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The Lived Experience of Adults Who Attempted Suicide as Teens: A Phenomenological Inquiry

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THE LIVED EXPERIENCE OF ADULTS WHO ATTEMPTED SUICIDE AS TEENS: A PHENOMENOLOGICAL INQUIRY

DISSERTATION

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By

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ABSTRACT

Background: Suicide is a global concern with teens being at a greater risk than other age groups. Despite a heightened awareness of suicide in teens the number of attempts and deaths continues to rise in all socioeconomic populations. This phenomenological research aimed to better understand the essence of the experience of the adult who attempted suicide as a teen.

Purpose: The purpose of this phenomenological study was to explore the lived experience of adults who attempted suicide while in their teens. This research aimed to give these adults a voice to express their individual experience of having attempted and survived a suicide attempt while a teen, to provide an inductive description of the lived experience, and to gain an understanding of the essence of the phenomenon.

Theoretical Framework: Guided by the phenomenological perspective of Max van Manen.

Method: A purposive sampling of adults who attempted suicide as a teen was selected to explore the overarching question: What is the lived experience of adults who attempted suicide as a teen? Data collection occurred from 45 minute semi-structured interviews that were digitally recorded, transcribed for verification and member checked. Data analysis included describing, interpreting, and textual writing as guided by van Manen.

Results: The related themes of depression, history of abuse, experienced a loss, hostility, and hopelessness with the overarching theme of 'something to live for' emerged as a total representation of the participant's words.

Conclusion: This research exposed the depth of the problem of teen suicide and the

challenges adolescents face as they transition into adulthood. A significant dimension of this experience of having attempted suicide while in their teen years was seeking 'something to live for' as they moved forward in their life.

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There have been many who have traveled on this journey with me. I hold only the deepest gratitude and appreciation for each of you. Mere words are inadequate to justly express my thanks. God places in each of our lives just what we need when we need it, that certainly held true for me as I made my way towards my dissertation.

I must first acknowledge the **research participants** who agreed to tell me their stories. This study could have not been possible without their willingness to share a very distressing part of their lives. It takes courage to reflect on the past and relive very painful experiences, especially with a stranger. It was my privilege to get to know these brave participants and I am indebted to them for their candid reflections.

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To the family and friends of Samantha, who miss her and whose thoughts often drift her way; I am grateful for each of you who touched her life and who loved her. Thank you to her many friends who spread the word about this study, assisting in finding participants. Thank you to those who encouraged me in pursuing a better understanding of suicide and its effects on those it impacts.

DEDICATION

This is dedicated to my daughters. They have always been my inspiration.

Kimberly Lynn Hamley-Moeller, you are an intelligent, strong and beautiful young woman. I cannot adequately express how proud of you I am and how much I love you. I love you dear daughter, I love you deeply.

My love is like the rustle of the wind in the trees
Neither a gentle breeze nor a stormy gale
But both,
A speck of light in the gathering dark,
I am a firefly to light your way.

Samantha Catherine Hamley, every breathe I draw in is caught up in you, fragranced with your memory, carrying particles of you down into my lungs. My sorrow could fill the ocean many times over. As I gaze up at the stars I know now that my universe will never be the same, but for all the sadness I carry now, I am glad you came and I am proud to have called you my daughter, you were always kind, funny and beautiful. Rest in peace. I will hold your hand again, in God's kingdom, where we will dance our jig and laugh once more.

Her Suicide

My heart bleeds a trail of memories

like paper dolls scattered across a floor

where two girls played, child-like naivety

forgotten now; death is a stern teacher.

The remembering

sears my brain

like branded calves flesh

scorched,

charred ghosts

that haunt dazed senses.

Infantile joy

Has passed away,

More than guilt or grief-

Regret

Cuts with the sharpest blade.

When I whispered I love you-

I meant that no anguished plea

Or desperate prayer

Could bring you back,

My teeth cannot cut through this.

Who would guess?

glancing cannot see

behind the smiling facade

these tears that even now smolder hot,

a note that trembling hands left behind

holds no answers

for those who loved her,

who now are maimed and limp through life;

It is too quiet here.

-in memory of Samantha Catherine Hamley

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CHAPTER ONE.

