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Exploring Post-Traumatic Growth and Associated Variables in Suicide Attempt Survivors

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The revised definition of “traumatic events” in the DSM-5 (American Psychiatric Association, 2013) includes “exposure to actual or threatened death” or “serious injury”, which could apply to suicide attempts. However, a suicide attempt may not be typically referred as a traumatic event because of its nature as an internal threat to a person’s life, rather than violence and aggression coming from an external threat in the form of another person or environmental surrounding. Several inventories directly recognize being a suicide loss survivor as a potentially traumatic event. However, the wording in the inventories may be too vague or non-specific to suicidal persons’ experiences to measure suicide attempts as a traumatic event.

Current research has continued the trend of recognizing a suicide loss and not a suicide attempt as a traumatic event from which a person can experience PTG (Smith, Joseph & Das Nair, 2011; Stein et al, 2018; Drapeau et al, 2018). With the knowledge that a portion of individuals who attempt suicide is at risk for a future attempt, understanding the degree to which suicide attempt survivors may experience PTG may allow professionals and social contacts to converge efforts and explore prevention of repeated attempts.

For the study, we hypothesized a strong positive relationship existing between PTG and time elapsed since a survivor's last suicide attempt. Data was previously collected in 2017 from a battery of inventories. Participants were found through email invitations to the American Association Suicidology listserv and attempt survivors interviewed for the *Live Through This* project. The study invitation was also posted on the American Foundation for Suicide Prevention’s website ($N=331$).

Once the 2017 data was obtained last fall, several factors were correlated from the inventories with significance determined in a two-tailed test. All correlations were calculated at $p=0.01$. With recording the time in years since most recent suicide attempt ($M=7.98$, $SD=9.75$),

the sample was surveyed a fairly long time following the suicide attempt. The weak correlation between time since suicide attempt and PTGI scores $r=.103$ showed no statistical significance ($p = 0.19$). However, higher PTGI Growth scores were positively and significantly associated with having a problem-focused coping style ($r=.498$) or an emotion-focused coping style ($r=.515$).

The weak correlation between time since last suicide attempt and PTGI scores is not surprising due to the length of time elapsed since the suicide attempt. However, the mean time is surprising within the sample since the literature uses a history of suicide attempts as a strong predictor of repeat attempts (Beghi et al, 2013). A large number of factors could have contributed toward many respondents choosing not to repeat suicide attempts. Future research could examine the respondents who reported a shorter time during the attempt (0-4 years) to see if stronger relationships exist between PTGI Growth scores and some of the previously mentioned factors, especially since the attempt is more readily remembered after a short elapsing between the surveys and the attempt.

Examining the degree to which individuals experience PTG after a suicide attempt, as well as associations among coping style, PTG, and suicide attempt status is a novel contribution to the literature. However, the paradigm may allow professionals to treat suicide attempt survivors for potential Post-Traumatic Stress Disorder and consider interventions designed for individuals experiencing traumatic events. This paradigm needs to be further explored as uncertainty still exists about what prompts repeated fatal and nonfatal suicide attempts.

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