Suicidal Emotions, Motivations and Rationales in Australian Men: A Qualitative Exploration

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Abstract

Suicide has a devasting and far-reaching effect on our communities. In developed countries, most people who die by suicide are male. Understanding men's mental health and what they experience in a suicidal state is key to preventing future attempts. Our paper explores how a group of 37 men in Australia describe the leadup to their suicidality. Underpinned by interpretive phenomenological analysis, interview transcripts were examined for phrases that the investigative team subjectively identified as profound. Our approach considered language and expression that evoke reactions to the sometimes contradictory nature of suicide. The process enabled our team to identify the emotions, rationales, and motivations for and against suicide that give rise to and arise during suicidal states. One man's source of strength may be another's cause of anguish, so any single, one-size-fits-all pathway to suicide prevention is unlikely to succeed, signaling the need for a tailored approach to suicide prevention.

Keywords

suicide, emotions, emotion work, mental health and illness, Australia

Background

Worldwide, over 700,000 people take their own life each year and about three-quarters of those who die by suicide are male (WHO, 2021). Traditionally, suicide research has been dominated by quantitative biomedical approaches with a focus on understanding suicide risk factors (Hawton et al., 2013; Hofstra et al., 2020; May & Klonsky, 2016) with limited explorations of the *meaning* behind these risk factors (Chandler, 2022). Often in academic literature, narratives about men's mental health challenges are characterized by emotional restraint and stoicism, factors that have been identified as contributing to suicide risk (Courtenay, 2000). Whilst the influence of gender as a social determinant of health has been well established in suicide literature, men's experiences of mental health challenges are diverse and their relationship to suicidality is one of complexity and nuance (Sharp et al., 2022).

In an effort to understand male suicidality, gender theorists have posited a "traditional" masculinities framework to describe the intersectionality of manhood, culture, sex and suicide (Seidler et al., 2021). Maladaptive behaviors such as concealment of pain and distress has been referred to as accruing "masculine capital," suggesting a strength and competency at "overcoming" their emotions and removing the need to help-seek (Player et al., 2015). Moreover, gender socialization has implicated poorer mental health literacy, coupled with a focus on men's physical symptoms and externalized behaviors that are frequently overlooked by mental health professionals and loved ones, as opposed to being seen as risk factors for suicidality (Milner et al., 2019). While adherence to gender-specific social roles is less evident today, gendered attitudes to emotions have proved more resistant to change (Cleary, 2019). Masculinity, however, is relational and men's relationship to their gender can be better

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understood by looking beyond singular definitions of manhood to incorporate experiences that are "atypical" of men experiencing suicidality (McKenzie et al., 2018). Language, or rather, the study of linguistic features, can provide another avenue to explore changing definitions of suicide, masculinity and help-seeking. A study by Shand et al. (2015) found that particular words were used to describe men's suicidality, often indicative of great despair (*I've had enough, hopeless*) and burdensomeness (*I didn't want to burden others*) but void of any direct reference to depressive symptoms and suicidality. Over recent years, qualitative literature has explored language and attributed gendered differences in suicide rates to social, economic, structural, relational, political and emotional forces (Lavers et al., 2022).

A greater understanding of gender through men's suicidal thoughts and behaviors is warranted for context, complexity and meaning-making to understand how they comprehend their mental health and suicidal experiences (Bantjes & Swartz, 2019; Hjelmeland & Knizek, 2010; Taylor et al., 2021). Qualitative research, with its rich focus on lived experience, enhances ways of knowing the subjective experience of suicide to inform better care models for people at risk of suicide (Chandler, 2019; Feldman et al., 2004; Stickley et al., 2022; WHO, 2021). This paper adds to the emergent literature exploring the words, perspectives and attitudes men have toward their suicidality (see Chandler, 2022; Fenaughty & Harré, 2003; Fogarty et al., 2018; Oliffe et al., 2012; Player et al., 2015; River & Flood, 2021 for examples).

Under the Radar Project

More than half of individuals who die by suicide do not receive formal mental health care or treatment before their suicide and are considered "under the radar" (Johnston et al., 2009; Tang et al., 2021). Little is known about this hidden population. Knowledge about suicide, given its nature, is typically informed by how professionals, researchers, experts, family and friends interpret suicide (Jaworski, 2020). Therefore, our team at Black Dog Institute led a multi-method project to understand the experiences, thoughts and perspectives of Australian men who were suicidal but had not engaged with formal mental health services. This paper explores the collective meaning-making from 37 semi-structured interviews with men who self-identified as "under the radar."

Quotable Quotes

Qualitative research data employ quotations from interviews, illustrating interviewees' spoken or written statements to invigorate research findings with participants' unique perspectives through their language or expressions to better understand their worldview (Stickley et al., 2022; Van Den Hoonaard, 2012). In this paper, we employ the term quotable quotes to denote a significant passage from an interview that harnesses words or phrases representative of strong and powerful statements, metaphors or critical moments, similar to Smith's (2011b) "gems" or Denzin's (2014) "epiphanies" or Brown's (2019) "listen to your gut." In other words, a quotable quote highlights evocative words and passages that create meaning for us as researchers, which connects us more closely to the men's experiences.

For instance, Smith (2011b) refers to "gems" as phrases that spark curiosity and encourage further exploration that might have otherwise remained hidden, thus revealing deeper meanings in the broader body of study. Brown (2019) argues that researchers who intentionally listen *to their guts* throughout the research process create a solid and more honest foundation for understanding and interpreting research findings. Denzin (2014) further clarifies four types of *epiphanies* that can be applied to our definition of quotable quotes: (1) the major event of a person's life; (2) a cumulative event to signify reactions to experiences that have been occurring over a long time; (3) an illuminative epiphany, symbolizing a problematic moment; and (4) the reliving of an experience.

