fine, but the truth is i was not. There was a deep loneliness that i could not escape. I felt like I did not belong anywhere like I was just existing without any purpose. And when I finally broke, it was because I felt like no one would care anyway.

(case 3, Male 25 year).

Social pressure

Case 7, Male 37 year participant describe:

I grew up believing that men are not supposed to cry, are not supposed to talk about feelings we are supposed to just deal with it. So when i lost my job and started feeling worthless, I did not say anything to anyone. Not even my wife. I felt like I was letting everyone down, and I did not want to add more stress by telling her how much I was struggling. I isolated myself, thinking I was protecting my family, but really, I was digging myself deeper into that hole. Eventually, I reached a point where I thought they'd be better off without me.

Participants emphasized that disconnection was not only social but emotional. Even in the presence of loved ones, they felt unseen or unvalued. This sense of alienation reinforced their belief that their lives had little meaning or impact.

Financial problem

A 29-year-old male participant shared:

When I lost my job, everything started falling apart. I tried to stay hopeful at first, thinking I'd find something soon, but months passed, and nothing worked out. The bills kept piling up, and I couldn't support my family anymore. I felt useless like I had failed everyone who depended on me. Every phone call from a creditor made my heart race. I stopped answering calls, stopped going out, even stopped praying. It felt like I was drowning in shame. One night, I sat alone thinking that maybe if I wasn't here, the burden would be gone for everyone. That was the moment I realized how deep I had fallen.

This case highlights how financial strain and unemployment can trigger a deep sense of failure, hopelessness, and shame, particularly in individuals who view financial stability as a measure of self-worth. The loss of income led to emotional distress, social withdrawal, and self-blame, gradually eroding the participant's sense of purpose and control. The constant pressure of unmet responsibilities and perceived burden on loved ones intensified his despair, leading to suicidal thoughts as an escape from overwhelming stress and guilt. This case underscores the powerful link between economic hardship, loss of identity, and mental health vulnerability, emphasizing the need for financial, emotional, and social support during crises.

4.2.3 Post-Attempt Reflections and Meaning-Making

After surviving their suicide attempts participants underwent various forms of reflection and personal growth. For some this involved counseling or family support. For others it is reconnecting with their purpose or want.

Feeling understood and relief

> When I woke up in the hospital, I didn't know what to feel. There was shame, yes, but also a strange sense of relief like someone had finally seen how much I was hurting. That was the moment I knew I needed help. I will not go back to pretending everything was okay. I started counseling and for the first time in my life I began to understand what I was feeling instead of suppressing it. It is not like everything got better overnight but I started making space for my emotions for myself.
>
> (case 1 female 22 year)

After her suicide attempt, the participant described a mix of emotions upon regaining consciousness in the hospital. She felt a deep sense of shame for what had happened, yet also a strange relief as if her hidden pain had finally been acknowledged. This moment became a turning point in her life. She realized she could no longer continue pretending everything was fine while silently suffering. Beginning counseling allowed her to explore and name her emotions, something she had never done before. Although recovery was gradual and not without difficulty, she began creating emotional space for herself learning to validate her feelings rather than suppress them. Through this process, she found new meaning in her experience, viewing it not as an end, but as the start of a journey toward self-understanding and healing.

One of the participant case 8, male 38 said:

> After my attempt something shifted in me. I remember asking myself 'if I am still here then maybe I am meant to be. I did not want to just go back to how things were before. So now I feel like I need to do something that matters not just for others but for myself. It helps me heal.
>
> Following his suicide attempt, the participant described experiencing a profound inner shift. His survival became a moment of awakening a realization that his continued existence might hold purpose. The thought, "If I am still here, then maybe I am meant to be," marked the beginning of a new perspective on life. Rather than returning to his old patterns, he developed a renewed desire to live with meaning and intention. This shift represented a movement from hopelessness to purpose, from passive existence to active engagement with life. His focus turned toward doing things that "matter," both for himself and others, suggesting a process of reconstruction of meaning and self-worth. In his healing journey, helping others and finding personal fulfillment became intertwined, transforming his past pain into motivation for purposeful living.

