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**A Hermeneutic Phenomenological Analysis of Clinical  
Psychologists' Understandings of Youth Suicide.**

A thesis presented in partial fulfilment of the requirements  
for the degree of

Master of Arts  
in  
Psychology

at Massey University, Palmerston North,  
New Zealand

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### ***Dedications***

*This thesis has been inspired by the extraordinary people in my  
life who chose to take their own lives.*

*May they finally have the peace they were searching for.*

## **Abstract**

New Zealand has one of the highest youth suicide rates in the developed world. There are many ambiguities around the risk factors and life events preceding a suicide attempt or completion, despite the vast amount of research done in this area. Clinical psychologists have the ability to add a wealth of knowledge on this topic, and surprisingly there has been little research done with this group. I wanted to find out directly from clinical psychologists about their experiences of working with youth who have attempted or completed suicide. I also wanted the opportunity to explore, from a clinical psychologists' perspective, the questions surrounding prevention and treatment programme efficacy. These topics and ideas are considered to be complex and controversial.

Interpretive phenomenological analysis was used to investigate detailed reports of youth suicide from eight participants. Three master themes emerged from the analysis, those being "Client Actions", "Social and Cultural World" and "Psychological Person", as the central features of the phenomenology of suicide. Suicide is often explained in statistical terms, and an extensive amount of research has found many risk factors pertaining to youth suicide. However, the present study found that statistics cannot fully grasp the phenomenon of suicide, and participants were unable to meaningfully relate to suicide in this way.

Findings in this study also suggest that one of the biggest gaps in the research is around the psychosocial aspects of youth suicide, particularly the socio-cultural specificities of New Zealand youth. More training and research around these areas is recommended, along with inclusion of family in the treatment of youth suicide and mental illness.

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