Taking into account Smith's (2011b), Brown's (2019), and Denzin's perspectives, we argue that a quotable quotes approach provides a valuable interpretive lens that emphasizes the importance of words and our sensitivities to capture the subjective, humanistic experience of suicidality. Yet also, by *combining* multiple perspectives, the transformative possibilities of telling a collective story can give voice to those who have been excluded by converting private problems into the public arena, such as the case of suicidality (Richardson, 1990).

Reflexivity and Subjectivity

Reflexivity refers to how we, as researchers, acknowledge that our past experiences, beliefs and assumptions shape the research process and outcomes (Palaganas et al., 2017). The authors of this paper identify as women researchers with lived experience of suicide and expertise in qualitative research, knowledge translation, mental health, suicide prevention, and community health. However, even with our experiences of loved ones who have been suicidal or died by suicide, we continue to search for meaning behind the act through our gendered, emotional and professional lenses—through our humanity.

We acknowledge that our subjectivities have influenced our interpretations and understandings of men's suicidality, masculinities and health risks (Braun & Clarke, 2023). Instead of attempting to negate subjectivity to enhance accuracy, we aim to delve into our characterization of what is evocative to us as researchers and human beings to construct the findings in this study. We seek to understand which of the men's experiences stir emotive reactions in us and what story that tells of their experiences. In this way, we can report on and respect the elusive nature of men and suicidality. Indeed, our subjectivities and emotional reactions to the data are the focus of our analytical engagement and interpretations (Braun & Clarke, 2023).

Our focus is aided by the suicidology works of Jaworski (2020) and through her, La Caze (2013), for their insightful concepts of (1) "wonder" - feeling surprised by something unusual or different from our everyday experiences and recognizing the unfamiliar within the familiar and (2) "generosity" - acknowledging the fundamental similarities between human beings, based on self-respect and mutual respect. Wonder helps us accept and appreciate the differences in others and generosity provides space to make choices and be open to our differences. This wonder and generosity lens incorporates adaptability, diversity and compassionate methods in suicide research (Jaworski, 2020).

At the heart of this study are human beings making decisions about ending their lives. By intentionally listening to our instincts and identifying what captures our attention as fellow human beings, we aim to become more engaged with the feelings and thoughts situated within the data. Our values and choices are active agents in the knowledge produced in this study. In this light, we pose the following research question:

- What meaning can be ascribed to men's accounts of suicidality through a humanistic and subjective approach to qualitative analysis?

Method

This study explored the words or phrases articulated by men who had suicidal thoughts and/or behaviors and did not seek formal mental health care at the time of their suicidality. The research was underpinned by an Interpretive Phenomenological Approach (IPA), a landmark qualitative data analysis approach focusing on illuminating subjective meaning-making and lived experience. These then include both thematic and idiographic unique experiences of individual's data positionings (Braun & Clarke, 2022). After familiarization with the interview data, reading and re-reading the interview transcripts, our research team identified words or phrases for their strikingness or profundity, guided by Jaworski's (2020) portrayal of La Caze's (2013) wonder and generosity and Denzin's (2014) characterization of epiphanies. This bottom-up approach, centered within the men's narratives, aims to provide new knowledge in suicide care and prevention for healthcare researchers, decision-makers and practitioners.

Ethical approval for this research was granted by the University of New South Wales' Human Research Ethics Committee (approval number 201582).

Participant Recruitment

Participants were recruited from responses to a larger, quantitative research study conducted by our institute. Recruitment occurred through social media and external partners (five Australian universities and one peak body) from July to October 2021. The inclusion criteria stated that men needed to be 18 years or older, had experienced suicidal thoughts or behaviors in the previous 12 months, were living in Australia, comfortable with an interview conducted in English and were not in contact with formal mental health services for suicidality. Past-year suicidality was determined by a "yes" response to the question, "In the past 12 months, have you had thoughts about ending your life?" (Tang et al., 2023). From the larger study, all 415 respondees were offered an opportunity to participate in qualitative interviews. Recruitment yielded 48 positive responses, with 37 participants eventually taking part in 30 to 60 min interviews (11 men withdrew or could not be contacted). Consideration was given to the subject matter, and additional support was offered for all participants to mitigate the risk of harm. No interviewees took up this offer.

Most of the men identified as Caucasian ($n=35$), heterosexual ($n=32$), married or in a relationship ($n=22$) and living in stable housing ($n=31$). The men's employment status varied from full-time ($n=18$) or casual employment ($n=2$), retired ($n=3$), or student ($n=2$) to not working due to disability ($n=9$) or not working ($n=3$). To protect the men's anonymity, pseudonyms have been used in this paper.

Data Collection

Interview participants were provided information about the research project before giving their verbal or written consent. Semi-structured interviews ($n=37$) were open-ended to encourage participants to frame their experiences in their own ways. All questions in the study were carefully reviewed or designed by suicide prevention researchers and individuals with lived experience of suicidality, working in collaboration our team. Interviews were conducted over video conferencing and participants received AUD$170 as a recognition of their time and contributions. Interviews were digitally recorded and transcribed through artificial intelligence by Microsoft Teams into Microsoft Word documents, reviewed for accuracy and de-identified.