Suicide is a global issue. The Center for Disease Control (CDC) states that more than a million people die each year worldwide as a result of suicide (CDC, 2013). Teens are more likely to die from suicide than any other age group (CDC, 2010). In 2010, the CDC reported that suicide exceeded automobile accidents as the cause of death in the United States (CDC, 2010). The World Health Organization (WHO) cited suicide -as the second leading cause of death for those between the ages of 10-24 years (WHO, 2014). Healthy People has made suicide prevention one of its objectives for 2020 (Healthy People, 2010). Additionally, suicide is under-classified by medical examiners (Timmermans, 2005). Such data highlights the importance of preventing suicide in all age groups, but especially in adolescents and young adults, who are at a greater risk. While depression has been correlated with suicidal behaviors, studies have shown that depression among suicidal adolescents is not greater than in non-suicidal adolescents (Sung, 2000, Ryan, 2015). Focusing on depression alone may leave many teens at risk. We are losing our youth to suicide, and discovering ways to prevent teen suicide is important to our future as we are losing a population who would contribute to our society. The loss of a daughter to teen suicide, and the subsequent questions about teen suicide propelled this researcher to do this study.

The cause of adolescent suicide is complex and involves multiple factors. Understanding suicidal thinking and activity, as experienced by those who have survived a suicide attempt, may help health care professionals develop strategies to

prevent this devastating phenomenon. Nurses are often the first health care professionals seen by a teen or young adult. Nurses need an understanding of what is going on in the adolescent who is suicidal. This research was conducted using van Manen's phenomenological approach to gain insight into what adults experienced as teens who attempted suicide.

Problem and Domain of the Inquiry

Background of the Study

Suicide among the adolescent population has not declined despite measures to both predict and prevent it (CDC, 2010). The CDC reported in 2010 that suicide had surpassed automobile accidents in the number of deaths in the USA in all age groups (CDC, 2013). Suicide remains one of the leading causes of death despite a heightened public awareness. In 2011, the Youth Behavior Risk Survey (CDC) revealed that 15.8% of high school teens reported contemplating suicide as a means to resolve conflicts and stressors. This alarming rate of suicidal ideation among teens prompts an urgent call for suicide prevention measures that target youth.

Reducing suicide rates among teens and young adults has been identified as one of the critical goals of *Healthy People 2020* (Healthy People, 2010). *Healthy People 2020* is a science-based 10-year national objective for improving the health of all Americans (Healthy People, 2010). *Healthy People 2020* has established benchmarks and monitored progress with a 10-year agenda for improving the health of the Nation (Healthy People, 2010). *Healthy People 2020* identified national health improvement priorities, increases public awareness of health issues and how to prevent them, and provides measureable objectives and goals that apply at the national, state, and local

levels (Healthy People, 2010). One of the goals is to engage multiple sectors to take action that strengthen policies and improve practices. *Healthy People 2020* established new objectives for Adolescent Health as part of an agenda to improve the health of the nation. Suicide is one of the leading causes of death among adolescents and young adults, surpassed only by accidents of any kind. Adolescents (ages 10-19 years) and young adults (ages 20-24 years) make up 21% of the United States population (Healthy People, 2010).

Adolescents and young adults are particularly sensitive to environmental—that is, contextual or surrounding—influences because they are in developmental transition (Healthy People, 2010). Environmental factors that may include family, peer group, school, neighborhood, policies, and societal cues, can either support or challenge young people's health or well-being (Healthy People, 2010). Addressing the positive development of young people facilitates their adoption of healthy behaviors and helps to ensure a healthy and productive population which is the overall objective of *Healthy People 2020* (Healthy People, 2010).

There are complex factors that play a role in the high number of teens with suicidal ideation, attempts, and deaths. Depression is one of the risk factors associated with suicidal ideations and attempts. Garcia (2010) reported that 20% of all teens reported depressive symptoms before adulthood. Additionally, the CDC reported that 26%of high-school students had symptoms of depression (*Youth Risk Behavior Surveillance, 2010).* In American Indian and some minority groups, it is estimated that 22% to 29% of teens experience some form of depression (Salija, Iachan, & Scheidt, 2004). Depression compromises the developmental process and leads to difficulties with

