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Published online: 14 Sep 2022.

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Posttraumatic growth experiences in suicide survivors: a qualitative inquiry in conflict zone

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ABSTRACT

The present research explores the experience of positive psychological change i.e., posttraumatic growth (PTG) among the suicide survivors. Semi structured interview method was used to understand the process of PTG. Twelve young adults were recruited with the help of snowball sampling. Five themes emerged after data analysis i.e., social support, coping strategies, spiritual/religious change, changed priorities, and changed interpersonal relationships. Findings can provide new perspective to mental health professionals.

Introduction

After the partition of India in 1947, two nuclear powers, India and Pakistan fought three wars over the control of Kashmir. Since the beginning of the conflict in 1989, the mental health crisis has increased, and importantly suicidal ideations & suicidal attempts have increased drastically among youths (Shoib & Arafat, 2020). A seminal study by de Jong and colleagues in 2008 found that the ongoing violence 'exacts a huge toll on community's mental well-being'. It also concludes that the suicide rate has increased 400 times because of the conflict (Housen et al., 2018), it is because young adults experiences everyday harassment include unlawful arrests, thrashings, illegal detentions, sexual assaults, and other different kinds of day-to-day torture (Dar and Deb, 2021). Another study by a group of doctors in 2006 found that 58.69% of youth had experienced suicide-related traumatic events (Margoob et al., 2006). However, the traumatic experiences may cause positive change as well. This positive psychological change is Posttraumatic Growth (PTG), which is defined as positive changes that occur after suffering traumatic life experiences (Tedeschi & Calhoun, 2004). Accordingly, this research note examines the positive psychological change i.e., posttraumatic growth among the suicide survivors in conflicted zone.

Method

Research design

A phenomenological research design was used which aims to explores what people experienced and focuses on their experience of a phenomena (Creswell, 2014).

Phenomenology helps us to understand the meaning of people's lived experience. For that aim, the author conducted a qualitative analysis, which enables the researcher to collect in-depth data with a limited number of participants (Cuadros-Rodríguez et al., 2016). The aim of this study is to reveal a deep understanding of posttraumatic growth via the views of young adults who attempted suicide.

Participants

Snowball sampling method was used to recruit 12 young adults from Kashmir who speaks Urdu and English fluently between the ages of 18 and 35 years. Initially 22 participants were approached for the interviews, out of which 10 declined (45.4% refusal rate) and rest 12 were interviewed. Eight of the participants are women and four of them are men. (Francis et al., 2010) aligned with Guest et al., (2006) in claiming that 12 interviews was 'a fairly effective guide' for sample size in qualitative study. In the current study, the author aimed to include those young adults who had attempted suicide before six months of the study. Sarısoy (2012) has indicated that for posttraumatic growth the elapsed time is important. Moreover, Linley and Joseph (2004) state that posttraumatic growth is a process that continues for months, even years. For ethical reasons, names were kept private, and only codes of participants are given (see, Table 1).

Data collection and analysis

The data for the study was collected face to face and semi structured interview method was used, which is a common method in qualitative studies (Adeoye-Olatunde & Olenik, 2021). The interview method aims to collect stories together by bringing humans' perspectives and cognitions into the open (Patton, 2014). The interviews lasted approximately 50–60 minutes. Content analysis was used for analysis as it is a process by which qualitative data are interpreted to determine the material's basic consistency and content (Patton, 2014). To increase the validity and reliability of the analysis, two senior academicians reviewed the themes and categories, and a final version of the results was presented. The adequacy of the sample was determined by data saturation that is, recruitment of participants continued until similar data appears (Fusch & Ness, 2015). Recurrent themes were emerging after 10 interviews, to authenticate the data saturation 2 more interviews were conducted.

Table 1. Demographic information of the participants.

Gender	Age	Profession	Time Elapsed
M1	24	Shopkeeper	2 years
F2	22	Student	1 year
F3	26	Housewife	4 years
F4	29	Teacher	2 years
M5	25	Assistant	3 years
F6	24	Banker	4 years
F7	27	Housewife	5 years
M8	25	Student	3 years
F9	31	Teacher	4 years
M10	22	Student	2 years
F11	27	Housewife	6 years
F12	25	Manager	4 years

Findings

With the help of content analysis five themes were determined related to PTG. These themes are the following: Social support, religious/spiritual change, interpersonal relationships, coping strategies, and changed priorities. Every theme has been further divided into sub-categories. Themes and categories with sample statements are given in Tables 2, 3, 4, 5, & 6.

Table 2. Categories and sample statement of social support theme.

Categories	Statement
Family Support	'My family has been very supportive, they treated me so well and they encourage me to speak to them and share my thoughts and feeling with them' (M5).
Relative's Support	'I never used to visit to my relatives, but the way they showed their concerns and support, I felt so much connected to them since' (F12).
Friend's Support	'My friends have been the backbone to me, we are of same age, and they support and understand me better than anyone else' (M8).