The interviews aimed to elicit men's emotions, motivations, and rationales regarding their lived experience of suicide and to understand what supports may have been helpful or not helpful during these times. Questions posed by the interviewers (with their own lived experience of suicide) are documented in a Supplemental File and included:

- Can you please tell me about your experiences of suicidal thoughts or behaviors?
- What has supported you through these experiences?
- What other kind of support would have been helpful at these difficult times?

Analysis

Reflexive thematic analysis supports the exploratory nature of our subjective approach and frames meaning around the men's stories through inductive, iterative and comparative methods (Braun & Clarke, 2014). Our approach emphasized reflexivity by acknowledging and critically reflecting on our biases, interpretations and role as researchers throughout the analysis process. IPA guided our understanding of the men's lived experiences and their subjective interpretations of suicidality. The tenets of IPA guided our exploration of the men's experiences, emotions and meanings. We employed IPA as it is rooted in phenomenology, a philosophical approach that helps us as researchers grasp the unique and subjective aspects of participants' experiences (Shinebourne, 2011; Smith, 2011a). IPA helped us thoroughly analyze the men's personal lived experience of suicide, the significance of those experiences, and understand how the men interpret and derive meaning from what occurred (Smith, 2011a).

After thorough familiarization with the transcripts, in particular as per IPA approach—we engaged in "initial commenting" or "initial noting," in which the researcher writes their initial analytic observations about the data on the data item. We then employed reflexive thematic analysis to guide the coding process (Braun & Clarke, 2019). Following the ways in which IPA and reflexive thematic analysis can operate together (Braun & Clarke, 2022), our coding process encompassed Braun and Clarke's (2006) six-phase process (becoming familiar with the data, creating initial codes, identifying themes, defining and naming the themes, and writing a report). Although these phases suggest a linear process, our analysis included a back-and-forth process where we moved between the phases as needed. At the outset of the coding process, we collectively identified one specific code to encapsulate phrases or sentences that stood out to team members as significant or profound—quotable quotes—in addition to other codes identified in the transcripts (for future research). This study, however, focuses on an in-depth examination of quotable quotes and its subthemes. Each transcript was coded by three team members, with initial coding conducted through Word transcripts and quotable quotes passages identified using "comments." Team members reviewed all quotable quotes codes independently to check for relevance, with differing views discussed at weekly team meetings and actioned. Author Habak completed a final review and input the data into NVivo12 (qualitative analytical software).

Phrases or sentences ($n = 152$, about four per transcript) that we identified as profound or compelling were deductively identified and agreed upon. Consistent with the tenets of IPA, our exploration focused on understanding the men's unique experiences and the specific context and meaning attributed to their phrases and stories (Shinebourne, 2011; Smith, 2011a). Our detailed examination of the men's self-reflections and narratives aimed to uncover rich and nuanced insights from their descriptions and the contexts in which

they occurred. Our emphasis on the men's voices sought to prioritize their (and taking into account our) subjectivities yet still capture their lived experience in their own words.

After repeated engagement and discussion, we inductively constructed the data into 18 themes within the quotable quotes code. As these themes were fragmented and varied in number, we honed our findings into concepts that were scaffolded around the men's experiences close to the moment of their suicidal thoughts. By this, we mean themes outside of the suicidal moment, for instance, discourse about systemic healthcare flaws, childhood or recovery, and descriptions of attempts were set aside, see Figure 1. This step focused our efforts on what occurred at the men's bleakest moments. Further analysis helped us combine the remaining articulations into five cohesive themes - the men's narratives of suicidal emotions, rationales, motivations for suicide, motivations to stay alive and what might have helped to illustrate their collective story of suicidality. For instance, subthemes *Intrusive persistent thoughts/feelings* were combined with *Overwhelming/too much* to construct the final subtheme *I felt overwhelmed*.

Research Rigor: Considering the nature of our approach, trustworthiness was addressed in a number of ways (Ang et al., 2016; Cope, 2014). We employed rigorous methods to enhance the credibility, dependability, and transferability of the research findings, including: (1) peer debriefing through consultation with an external perspective; (2) data saturation through reviewing transcripts until no new themes were identified; (3) clear documentation through NVivo12; (4) regular analytic team meetings; and (5) detailing the research context via a 25-page internal report.

Results

The interviews provided rich and varied accounts of how this group of men made sense of their situations and an understanding of themselves and their relationship with the world (Denzin, 2014; Kien, 2013). They offered emotional, rational and motivational interpretations of their suicidal experiences, to which our findings are positioned, alongside ideas of what might have helped these men, see Figure 2. By doing so, we highlight contradictions and commonalities that help us understand the collective and individual meaning behind suicidal thoughts and behaviors.