concentration and motivation (Dopheide, 2006). The prevalence of depression among teens is higher than in the overall population, but suicidal adolescents do not have more serious depression than non-suicidal adolescents (Sung, 2000, Ryan, 2015). Focusing on depression alone can leave many teens at risk and leave other, relevant risk factors unassessed by nurses and other health professionals. Furthermore, many of the indicators of depression- irritability, hostility, grumpiness, being short-tempered, sleeping too much or too little, and engaging in risky behaviors- are normal behaviors for young people transitioning from childhood to adulthood. There are indicators that nurses and other health professionals can look for when they assess a teen's risk for suicidal ideation or attempt. These include drinking, drug use, family discord, absenteeism, a drop in grades, and withdrawal from friendships. Positive coping mechanisms in teenagers reduce the likelihood of suicide by providing alternate means for conflict resolution other than self-destruction (O'Donnell, Stueve, Wardlaw, & O'Donnell, 2003). Despite knowledge of risk factors, suicide remains a leading cause of death among teens and young adults. In studying the lived experience of adults who survived a suicide attempt as teens, it was hoped that nurses might gain a deeper understanding of the phenomenon. Understanding the phenomenon from the perspective of the participants led to identifying ways to possibly reduce or prevent suicide in this vulnerable population. Nurses are often the front-line health care providers to adolescents and young adults who have suicidality, and to those experiencing stressful life events and their possible sequela. Caring for those who have attempted suicide, or who are at risk of attempting suicide, poses a unique challenge to professional nurses in their attempt to assess, diagnosis, and treat actual and potential disruptions in wellness. Looking at what the experience is of adults who

attempted suicide as teens offers nurses a perspective beyond the more familiar, clinical one. It offers insight into the world of those who attempt suicide, which may allow a better understanding of how to approach teens and young adults, as well as, the unique struggles that accompany suicidality.

Adolescent and Development

Adolescence is a critical transitional period that includes the biological changes of puberty and the need to negotiate key developmental tasks, such as increasing independence and normative experimentation (Healthy People, 2010). Adolescence, roughly defined as the period between the onset of puberty and maturity, may last anywhere from age 10 to age 19 (WHO, 2014). Children Medical Services, Council on Child and Adolescent Health (Reider-Demer, Zielinski, Carvajel, Anulao, & Roeyen, 2008) defined adolescence as the developmental period between 15 and 21 years of age. It is a time of rapid change when teens may feel as though they have one foot in childhood and one in adulthood as they attempt to navigate the changes occurring in their bodies and minds (Neal, 2012). Recently in the United Kingdom new guidelines have been implemented to child psychologists that extends adolescence up to the age of 25 (Woollaston, 2013). The U.K. hopes that this initiative will stop children being rushed through their childhood which may relieve some pressure to achieve milestones quickly.

Erikson (1994) described the stages of psychosocial development that occur throughout the lifespan. Each developmental stage occurs within a specific time frame in a person's life, and involves a basic conflict that must be overcome before the individual can move on to the next stage. Each stage also has a focal event. The basic conflict for adolescents is "Identity versus Role Confusion" and the important event is reconciliation

between the person one has become and the one society expects one to become (Erikson, 1994). This is the turning point in human development (Erickson, 1994). Teens need to develop a sense of self and personal identity. The young person must develop a sense of self-certainty as opposed to self-consciousness and self-doubt (Erickson, 1994). Success leads to an ability to stay true to yourself, while failure leads to role confusion and a weak sense of self (Erickson, 1994). During this time of transition the adolescent seeks leadership, someone to inspire him, and develops a set of ideals which are socially congruent (Erickson, 1994). The teen's primary task is to integrate social roles as he transitions to the role of an adult in society (Erikson, 1994).

Jean Piaget's theory of cognitive development described four stages of development that occur in infancy, preschool, childhood, and adolescence (Piaget, 1977). Each stage has a general cognitive structure, affects all of the child's thinking, and represents the child's understanding of reality during that stage (Piaget, 1977). The child's development from one stage to the next is dependent upon an understanding of the environment at that particular stage (Piaget, 1977). The sensorimotor stage occurs between birth and two years of age. The preoperational stage has two sub-stages: pre-conceptual thinking (2-4 years) and intuitive thinking (4-7 years). The hallmark of this stage is a marked improvement in the child's sensorimotor understanding. The stage that occurs during the years between seven and eleven is termed the concrete operations stage (Piaget, 1983). This stage is marked by the child being able to now think logically, however, they remain concrete in their thinking (Piaget, 1983). The formal operations stage begins at ages 11-12 years and lasts into adulthood (Piaget, 1983). During this

stage, adolescents develop abstract thinking skills that include deductive reasoning and systematic planning (Piaget, 1983).