Table 3. Categories and sample statement of religious/spiritual change.

Categories	Statement
Increased Closeness with God (Allah SAW)	'I feel myself closer to God (Allah SAW) than before' (F6).'I feel I came way closer to Almighty after the event, than I ever was' (M5).
Increase in Worship	'I start praying on consistent basis and I start encouraging others as well. It starts bringing me peace' (F9).
Strong Religious Belief	'Since that day, I become more and more connected to religion and now I pray every day, I don't miss a single prayer. I never know when I will die, whenever I will die, I want to die with my belief in my religion' (M10).

Table 4. Categories and sample statement of interpersonal relationships.

Categories	Statement
Increased commitment	'I feel connection to my friends, even though we are not together still I feel I am committed to them, it feels good' (F11).
Increase Tolerance	'Before the incident, I was extremely intolerant person, now I feel I am a tolerant person, the pain which I had gone through made me tolerant' (F3).
Increased compassion	'Now I try to help other who are struggling, the incident has changed me a lot' (F7).

Table 5. Categories and sample statement of changed priorities.

Categories	Statement
Priority to Career	'Before I never used to think about my future, now I want to be a mental health expert, as I want to help others in distress' (F2).
Priority to Family	'My priority in my life has changed since, my family has become my highest priority in my life' (M1).
Priority to Peaceful life	'Before I used to give priority to silly things, now having a peaceful life is my utmost priority' (M10).

Table 6. Categories and sample statement of coping strategies.

Categories	Statement
Hope for Better Future	'Whenever I am hopeful, I feel better and what to continue to this hopeful feeling' (M10).
Religious coping	'The time was quite difficult, and I gave myself to religion and prayed more than before' (F12).
Reading/Studying	'Before, I never used to read books but now I find them good and I learned from the, I like reading books about life' (M8).

Discussion

In the current study experiences of PTG were explored in young adults who have attempted suicide. Content analysis results revealed that the most widely used strategies were religious coping and hope for the better future, which are in line with previous study by Angela and colleagues on bereaved adults (Smith et al., 2011). Schaefer and Moos (1998), Yu et al. (2010), and Prati and Pietrantoni (2009) in their studies also found similar coping strategies in bereaved participants and adolescents with suicidal ideations.

Furthermore, the current study has reported that families, relatives, friends, and neighbours were found as social supporters for young adults who attempted suicide. Studies have shown the significance of social support for suicide survivors (Levi-Belz, 2016, 2019). Levi-Belz & Aisenberg (2021) studied survivors of suicide and revealed that posttraumatic growth was positively correlated with hope, perceived social support, religious coping, and optimism which is similar in this study.

In the present study, the posttraumatic growth experiences of suicide survivors are categorized as relating to others (increased commitment, increased tolerance), new possibilities (education, language learning, meeting new people and cultures), spiritual change (increased closeness to God, stronger religious faith), and changed priorities (peace and security, spirituality). These results show similarity with domains of PTG (Tedeschi et al., 2018) and the study carried by Bush et al. (2011) on military personnel with suicidal ideations.

Limitation and future directions

The current study has some limitations, such as small number of participants and imbalance of gender. Moreover, qualitative studies alone are insufficient to explain the PTG experiences of suicide survivors. To understand posttraumatic growth experiences of suicide survivors, more mixed studies with more participants should be conducted. One of the major limitations of the study is participants belonging to the same religious beliefs. It would be better to explore the similar experiences from people affiliated to other religious beliefs. The lack of an established standard regarding when to measure growth among the people affects what type of conclusion can be made, therefore future studies should imply longitudinal design to track people over long period of time to uncover or identify the factors and time involving experiencing PTG.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

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References

Adeoye-Olatunde, O. A., & Olenik, N. L. (2021). Research and scholarly methods: Semi-structured interviews. *Journal of the American College of Clinical Pharmacy*, *4*(10), 1358–1367. https://doi.org/10.1002/jac5.1441

Bush, N. E., Skopp, N. A., McCann, R., & Luxton, D. D. (2011). Posttraumatic growth as protection against suicidal ideation after deployment and combat exposure. *Military Medicine*, *176*(11), 1215–1222. https://doi.org/10.7205/MILMED-D-11-00018

Creswell, J. W. (2014). *A concise introduction to mixed methods research*. SAGE publications.

Cuadros-Rodríguez, L., Pérez-Castaño, E., & Ruiz-Samblás, C. (2016). Quality performance metrics in multivariate classification methods for qualitative analysis. *TrAC Trends in Analytical Chemistry*, *80*, 612–624. https://doi.org/10.1016/j.trac.2016.04.021

Dar, A. A., & Deb, S. (2021). Prevalence of trauma among young adults exposed to stressful events of armed conflicts in South Asia: Experiences from Kashmir. *Psychological Trauma: Theory, Research, Practice and Policy*, *14*(4), 633–641. https://doi.org/10.1037/tra0001045 Epub ahead of print

Francis, J. J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V., Eccles, M. P., & Grimshaw, J. M. (2010). What is an adequate sample size? Operationalising data saturation for theory-based interview studies. *Psychology & Health*, *25*(10), 1229–1245. https://doi.org/10.1080/08870440903194015

Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, *20*(9), 1408. https://scholarworks.waldenu.edu/facpubs/455/

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Family Health International*, *18*(1), 59–82.