Emotions

This theme incorporates how emotions help men cope with various situations that are seen to be potentially advantageous or dangerous. Damasio (2004) clarifies that feeling an emotion signifies how people process any situation and plan for the future to decrease risk and take advantage of opportunities. We identified three subthemes within this category: feeling overwhelmed, feeling something is wrong with me, and feeling hopeless.
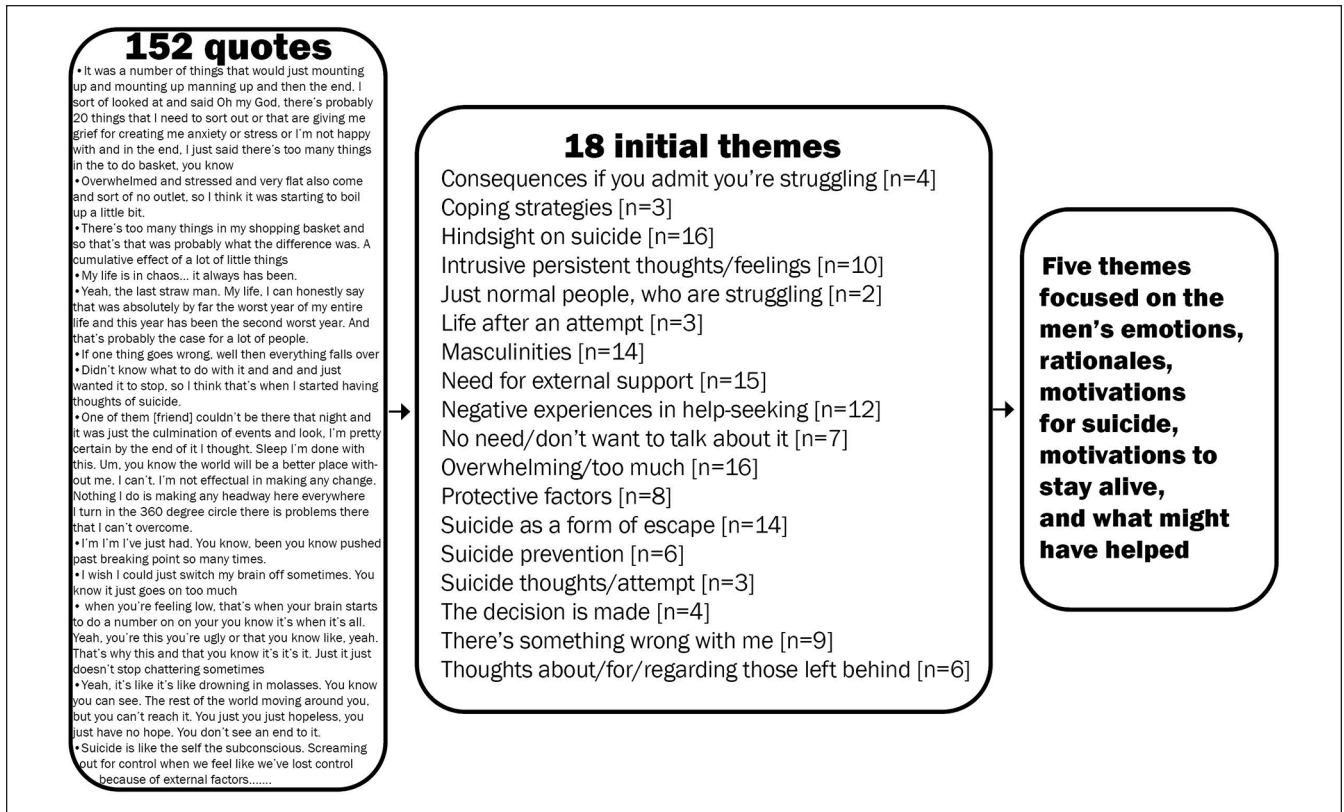
152 quotes

• It was a number of things that would just mounting up and mounting up manning up and then the end. I sort of looked at and said Oh my God, there's probably 20 things that I need to sort out or that are giving me grief for creating me anxiety or stress or I'm not happy with and in the end, I just said there's too many things in the to do basket, you know

• Overwhelmed and stressed and very flat also come and sort of no outlet, so I think it was starting to boil up a little bit.

• There's too many things in my shopping basket and so that's that was probably what the difference was. A cumulative effect of a lot of little things

• My life is in chaos... it always has been.

• Yeah, the last straw man. My life, I can honestly say that was absolutely by far the worst year of my entire life and this year has been the second worst year. And that's probably the case for a lot of people.

• If one thing goes wrong, well then everything falls over

• Didn't know what to do with it and and and just wanted it to stop, so I think that's when I started having thoughts of suicide.

• One of them [friend] couldn't be there that night and it was just the culmination of events and look, I'm pretty certain by the end of it I thought. Sleep I'm done with this. Um, you know the world will be a better place without me, I can't. I'm not effectual in making any change. Nothing I do is making any headway here everywhere I turn in the 360 degree circle there is problems there that I can't overcome.

• I'm I'm I've just had. You know, been you know pushed past breaking point so many times.

• I wish I could just switch my brain off sometimes. You know it just goes on too much

• when you're feeling low, that's when your brain starts to do a number on on your you know it's when it's all. Yeah, you're this you're ugly or that you know like, yeah. That's why this and that you know it's it's it. Just it just doesn't stop chattering sometimes

• Yeah, it's like it's like drowning in molasses. You know you can see. The rest of the world moving around you, but you can't reach it. You just you just hopeless, you just have no hope. You don't see an end to it.

• Suicide is like the self the subconscious. Screaming out for control when we feel like we've lost control because of external factors.......

18 initial themes

Consequences if you admit you're struggling [n=4]
Coping strategies [n=3]
Hindsight on suicide [n=16]
Intrusive persistent thoughts/feelings [n=10]
Just normal people, who are struggling [n=2]
Life after an attempt [n=3]
Masculinities [n=14]
Need for external support [n=15]
Negative experiences in help-seeking [n=12]
No need/don't want to talk about it [n=7]
Overwhelming/too much [n=16]
Protective factors [n=8]
Suicide as a form of escape [n=14]
Suicide prevention [n=6]
Suicide thoughts/attempt [n=3]
The decision is made [n=4]
There's something wrong with me [n=9]
Thoughts about/for/regarding those left behind [n=6]

Five themes focused on the men's emotions, rationales, motivations for suicide, motivations to stay alive, and what might have helped

Figure 1. Analytical theme construction.