Neuroscientists -have found that teenagers' and young adult's brains are not fully mature in judgment, problem-solving, and decision-making capacities (Giedd, 2015). This may explain some of the erratic behavior displayed by many teens. The adolescent brain functions differently than those of children or adults, due to several physiological factors (Giedd, 2015). First, the prefrontal cortex (PFC) does not fully mature until about the age of 24 years (McCance & Huether, 2010). The limbic system, which drives emotions, is increasingly active during puberty (Giedd, 2015). The amygdala (AMG) is part of the limbic system, and appears to be fully developed much earlier (Gray's Anatomy, 2008). This mismatch in the development of different parts of the brain may explain many of the aberrant behaviors associated with adolescence. The prefrontal cortex plays an important role in regulating mood, attention, impulse control, abstract thinking, and the ability to foresee and weigh the consequences of one's actions and behaviors (McCance, Huether, 2010). An important feature of the prefrontal cortex is the ability to create hypothetical what-ifs, to be able to consider possible future outcomes by running simulations in one's head instead of subjecting one's self to dangerous situations (Giedd, 2015). Because of the slower maturity rate of the prefrontal cortex teens may have trouble controlling impulses or judging risks and rewards (Giedd, 2015).

The amygdala plays a role in emotions, aggression, and reflexive responses (Gray's Anatomy, 2008). The mismatch between early development of the amygdala and later development of the prefrontal cortex contributes to the impulsivity and emotionality of adolescents (Giedd, 2015). The hormone-fueled limbic system goes through dramatic

changes at puberty. The limbic system not only regulates emotions, it is responsible for feelings of reward. It interacts with the prefrontal cortex to promote novelty seeking and risk taking behaviors and increases the teen's interaction with peers (Giedd, 2015). These behaviors are found in all social mammals, prompting movement away from the comfort of families in order to explore new environments and seek new relationships (Giedd, 2015).

These differences in brain development can have tragic consequences. In situations that are not emotionally charged, the prefrontal cortex (PFC) may help a teen recognize that it is not a good idea to get into a car with friends who are drunk. That's the prefrontal cortex talking. In calmer moments, the relatively slow PFC processes information abstractly and sees the potentially dire consequences of driving when drunk. In emotionally charged situations, however, the relatively more developed AMG screams just do it before the PFC knows what happened. This same process may play a role in teen violence, substance abuse, and even suicide (Dopheide, 2006).

There are several risk factors identified in the teen population that place them at a greater risk for suicidal ideation or suicide attempt than other populations (O'Donnell, Steuve, Wardlaw, & O'Donnell, 2003). These include sadness, hopelessness, a sense of isolation, rebellious behavior, and mood swings (O'Donnell et al, 2003). The attempted suicide rate for high school students -increased from 6.3% in 2009 to 7.8% in 2011 (Neal, 2012). One in 12 high school students attempted suicide, and, alarmingly, one in six have seriously considered suicide (Neal, 2012). Teens face many unique stressors today, including cyberbullying, relentless technology, and the increased availability of drugs in high schools and colleges. When queried, 20% of high school students admitted to being

bullied and 16% admitted to being cyberbullied (Neal, 2012). This increase in communication means more pressure for teens that includes more bullying. Additionally, when children are embarrassed, they may perceive the experience as 'the end of the world' (p.25). Identifying ways for teens to handle stress in a non-harmful manner may be a way to reduce teen morbidity and mortality. Neal (2012) suggested that improving the coping mechanisms of teens, as well as linking them to caring adults, are two positive ways for teens to handle stressors. *Healthy People 2020* states that there is growing empirical evidence that well-designed youth development interventions can lead to positive outcomes. Ongoing, rigorous evaluation may determine what works, why it works, and how successful interventions can be applied (Healthy People, 2010).