Engagement with mental health service

Aftermysuicideattempt,Iwasreferredtoamentalhealthclinic,thoughatfirst,Ididn'twanttogobecaus eIfeltashamedandthoughtnoonecouldunderstandmypain.ButwhenIstartedattendingthesessions,t hecounselorlistenedtomewithoutjudgment,andforthefirsttime,Ifeltsafetoexpressmyfeelings.Thro ughregularcounseling,Ilearnedhowtomanagemyemotions,dealwithstress,andhandlemyproblems morecalmly.ThemedicationIreceivedalsohelpedmesleepbetterandfeelmorestable.Overtime,Ibega

ntoseethattherapywasnotasignofweaknessbutapathtohealing.Now,wheneverIfeeloverwhelmed,I reachoutforsupportinsteadofkeepingeverythinginside.Engagingwithmentalhealthserviceshastrul yhelpedmecopeaftermyattempt,rebuildhope,andfindmeaninginbeingalive.

Develop new perspective for life

> I still have dark days but now I know how to face them. I started to understand that I was not broken I was in pain and I needed care. Slowly I began to rebuild my identity not just as a professional or a woman living alone but as someone who deserved to heal and grow. (case 6 female 37 years)

A 24 year male participant says:

> "It took almost losing everything to realize what i was holding in. Since the attempt I have started talking to my wife and to my counselor. I have become someone who does not hide anymore. I even helped a friend open up about his own struggles. I see that moment the one i thought would be the end as the beginning of a new chapter. It is not perfect but I am alive, and now I know that is worth something.

These post-attempt reflections highlight the potential for transformation. For many, their survival led to an ongoing but hopeful journey toward self-understanding, emotional resilience, and reconnection with others.

Psychological and Emotional Challenges

The first theme captured the psychological pain participants experienced prior to their suicide attempt, with the sub- themes of hopelessness, worthlessness the feeling of burden being prevalent

throughout the stories (Joiner, 2005; Van Orden et al., 2010), which are consistent with known risk factors for suicidal ideation (Joiner, 2005; Van Orden et al., 2010). According to the interpersonal theory of suicide, perceived burden and thwarted belonging, combined with acquired competence, are predictors of suicide attempts that are fatal; statements like, I feel like a failure, or, Everyone would be better off without me, are examples of this.

Notably, the common themes were continued sadness, anxiety, and emotional numbness. The feeling of invisibility was compounded by the fact that others often ignored or ignored these feelings. “I looked good on the outside, but I was broken on the inside,” said one participant, showing the hidden nature of psychological distress and masking behaviour typical of suicidal individuals (Ribeiro et,2018). These findings underline the importance of early detection of emotional distress, especially in those who may appear to be successful or functioning on the outside. It is essential that both members of the community and mental health professionals improve their ability to detect the subtle signs of inner distress.

Interpersonal and Social Relationship Challenges

The second main theme examined how social dynamics, and interpersonal disconnections influence suicidal ideation. Sub- themes of social isolation, financial stress and social pressure were inseparably linked to the mental health of the participants.

Even when surrounded by others (family members, spouses, co-workers), many respondents reported feeling invisible, unheard, or emotionally neglected, which is consistent with research on emotional loneliness (Heinrich &Gullon, 2006). Many participants expressed the view that presence was not synonymous with connection.

Cultural norms and gender roles were identified as important variables. Cultural norms that associate emotional stoicism with masculinity have created a strong reluctance to show vulnerability, particularly among the men participant.

This is consistent with research demonstrating that conventional gender norms can serve as obstacles to seeking assistance (Oliffe et al, 2016), raising men's risk by encouraging emotional repression and seclusion.

One of the main sources of distress mentioned was financial difficulties, exacerbated by the internalised pressure of providing, particularly for the men in the scheme. Research on suicide indicates a significant interconnection between identity and economic insecurity, particularly in low- and middle-income communities that lack robust social safety nets. The findings underscore the importance of fostering social connections, especially in environments such as homes, workplaces, and educational institutions, where emotional well-being is frequently overlooked. The risk of suicide can be substantially mitigated through targeted interventions that encourage open emotional expression, challenge detrimental gender norms, and alleviate financial pressures.