EMOTIONS:
• I felt overwhelmed
• I felt there was something wrong with me
• I felt hopeless

MOTIVATIONS for suicide:
• I had no other choice
• Others will be better off without me

RATIONALES:
• I focused on my failures
• I thought I was bulletproof

MOTIVATIONS to stay alive:
• My suicide will damage others

What might have helped?
• I didn't need to talk about it
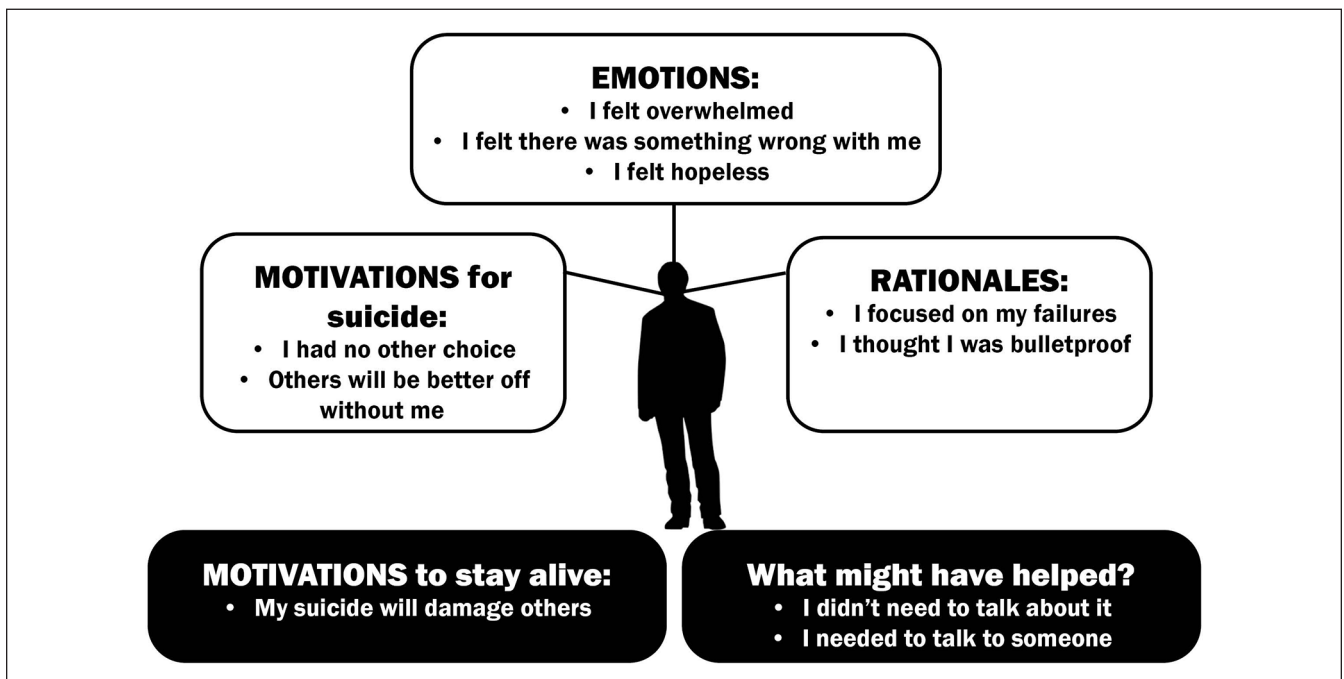• I needed to talk to someone

Figure 2. Emotions, motivations, rationales and what might have helped themes.

I Felt Overwhelmed

A common narrative from this group of men was feeling overwhelmed; that there was a cumulative effect of many little things. These feelings were intrusive and persistent, with the men indicating an inability to manage them. Edgar depicted the feeling as follows:

> It was a number of things that were just mounting up and mounting up, mounting up and then the end. I sort of looked at it and said, oh my God, there's probably 20 things that I need to sort out or that are giving me grief for creating anxiety or stress or I'm not happy with. In the end, I just said there's too many things in the to-do basket.

Abe articulated it slightly differently:

> One of them [friend] couldn't be there that night and it was just the culmination of events and look, I'm pretty certain by the end of it I thought, I'm done with this. Um, you know the world will be a better place without me. I can't, I'm not effectual in making any change. Nothing I do is making any headway here everywhere I turn in the 360-degree circle there are problems there that I can't overcome.

From here, we start to form a picture of what some men were experiencing. For Xander, "if one thing goes wrong, well then everything falls over," illustrating again the devastating build-up of little problems that turn into a tidal wave that seems unmanageable. The men's suicidality occurred after reaching a breaking point of the accumulation of multiple factors, as opposed to one major life event, which may have impacted their awareness and ability to troubleshoot.

I Felt There Was Something Wrong With Me

Participants spoke of internal strife of feeling that something was not quite right, but they could not label it. For instance, Ryan described the feeling as "I can't see any reason why I should feel like, yeah, I just can't pinpoint anything." Xander explained it differently, "at times, I felt that I'm defective, that there is something wrong with me" and "so I think there is this sense that, that your thoughts are disordered, that there is something wrong that, generally shouldn't be feeling the way that I do over what's happening now." Both accounts illustrate similar, yet vague, feelings of being disordered or dysfunctional and a struggle to conceptualize and articulate what they were experiencing. Their descriptions imply a reluctance or difficulty in fully articulating their emotions, hinting at the stigma and societal norms surrounding mental health issues, which may inhibit individuals from fully disclosing their inner turmoil or seeking help.