Statement of the Problem

The problem is that there is a high morbidity and mortality rate for teens who experience suicidal behaviors and the inability of healthcare professionals to reduce it by any appreciable measure. Parents, school staff, and health professionals often fear asking a teen if they are having suicidal thoughts. Several risk factors exist for adolescents that places them at a greater risk for suicidality than other age groups. These include immaturity of the pre-frontal cortex, impulsivity, changing roles, intense emotions and the inability to see other options for solving a problem (O'Donnell, Stueve, Wardlaw, & O'Donnell, 2003). While teens who report suicidality often have depression, it is not the only predisposing factor related to the phenomenon of suicide in teens (Waldholz, 2004). Many questions remain among health care providers on how to best help those teens at risk for suicidal behaviors. Nurses need to better understand teen suicide due to the high mortality rate in this vulnerable population, and the individual and social toll of young

lives needlessly lost. Both society and the nursing profession need to worry about teen suicide because youths are dying as a result of this phenomenon. Studying adults who attempted suicide as a teen may reveal new knowledge regarding the scope and nature of problem, which may increase the nursing profession's ability to effectively meet the preventive and healthcare needs of this vulnerable population.

Purpose of the Study

The purpose of this phenomenological study was to find out what it is like to be an adult who attempted suicide as a teen in order to gain a deeper understanding of the phenomenon itself. Adults who attempted suicide in their teens were asked to reflect on that personal experience which may have defined who they are today.

Phenomenology seeks to explore the lived experience of those with a common experience with the goal of discovering what it is to be human. Phenomenological research of the lived experience reveals the essences of the topic and offers meaning and understanding to the descriptions provided by the participants. This study sought to gain insight into the experience of the adult who attempted suicide in their teens.

Research Question

The main research question is: What is the lived experience of adults who attempted suicide in their teens?

Philosophical Underpinnings

The aim of this phenomenological research was to study how human phenomena is experienced in consciousness, in cognitive and perceptual acts, as well as how they may be valued or appreciated aesthetically. Phenomenology seeks to understand how persons construct meaning, and a key concept is inter-subjectivity (Munhall, 2012). The

person's experience of the world, upon which thoughts about the world are based, is intersubjective because the world is experienced with and through others. Whatever meaning is created has its roots in human actions, and the totality of social artefacts and cultural objects is grounded in human activity. Looking at this phenomenon from the viewpoint of adults who survived a suicide attempt as a teen, as they experienced the factors that led to a suicide attempt and the suicide attempt itself, it was hoped that a more thorough understanding could be elucidated. This in turn might lead to strategies that may reduce the number of teens who attempt suicide in the future.

A phenomenon may be studied using two types of research designs: quantitative and qualitative. Quantitative research involves the gathering of numerical data and exhibiting the view of relationship between theory and research as deductive and that leans towards the natural science approach, and as having an objectivist conception of social reality (Bryman & Bell, 2005). Quantitative research is located in the n this positivist paradigm, in which randomized controlled trials are considered the gold standard of scientific inquiry (Munhall, 2012). Some commonly used methods of data collection in quantitative research are closed-ended questionnaires, experiments, correlation and regression analysis methods and other statistical measures (Bryman & Bell, 2005). Quantitative research often asks questions such as how many and how often.

Qualitative research, on the other hand, is undergirded philosophically by a relativist ontology, which assumes multiple realities (Munhall, 2012). Qualitative research is interested in the study of humans and is deeply rooted in descriptive modes of science (Creswell, 2013). It is concerned with ways of knowing and of discovery through multiple ways of understanding (Streubert & Carpenter, 2011). Qualitative research

seeks an understanding of the underlying reasons and motivations of a phenomenon by examining trends, thoughts and opinions of those who experienced the phenomenon (Bryman & Bell, 2005). Qualitative research designs reflects the assumption that social life is a shared creativity of individuals and their perceptions. The world is not independent of humankind, and is the framework for how human beings view the world (Munhall, 2012).

Qualitative research emphasizes five significant characteristics: a belief in multiple realities, a commitment to identifying an approach to understanding that supports the phenomenon studied, a commitment to the participant's viewpoint, and the assumption that researchers should conduct research in a way that limits disruption of the natural context of interest and finally, that researchers report the data in a way that is rich with the participant's commentaries (Streubert & Carpenter, 2011).

The general constructive interpretation of phenomenology came about as a reaction to positivist beliefs (Munhall, 1994). The phenomenological approach looks at daily human life experiences in their context in order to discover meaning (Munhall, 1994). Phenomenology seeks to understand individual being, being in the world, what it means to be human, where being is in the life worlds, the verbal meaning of the words of humans, and the process of becoming and achieving greater humanness (Munhall, 2012). In phenomenology, the researcher gives, reflects, and attempts to understand the 'whatness' of ordinary life (Munhall, 1994).