Post-Attempt Reflections and Meaning-Making

In contrast to the previously discussed topics, numerous post-test narratives reflect a journey of self-discovery, healing, and the development of new perspectives, which serve as a compelling counter-narrative to the despair that preceded the experiments.

For participants, this experience frequently marked a pivotal moment in their pursuit of mental health and emotional resilience, as evidenced by themes such as “Making room for your feelings” and “I’m not broken, I’m just sore.” These post-traumatic narratives align with the concept of post-

traumatic growth (Tedeschi& Calhoun, 2004), which posits that individuals can attain greater understanding and purpose following a crisis.

For some participants, their initial engagement with mental health services after a suicide attempt proved to be critical, as therapeutic relationships provided a space for emotional processing and facilitated the breaking of silence and stigma surrounding suicide (Luoma et al., 2002).

Additionally, the theme of helping others has emerged as a newfound source of meaning, a finding that resonates with existential theories positing that a sense of purpose is integral to suicide prevention (Frankl, 1959).

The participant's remark, “I even helped a friend open up,” illustrates how the experience of survival can be transformed into acts of empathy that reinforce connection and reaffirm self-worth.

CHAPTER FIVE

5. Conclusion and recommendation

5.1 conclusions

The study offers significant insights into the lived experiences of suicide survivors illuminating the psychological, interpersonal, and reflective dimensions associated with this phenomenon. The thematic analysis identified three primary themes: psychological and emotional challenges, issues related to interpersonal and social relationships, and the processes of reflection and transformation following the attempt.

Participants articulated profound feelings of hopelessness, worthlessness, and the perception of being a burden, often concealing these emotions behind a façade of normalcy. These internal conflicts were intensified by social isolation, strained relationships, financial difficulties, and cultural pressures, particularly concerning gender roles and expectations. Despite the presence of family or community, many participants reported feelings of emotional isolation and being unheard, which reinforced their belief that their lives lacked value and purpose.

Conversely, the narratives also revealed a significant process of transformation and recovery following a suicide attempt. Many participants engaged with mental health services, allowing them to reflect on their pain and to reconnect with their sense of purpose and identity. Their survival has not merely represented a continuation of life but has also marked the beginning of a journey toward healing, emotional awareness, and, in some instances, advocacy.

Furthermore, the study emphasizes that suicide is not attributable to a singular factor but rather reflects a complex and cumulative process that encompasses emotional, relational, cultural, and socio-economic dimensions. Understanding these nuanced experiences is essential for the

development of effective, compassionate, and comprehensive strategies for prevention and follow-up.

5.2 Recommendations

Suicidal attempt is a public health problem that needs the collaborative efforts of many stakeholders. Based on the findings of this research, the following recommendations are put forth. The recommendations help to prevent suicidal attempt.

Based on the findings of the study, the following recommendations are proposed for mental health professionals, policymakers, educators, and community leaders to more effectively address the needs of individuals at risk of suicide and to assist them in their recovery:

Strengthen Early Detection and Emotional Support Systems

- Special consideration should be given to individuals who appear "high functioning" but may be facing internal challenges.
- It is important to foster open discussions regarding emotions, particularly in settings that discourage vulnerability.
- Regular mental health screenings ought to be incorporated into primary care, educational institutions, and workplace environments.

Promote Culturally and Gender-Sensitive Interventions

- Suicide prevention strategies must consider cultural norms, gender expectations, and socio cultural stigma.
- Community-based education should promote mental health literacy, particularly in underserved populations.

Enhance Access to Mental Health Services

- Expand access to affordable, non-judgmental, and mental health care.
- Develop community mental health programs that reach individuals in rural and low-income settings.
- Create follow-up and aftercare services for suicide attempt survivors to reduce risk of reattempt.

Foster Stronger Social and Emotional Support Networks

- Encourage family counselling and education to help loved ones understand and support those at risk.
- Support initiatives that reduce social isolation and build a sense of community and belonging.

Invest in Long-Term Research and Data Collection

- Support longitudinal studies that follow survivors over time to understand long-term recovery paths.
- Research should also explore intersection how suicide risk is shaped by gender, class, ethnicity, sexuality, and disability

Clinical Implications

The findings of this study have important implications for both suicide prevention and post prevention strategies:

- Early Intervention: Professionals must be trained to recognize internal signs of distress that may not be outwardly visible. This includes encouraging routine mental health screenings in primary care and workplace settings.