I Felt Hopeless

Following these subthemes of feeling overwhelmed and a sense that something is wrong, John spoke of an "overwhelming sense of hopelessness and no, no light at the end of the tunnel." For Connor, it felt like "a giant sponge had sucked all the joy out of the world, and it was just pain." Not often did the interviews include the word "hate," but Carlos aptly illustrates the darkness that descended upon him, "you hate yourself. It's bizarre, but at the time it feels so natural it feels like you just stuck in this in this deep, deep, deep darkness and depression." In this subtheme, the men express intense emotional suffering, using vivid metaphors to convey the depth of their pain. Beyond the surface-level descriptions of despair, deeper themes of isolation, self-criticism and the perceived absence of hope or joy appear and provide context for understanding the lived experiences of men grappling with suicidality.

Rationales

Participants' narratives included providing a rationale for their feelings of suicidal thoughts or behaviors that ranged from reflecting on personal past failings and the likelihood of future failure to more general conceptions about identities and masculinities. By consolidating data under the *rationales* subtheme, we aim to incorporate the men's thoughts for and around their suicidality.

I Focused on My Failures and Mistakes

Tom described a focus on past mistakes and failings, like "I focus in on the mistakes I've made or what hasn't gone right for me" or his future failings, "I would always look at what would happen if I failed as opposed to what would happen if I succeeded." Will described it as "failing on all cylinders." Mitch offered a different perspective, "Now what's really interesting is looking back at my iPad for that Saturday night and I had screenshotted memes about failure" that being in a suicidal state "doesn't allow you to think of all the good things, like Mom and my sister's husband and the dogs. And yes, there are good things but it's like they don't exist in that frame of mind."

These men express a preoccupation with negative thoughts, focusing on past mistakes, anticipated future failures, and a pervasive sense of inadequacy. Despite acknowledging the existence of positive elements in their lives, they struggle to recognize or appreciate them during periods of emotional distress, underscoring the profound impact of negative thought patterns on one's perception and cognitive processes. The descriptions provide insights into the cognitive processes underlying mental health struggles, including rumination, catastrophizing and cognitive distortions.

I Thought I Was Bulletproof

In this subtheme, the men intimated how they thought about their masculinities and male identities. Jacob portrayed his suicidality as his role:

> *Other people have gone through and are going through the same traumas as you are. I really felt deep down that this was my burden. That it's probably just, as I said, another a male thing to think - oh well, it's my burden.*

Carlos believed that "we all think we're, we're superhuman, especially men. We all think we are bulletproof." However, Matthew did not refer to their masculinity but instead voiced, "I don't want to be known as the one who keeps leaning on people for help and support," intimating shame around asking for help. Together, these subthemes allude to the presence of failure as persistent and the notion of perceived burdensomeness. Men who experience burdensomeness may believe that their emotional, financial or other struggles place undue strain on those around them. This perception can exacerbate feelings of guilt, shame, and worthlessness, leading to a sense of hopelessness and despair. With a sense of perceived failure and inability to cope, the men return to the narrative that men must be resilient and stoic in their silent suffering, which can be dismissed as a burden to carry.

Motivations for Suicide

While the above section sets the scene of what the men felt and thought while experiencing suicidal thoughts and behaviors, we now look at how they described why they wanted to die by suicide. We identified two motivational subthemes: I had no other choice and others will be better off without me.

I Had No Other Choice

This theme illustrates how men described suicide as a form of escape from their problems. For Ross, "I'd finally got to the point where I had no other choice really." Darren said, "It's just I'm sick of this shit. I want out, you know, excuse my French." More emphatically and highlighting the conundrum of not wanting to die but not wanting to live, Mark expressed "full stop I can't, I can't live with this anymore. So, it wasn't ultimately about ending my life, but I think it's the only way to stop."

The men express a sense of hopelessness and desperation, viewing suicide as the only viable option to escape their problems. While the men articulate their desire to escape from their problems through suicide, there may also be underlying emotions and experiences that they are not explicitly expressing. Their descriptions hint at deep emotional suffering, feelings of isolation, and a lack of effective coping strategies. The avoidance of discussing these underlying issues may reflect societal stigma surrounding mental health and suicide, as well as potential barriers to seeking help or disclosing vulnerability. This subtheme speaks to the difficulty of treating suicidality from a public health perspective, as the men viewed suicide as the only solution to their problems.

Others Will be Better Off Without Me

The men indicated that the decision to die by suicide was not made in a vacuum; they considered those around them. Edgar believed that "overall, it was the best decision for everybody involved" while Justin shared that "people will be better off without me." Alternatively, some thought about providing better outcomes for their family through suicide, like Darren—"it's not great not being here, but at least they've got enough money to buy a house and have a little bit of money left over to, you know, to move on."

The men express a sense of responsibility toward their loved ones and the belief that their decision to die by suicide would ultimately benefit those around them. The men's considerations of the impact of suicide on others underscore the complexity of addressing suicidality from a public health perspective. Their beliefs reflect a sense of despair, hopelessness, and a perceived lack of alternatives or support systems to manage their underlying issues. These relational motivations may present challenges in intervention and prevention efforts, as individuals may perceive suicide as a solution rather than a problem, mainly if they believe it will benefit those around them.

Motivations to Stay Alive

One finding throughout the data pointed to a common motivating factor—the realization of the damage their suicide will have on others.