Constructivism is an epistemology embodied in many theoretical perspectives other than those that represent positivist and post-positivist paradigms (Crotty, 2011). The positivist paradigm views objects in the world have meaning prior to and independently

of consciousness (Crotty, 2011). The constructivist paradigm views meaning as being discovered and constructed by humans as they interact in the world (Crotty, 2011). The interpretivist approach looks for culturally derived and historically situated interpretations of the social world (Crotty, 2011). Interpretation of the experience from the perspective of the person's perception of the event is critical. In this worldview, what is happening is of less concern than what is perceived as happening (Munhall, 2012).

Scientific research has five assumptions. The first one is ontological, -the nature of reality. Researchers embrace the idea of multiple realities and report on these multiple realities by exploring multiple forms of evidence from different individuals' perspectives and experiences. In this study of teen suicide, the researcher explored the different perspectives of individuals by examining the words of the participants and developing relevant themes. The second is epistemological, how researchers know what they know. Researchers try to get as close as possible to the participants. This researcher minimized the distance from the participants by getting to know each participant through prolonged interviews. Further, the researcher encouraged the participants' use of art forms (poems or drawings) that gave meaning to what was experienced. Subjective evidence was collected based on individual interviews conducted in the field. The third one is axiological (the role of values in research). Qualitative researchers actively report their values and biases as well as the value-laden nature of information gathered from the field. van Manen (2012) argued that total removal of bias was impossible in interpretive phenomenology inquiry. This researcher, therefore, reported personal biases and perceptions of the phenomenon of teen suicide in order to acknowledge their influence in the themes co-constructed with the study participants. A bias reported was that this

researcher's teen daughter died by suicide. The fourth one is rhetoric, the art of persuasion. Rhetoric refers to the way the findings are reported. The goal is to persuade the reader that the study findings are worthy. The rhetorical assumption in qualitative research is that the researcher is not "truth seeking" or omniscient, but is, instead, reporting what reality is through the eyes of the research participants (Creswell, 2013). This researcher used the participants' verbatim dialogue to report the themes that were developed from this inquiry.

The fifth assumption is methodology, the principles that guide the selection of methods used in the research design. Since the aim of this study was to explore the lived experience of adults who had attempted suicide as teens, the tenets of interpretive phenomenology underpinned the methodological choices. The study was conducted in a natural setting, exploring the participants' experience of attempted suicide as teenagers. As data from interviews, poems, and other art forms were collected, coded and inductively analyzed, the researcher reflected upon her own experiences and perceptions of the data and the research process. The goal was to grasp the experiential world of the participants, individually and collectively.

Phenomenology

The phenomenological movement has evolved through three phases, preparatory, German, and French.

The preparatory phase involved Franz Brentano and Carl Stumpf (Streubert & Carpenter, 2011). They demonstrated the rigor of phenomenology through the concept of intentionality- humans have an inseparable connection to the world (van Manen, 1990).

This means that all thinking is always thinking about something (van Manen, 1990). Intentionality is only retrospectively available to consciousness (van Manen, 1990).

The German phase involved Husserl and Heidegger. Husserl believed that phenomenology would restore contact with deeper human concerns and that it would become the foundation of philosophy and science. Husserl proposed a phenomenological attitude which involves methodical steps in a process of phenomenological reduction. Reduction in this context signifies a leading back or redirection of thought away from its unreflective and unexamined immersion in experience of the world to the way in which the world manifests itself to us (Husserl, 1924).

Heidegger considered the person as embodied and embedded in the world, in a particular historical, social and cultural context (Munhall, 2012). Heidegger's major focus during this phase was of being-in-the-world. One way to attain this is immersion, which enables the researcher to understand what becoming phenomenologically present to what the world means (Munhall, 2012). The process of immersion is ongoing; the researcher becomes less assuming, and adopts a stance of unknowing (Munhall, 2012).

There are some major constructs in the phenomenology research method. As a reaction to the positivist beliefs, phenomenology constructed itself as a philosophy, a perspective, and an approach to practice and research. The major constructs of phenomenology, as defined by Merleau-Ponty (1964), are: consciousness- existence in the world is through the body; embodiment- being aware of being in the world; natural attitude- a mode of consciousness that produces interpretations of the world; perception- an individual’s access to experience in the world; and, experience- the perceptions or realities of events that are unique to each person.