Housen, T., Lenglet, A., Ariti, C., Ara, S., Shah, S., Dar, M., Hussain, A., Paul, A., Wagay, Z., Viney, K., Janes, S., & Pintaldi, G. (2018). Validation of mental health screening instruments in the Kashmir Valley, India. *Transcultural Psychiatry*, *55*(3), 361–383. https://doi.org/10.1177/1363461518764487

Levi-Belz, Y. (2016). To share or not to share? The contribution of self-disclosure to stress-related growth among suicide-loss survivors. *Death Studies*, *40* (7), 405–413. https://doi.org/10.1080/07481187.2016.1160164

Levi-Belz, Y. (2019). With a little help from my friends: A follow-up study on the contribution of interpersonal characteristics to posttraumatic growth among suicide-loss survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, *11*(8), 895–904. https://doi.org/10.1037/tra0000456

Levi-Belz, Y., & Aisenberg, D. (2021). Interpersonal predictors of suicide ideation and complicated-grief trajectories among suicide bereaved individuals: A four-year longitudinal study. *Journal of Affective Disorders*, *282*, 1030–1035. https://doi.org/10.1016/j.jad.2021.01.006

Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress*, *17*(1), 11–21. https://doi.org/10.1023/B:JOTS.0000014671.27856.7e

Margoob, A. M., Firdosi, M. M., Banal, R., Khan, A. Y., Malik, Y. A., Ahmad, S. A., & Shah, M. S. (2006). Community prevalence of trauma in South Asia – Experience from Kashmir. *JK Practitioner*, *13*(1), S14–S17. http://jkpractitioner.com/issues/

Patton, M. Q. (2014). Qualitative research and evaluation methods. In M. Bütün & B. Demir (Eds.). Pegem Akademi Press.

Prati, G., & Pietrantoni, L. (2009). Optimism, social support, and coping strategies as factors contributing to posttraumatic growth: A meta-analysis. *Journal of Loss & Trauma*, *14*(5), 364–388. https://doi.org/10.1080/15325020902724271

Sarısoy, G. (2012). *An investigation of posttraumatic growth rate and factors that predict posttraumatic growth in breast cancer patients* [Unpublished master's thesis]. Hacettepe University.

Schaefer, J. A., & Moos, R. H. (1998). The context for posttraumatic growth: Life crises, individual and social resources, and coping. *Posttraumatic Growth: Positive Changes in the Aftermath of Crisis*, *99*, 126. https://books.google.co.in/books?hl=en&lr=&id=Bs6QAgAAQBAJ&oi=fnd&pg=PA99&dq=The+context+for+posttraumatic+growth:+Life+crises,+individual+and+social+resources,+and+coping.+Posttraumatic+Growth:+Positive+Changes+in+the+Aftermath+of+Crisis&ots=CFazvNiaAx&sig=Nj1VwSr2fTZ9ZYIa8boAObRK-ac&redir_esc=y#v=onepage&q=The%20context%20for%20posttraumatic%20growth%3A%20Life%20crises%2C%20individual%20and%20social%20resources%2C%20and%20coping.%20Posttraumatic%20Growth%3A%20Positive%20Changes%20in%20the%20Aftermath%20of%20Crisis&f=false

Shoib, S., & Arafat, S. Y. (2020). Mental health in Kashmir: Conflict to COVID-19. *Public Health*, *187*(10), 65–66. https://doi.org/10.1016/j.puhe.2020.07.034

Smith, A., Joseph, S., & Das Nair, R., & Roshan Das Nair. (2011). An interpretative phenomenological analysis of posttraumatic growth in adults bereaved by suicide. *Journal of Loss & Trauma*, *16*(5), 413–430. https://doi.org/10.1080/15325024.2011.572047

Tedeschi, R. G., & Calhoun, L. G. 2004. *Helping bereaved parents: A clinician's guide*. Routledge. Chapter 3.pdf.

Tedeschi, R. G., Shakespeare-Finch, J., Taku, K., & Calhoun, L. G. (2018). *Posttraumatic growth: Theory, research, and applications*. Routledge.

Yu, X. N., Lau, J. T., Chan, E. Y., Mak, W. W., Choi, K. C., Lui, W. W., Chan, E. Y., & Chan, E. Y. Y. (2010). Posttraumatic growth and reduced suicidal ideation among adolescents at month 1 after the Sichuan Earthquake. *Journal of Affective Disorders*, *123*(1–3), 327–331. https://doi.org/10.1016/j.jad.2009.09.019