My Suicide Will Damage Others

All the men we interviewed, it almost goes without saying, did not die by suicide. This subtheme identified a contradictory action to the previous two motivational subthemes, offering insight into why they decided not to kill themselves. As Matthew articulated, "like I've got two kids, and that is always the thing that stands in the way." Children were highlighted in many of the quotes, including John with "the realization that you know, I gotta be around for my son, I gotta be around for my wife, you know." Similarly, Carlos identified "the largest reason, the biggest reason why I didn't choose to go through with that option? The thing that always brought me back and stopped me was just the thought of the pain that would cause other people." These examples illustrate how hegemonic masculinities influence men's decisions regarding suicide, emphasizing the importance of familial roles, protective instincts and the prioritization of others' wellbeing over one's own struggles. At the same time, adherence to these norms can also create additional pressures and barriers for men to seek help and express vulnerability.

What Might Have Helped?

When asked about supports that might have been helpful, we found two contradictory subthemes: the need to talk or not talk about one's suicidal thoughts with others.

I Didn't Need to Talk About It

Edgar recognized his decision not to discuss his feelings, "Yeah, brilliant idea that I didn't want to talk to anyone out 'cause they've talked me out of it." Edgar also positioned the pointlessness of talking about his plans because, "I didn't want somebody to tell me that there were alternatives because I said, well, no, I know I've already found an alternative that suits me," indicating the decision was made. Here, Edgar almost seems to be criticizing his thought processes, as well. For Oliver, talking it through with a medical professional was not an option as "he could only help me with the symptoms, he can't help me with the what's causing it."

I Needed to Talk to Someone

This subtheme speaks to the need for connectedness and external support and validation, like Darren "need[ed] someone to say OK, it looks like it looks like shit right now, but you know from experience that there'll be, you know, sunny days ahead." Similarly, Carlos shared,

> *If I just had one person to call because at those times, not trying to sound, you know, feeling sorry for myself or something, but it's the fact I did have didn't have anyone. That's yeah, that's sad, but it's true.*

Here he recognized, perhaps in his eyes, a personal failing, but simultaneously spoke of the need to have someone meaningful in his life. Mitch depicted it differently:

> *Like I wish I had rang Lifeline so that I didn't go through that whole embarrassment of what I did. You know, or said to [a mate], I'm in a really bad way. Or, my sister or someone. It was like I blanked all that out of it, but it was like I was living in a void.*

More succinctly, Luke said, "I don't need a hospital. I just need someone to talk to." But for John, at the same time, that "yeah, it was very hard to reach out for help." Taken together, these two subthemes help highlight the central importance of persevering in reaching out to someone who is suicidal, even though, at first, it appears that some men "didn't want to talk to anyone."

These two subthemes highlight the internal conflicts and external barriers individuals face when contemplating reaching out for help when suicidal. The quotes illustrate the internal conflict between seeking support and maintaining autonomy over one's decisions. Similarly, Oliver's perception that medical professionals could only address symptoms, not underlying causes, highlights a perceived barrier to seeking professional help. Despite these internal conflicts, these subthemes emphasize the need for connectedness and external validation during times of crisis and underscore the importance of perseverance in reaching out for help, even when individuals initially resist or feel unable to do so.

Discussion

Not surprisingly, our focus on significant textual passages that delivered epiphanic reactions in the research team contains strong emotional content. These findings characterize the messiness and humanness of suicidal emotions, rationales and motivations, which, in turn, explains the failure of generic, traditional bio-medical approaches to treatment in suicide prevention.

Our humanistic, sensitized approach, aligning with the qualities of IPA and reflexive thematic analysis, connected us to the men's experiences in personal and poignant ways. Subjectivity becomes an essential and valuable tool to explore how our analytical involvement influences the research process and findings (Braun & Clarke, 2023). Incorporating Jaworski's (2020) and approach to understanding suicidality through concepts of "wonder" and "generosity" helped us to embrace adaptability, diversity and compassion in our methods to address the meaning of suicidality and its implications in understanding humanity. We take ownership of our role in the production of the research findings to connect to the men's language and expressions to better understand their perceptions of suicidality (Stickley et al., 2022; Van Den Hoonaard, 2012). Our findings are personal, subjective responses to the men's powerful statements, metaphors or critical moments—quotable quotes—and honed into five themes: emotions, rationales and motivations for suicide, motivations to stay alive and what might have helped.

The theme of *emotions* was found to have the most coherent subthemes, speaking to the men's dark, persistent and overwhelming feelings that, at times, could be vague. Contrary to River and Flood's (2021) findings, we find no evidence of anger, rage or toxic masculinities in their emotional descriptions. The narratives and scenarios presented in our study challenge stereotypical views regarding men's suicidal behavior, rejecting simplistic categorizations of emotions based on gender (Cleary, 2019). The findings convey feelings of hopelessness, a sense of being overwhelmed and a vague feeling that something was wrong with them, concepts not necessarily located along gender divides. Moreover, similar to River and Flood (2021), our data illustrate that the emotional work shouldered by the men is not trivial. By this we mean that the men undertake a range of complex emotional work to understand and express their distress and suicidality.

Acknowledging that the men's talk about their mental health is relational and contextual, we can identify, in the theme of suicidal *rationales*, descriptions of hegemonic masculinity that are consistent with Joiner's (2005) theories of burdensomeness. However, contrary to typical masculine posits, the men in our study spoke with relative ease about their emotions, thoughts and needs, as Chandler (2019) found. Some men willingly admitted to psychological difficulties while others presented a strong front synonymous with hegemonic masculinity. Men who adhered to a

hegemonic-type stance rigidly disclosed the emotions tied to their trauma. In contrast, others described their behaviors through complex cultural and socioeconomic contexts (Cleary, 2019). Both subthemes, focusing on failures and superhuman thinking, suggest that the presence of *failure* is persistent and unacceptable to the men's thoughts about themselves and adhere to conventional constructions of masculinity. Their preoccupation with negative thoughts and inability to recognize positive aspects of their lives may hinder their willingness or ability to reach out for support and suggest interventions that target negative thought patterns and cognitive distortions.