Heidegger presents hermeneutics as a prerequisite and follows the original Greek etymology of the term phenomenon, meaning 'to show itself 'to bring to the light of day, to put in the light' (Heidegger, 1962). The task of phenomenology is therefore 'to let that which shows itself be seen from itself in the very way in which it shows itself from itself' (Heidegger, 1962). Similarly, Merleau-Ponty (1964) contended that 'the proper essence of the visible is to have a layer of invisibility ... which it makes present as a certain absence' Even while one is revealing a thing or experience, there is also something hidden.

Consciousness is life; it is existence in the world through the body (Merleau-Ponty, 1964). The mind and body unite to become a meaning of experience which in turn eliminates the idea of a subjective or objective world (Merleau-Ponty, 1964). Another key concept is that of embodiment, which explains that through consciousness we are aware of being-in-the-world, and that through our body we gain access to the world (Munhall, 1994). We are able to feel, think, touch, taste, hear, see and are conscious through our body (Munhall, 1994). The natural attitude is a mode of consciousness that allows us to embrace interpreted experiences; experience and interpretations are handed down from generation to generation, teaching about reality in the process (Munhall, 1994). These teachings become assumptions that aren't questioned about the phenomena. They become part of the person's natural attitude toward the world (Munhall, 1994).

A critical assumption of phenomenology is its emphasis on language, which imbues and informs experience. Language generates and constrains the human life-world; it is not apart from thoughts or perceptions (Munhall, 2012). It rejects the concept of objective research. Phenomenologists' group assumptions through a process called

epoche. Epoche is defined as "suspension of judgment", "the act of refraining from any conclusion for or against anything as the decisive step for the attainment of ataraxy," and as "the methodological attitude of phenomenology in which one refrains from judging whether anything exists or can exist as the first step in the phenomenological recognition, comprehension, and description of sense appearances" (Creswell, 2013, p.80). Husserl saw it as a technique, more fundamental than that of abstraction and the examination of essences, and that it serves to highlight consciousness itself (Creswell, 2013). He believed the philosopher should doubt, be methodic and tentative, in regard to all "commonsensical beliefs; he should put them, and indeed all things of the natural-empirical world, in "brackets," subjecting them to a transcendental suspension of conviction—to *epochē"* (Husserl, 1924). Husserl (1924) thought that ceasing to believe in prior convictions would put the researcher's beliefs out of action in order to focus upon the sheer appearances of houses, trees, and people, which then become tantamount to the existence of his awareness of them. This researcher used calmness and reflective journaling to maintain epoche. The researcher also utilized a therapist to assist with maintaining this calmness, as well as, to reflect on her own feelings about teen suicide.

According to van Manen (2014) phenomenological research begins with wonder. The phenomenological question explores experiences with the aim of grasping aspects of the phenomenon (van Manen, 2014). There are some key tenets of phenomenology as well. One of the main key tenets of phenomenology is that the people in question tell their own story, in their own terms. So, being true to the phenomenon as it is lived means apprehending and understanding it in the lived context of the person living through the situation. Another key tenet of phenomenology is that it is the study of the lived

experience. The bracketing or suspension of our everyday "natural attitude" is a mode of consciousness that espouses interpreted experiences (Munhall, 2012, p.128). Phenomenology is the study of our experience, how we experience. The aim of phenomenology is to study how human phenomena are experienced in consciousness, in cognitive and perceptual acts, as well as, how they may be valued or appreciated aesthetically (Streubert & Carpenter, 2011). Phenomenology seeks to understand how persons construct meaning and a key concept is intersubjectivity. Our experience of the world, upon which our thoughts about the world are based, is intersubjective because we experience the world with and through others (Streubert & Carpenter, 2011).

Phenomenology is an epistemological qualitative method of research. It seeks to explore the lived experience of those who have a common experience with the goal of discovering themes and meaning units. Its central purpose is to understand what it is to be human. The experiences themselves show the emerging meaning of a particular phenomenon. The true goal of phenomenology is to explore all the possibilities by following the thing itself, alert to appearance and concealment (Munhall, 2012).

The phenomenological paradigm is reflected upon in the questioning of perception, philosophy, nursing philosophy, paradigms, assumptions, and praxis (Munhall, 2012). A desire to embrace the human understanding of experience, meaning of life worlds, and the essences of experience are the main focuses of phenomenological studies (Munhall, 2012). The aims of discovery and qualitative research methods are presented within social, experiential, linguistic, and cultural contexts (Munhall, 2012). In a fundamental sense, the researcher is looking for the meaning and understanding of

human experience. The goal is to follow that experience with respect for the topic, for those close to the participants, and to the participants themselves.