- Culturally Informed Approaches: Particularly in communities where traditional gender norms and stigma prevail, culturally sensitive outreach is necessary. This may involve engaging religious leaders, community elders, and men's groups in mental health advocacy.
- Suicide prevention efforts should focus on enhancing social support through community-centred programs that help decrease isolation. Important approaches include peer support networks, mental health programs in schools, and counselling services for families.
- Survivors of suicide attempts have an increased risk of making future attempts. Providing comprehensive aftercare including psychotherapy, peer support, and ongoing psychiatric follow-up is vital to reducing this risk and supporting sustained recovery.

Limitations and Future Research

Although this study provides important qualitative perspectives, it is based on a small group of only eight participants who willingly shared their stories. Consequently, the findings may not be universally applicable across diverse demographic or cultural groups. Future research should encompass a broader spectrum of populations, including individuals from rural regions and those experiencing chronic health conditions. Furthermore, longitudinal studies would provide deeper understanding of the fluctuations in suicidal ideation over time and elucidate the factors that contribute to either sustained recovery or relapse.

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Appendix

Semi Structured Interview Guide

Section 1: Introduction and Consent

Introduction to the Study and Its Purpose

Thank you for agreeing to participate in this study. I am Fikir, a researcher examining the factors that contribute to suicide attempts among young adults at EkaKotebe General Hospital in Addis Ababa, Ethiopia. The aim of this study is to investigate the diverse causes underlying suicide attempts within this demographic. Your involvement will significantly enhance our understanding of these issues and may assist in improving support services for individuals experiencing suicidal thoughts.

Explanation of Confidentiality and Anonymity

It is important to note that all information provided during this interview will be treated with confidentiality and anonymity. The identity of participants will not be disclosed, and all data will be securely stored to protect privacy. Rather than using personal names, participants will be assigned a participant ID number, which will be utilized in all study-related documents and records.

Informed Consent

Prior to commencing, I would like to obtain your informed consent to participate in this study. This indicates that you are agreeing to take part voluntarily, without any form of pressure or coercion. You retain the right to withdraw from the study at any time, and your decision to do so will not incur any penalties or negative repercussions.

To affirm your consent, please sign the informed consent form provided below. Should you have any questions or concerns, please feel free to reach out to me at any time.

Informed Consent Form

I would like to express my consent to participate in this study examining Lived experiences suicidal survivors visiting Eka Kotebe General Hospital in Addis Ababa, Ethiopia. I understand that all information shared during this interview will be treated with the utmost confidentiality and anonymity, ensuring that my identity will remain undisclosed. I affirm that my participation is entirely voluntary, free from any pressure or coercion, and I recognize my right to withdraw from the study at any point should I choose to do so.

Signature: _____

Date: _____

Please sign and date the informed consent form below and we can proceed with the interview.

Interview Questions

1. **Demographic information:**

- 1. Age_____
- 2. Sex_____
- 3. Education level_____
- 3. Occupation_____
- 4. Marital status_____

Section 1: Background & Context

1. Can you tell me a little about yourself and what your daily life was like before the attempt?

Section 2: Experiences Leading to the Attempt

2. Can you describe what was happening in your life leading up to your suicide attempt?

3. How were you feeling at that time?

Section 3: Influencing Factors

4. What personal or emotional factors do you think contributed to your decision?

5. Were there social, cultural, or environmental factors (e.g., family, community, school, relationships, finances) that played a role?

Section 4: Care, Support, and Stigma

6. How did people (family, friends, health workers) respond to you during and after the attempt?

7. Did you feel supported, judged, or stigmatized? Can you share an example?

Section 5: Coping and Recovery

8. What coping strategies or supports are helping you now (therapy, religion, peer support, self-care, etc.)?

9. What gives you strength or hope to move forward after the attempt?

Section 6: Reflection & Closing

10. Looking back, what would you like others (family, healthcare providers, or society) to understand about people who attempt suicide?