When analyzing the men's motivations for suicide, the two subthemes, *having no other choice* and *believing that others will be better off if I suicide*, are intriguing when examined together. The first subtheme focuses solely on the self, with suicide as the only option to stop their pain. The second theme considers the benefit of their suicide for others. Yet, like Oliffe et al. (2012), the men in our study opted not to suicide because of their recognition that suicide would inflict pain on others and loved ones. These contradictory messages suggest the complexity of treating suicide in a neat, one-size-fits-all program or process. Adding further to the contradictory passages, some men described needing connection and interpersonal support—they just need someone to talk to, while others identified a preference to be left alone with their decision.

These last two themes collectively highlight the contrasting motivations and rationales in men's experiences of suicidality, reflected in Abe's insightful yet complex articulation of not wanting to die but not knowing why he should live. The contradictory themes and narratives encapsulate the difficulty of a singular approach to understanding suicide and creating successful all-encompassing suicide prevention services. For example, when asked about what would have helped at the time of their suicidality, some men responded that talking about their suicidality with others would have been pointless—for instance, Oliver's belief that a mental health professional could only help with the symptoms, not the cause. Yet others voice the need for connection, either because they felt alone or that reaching out for help was too hard. Together, the men's reluctance to discuss their emotional pain openly may underscore the importance of promoting open dialog and reducing stigma surrounding mental health issues to facilitate early intervention and support. Their words highlight the importance of persevering through complicated connections and conversations.

The men's distinctive accounts, combined into emotional, rational and motivational themes, support Cleary's (2019) findings that suicidal behavior is more closely linked to sociological rather than psychiatric or medical problems. The men's emotional accounts challenge traditional constructions of gendered emotions, whereas their rationales and motivations for suicide follow along with more hegemonic norms.

Our characterization of what a quotable quote *evokes* in five women researchers enables and constructs the findings in this study, aided by Jaworski's (2020) "wonder" and "generosity" and Denzin's (2014) "epiphany" approaches. Our values and choices, our subjectivities, are active agents and contingent upon the knowledge produced in this study (Braun & Clarke, 2023). By doing so, we aim to humanize the messiness of suicidal thoughts and behaviors that creates diverse and often contradictory findings. These contradictions, in turn, create barriers to blanket solutions in suicide prevention. Therefore, like Fogarty et al. (2018) and Player et al. (2015) have determined, services to support suicidal men need to resonate with the men in diverse and tailored ways.

Limitations

While this paper profiles the content of the men's narratives, not all of the 37 men's narratives have been included. Every interview yielded at least one quotable quote, but overall, the more insightful, reflexive explanations and descriptions from men who could depict their experiences in striking ways were featured. In addition, the men who participated in this study mostly identified as straight, white older males. Implications of systemic bias such as socio-economic status, race, ethnicity, gender identity have not been taken into account in this study, but would be of interest for further research into men's suicidal experiences in different contexts and cultures. Furthermore, we consider Bantjes and Swartz's (2019) argument that lived experience narratives can be unreliable, misperceived, dynamic and biased through the interview process, thus affecting our analyses and findings. We also apply this same argument to ourselves, our processes and our findings. However, we undertook a multi-level, multi-angle review at each step to increase the trustworthiness of our findings.

Concluding Remarks

Our research prioritizes the narratives and expressions of lived experience to add to the limited qualitative explorations of men's suicidality. Our approach introduces a multi-perspective examination of suicidality by considering language and expression that evokes reaction. By intentionally listening to our instincts and identifying what captures our attention as researchers, we become more engaged the men's feelings, thoughts and actions. Through ascribing meaning to men's accounts of suicidality through our subjective lens, this study helps us to better understand the dark emotional terrain and the hegemonic (and contradictory) rational and motivational contexts that give rise to suicidal states.

The emotional content of our findings speaks to the men's dark, persistent and overwhelming feelings that, at times, could be vague. The men articulate descriptions of hegemonic

masculinity that are consistent with typical masculine posits. In their thoughts, the presence of failure as a persistent theme suggests adherence to conventional constructions of masculinity. Their motivations add complexity to our findings by being contradictory in nature—the men view suicide as stopping their pain or contributing pain to others. Likewise, talking about their experiences when suicidal could be helpful or pointless.

Our findings illustrate the profoundly personal, human-centered, and conflicting dimensions of suicide, much like nursing itself (personal, human-centered and, at times, conflicting). By attributing significance to the firsthand accounts of men grappling with suicidality, our study facilitates a deeper comprehension of the intricate emotional landscape and the paradoxical interplay of prevailing norms and motivational factors that contribute to and emerge during states of suicidal contemplation. Through a humanistic and introspective analytical approach, we highlight emotionally charged texts within the interview transcripts to help nurses and other health professionals better understand the emotional, motivational and rational landscape of suicidality.

One man's source of strength may be another's cause of anguish, so any single, one-size-fits-all pathway to suicide prevention is unlikely to succeed. Nurses and other healthcare decision-makers can consider these findings when developing tailored suicide prevention and intervention services. Further research is needed to discover what strategies will resonate with a variety of men when they are suicidal.

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Ethical approval for this research was granted by the University of New South Wales' Human Research Ethics Committee, reference HC201582. All participants provided written or verbal informed consent prior to enrollment in the study.

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Supplemental Material

Supplemental material for this article is available online.

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