This research explored the meaning of the lived experience of adults who attempted suicide as teens. Phenomenology is an approach based on philosophical propositions rather than on theoretical concepts. The phenomenological approach asks the researcher to suspend whatever knowledge they have and to become a beginner in the topic of interest (van Manen, 1990). "In the beginner's mind, there are many possibilities but in the expert's mind, there are few" (Munhall, 2012). The empty mind is a perfect receptor for new perceptions. Nothing is taken for granted and everything is held up for questioning. Thinking phenomenologically means that discovery is the result of the process of the unexpected, causing our whole focus to change. We must be open to the nature of the lived experience (van Manen, 2014). Thinking phenomenologically is not only hearing language and believing something is being revealed that is of value, it is also hearing language and thinking what might be concealed in the answers (Creswell, 2013). It is about understanding that two different people have two different experiences of one reality.

There are multiple approaches to phenomenological research. They include hermeneutic and empirical or transcendental. Hermeneutic phenomenological research is associated with van Manen and transcendental phenomenological research is associated with Moustakas (van Manen, 2014). Moustakas' transcendental approach focuses less on the interpretations of the researcher and more on the descriptive experiences of the participants (van Manen, 2014). Transcendental gets it's meaning of that in which everything is perceived as fresh and seen for the first time (Creswell, 2013). Moustakas'

transcendental research method uses procedures that identify a phenomenon to research, bracket the researcher's bias's and experiences, and then collects data from those who have experienced the phenomenon (Creswell, 2013). The data is then analyzed by reducing the data to significant statements, combining the statements into themes, and finally developing the themes into a textural and structural description of the participants' experiences. (Creswell, 2013).

This research was guided by van Manen's philosophical and research method. van Manen (1990) believed that research is a search for what it is to be human. The investigation is the experience as we live it. The thoughts, feelings, emotions, and questions of each of us are deeply embedded in in the context of our world and of our being in the world (van Manen, 2014). The lived experience is the starting point and end point of phenomenological research (van Manen, 1990). What makes the experience so unique is that it is reflected on and talked about, which gives the experience quality (van Manan, 1990). All phenomenological research are explorations into the life world's (van Manen, 1990). The first of these four life worlds is lived space (spatiality), which refers to the environment we live in. An experience does not exist alone; it is embedded and connected (van Manan, 1990). Lived body (corporeality) refers to the body we inhabit, and the mind is embodied in the body. The body is how we access experience (van Manen, 1990). Lived time (temporality) is the time we live in and our bodies occupy a space in time (van Manen, 1990). Critical to this concept of space is the historical time in which the participant is living. The time period the participant is living in influences their behavior, attitudes, and beliefs (Munhall, 2012). Lived human relations (relationality) refers to the world and our relation to others in the space we share with them (van Manen,

1990). When studying phenomenological data the researcher must think about the relationships within the experience being studied and as they are told by the participants (van Manen, 1990). These four existential life worlds can be differentiated but not separated (van Manen, 1990). By using van Manen's phenomenological method of research, the researcher processed data that gave meaning to the perspective of the adult who attempted suicide as a teen

Phenomenology's central purpose is to understand what it is to be human. The experiences themselves revealed the emerging meaning of a particular phenomenon. The true goal of phenomenology is to explore all of the possibilities by following the thing itself (van Manen, 2014). Discovery is the process of the unexpected causing our whole focus to change. It is a way of being in the world where two people have two different experiences of one reality (Streubert & Carpenter, 2011). Phenomenology assumes that human behavior can provide a deeper understanding of nature, and is focused on discovery. This perspective is consistent with seeking a deeper understanding of what is happening in the world of teens who attempt suicide. This research explored the lived experience of adults who survived a suicide attempt while they were a teen. Humans are not isolated from the world they live in, and they experience and perceive in relation to the world (van Manen, 2014).

Relationship of Phenomenology to this Study

Phenomenology was the best approach for this study because it looks at the experiences as perceived by adults who attempted suicide as a teen. It provided rich multidimensional understanding of the phenomenon as experienced by individuals. Its strength lies in directing attention to the internal world of human experience of the

participants, and its ability to force the researcher to think away from the internal, private world to the external. Understanding the lived experience of a phenomenon via the voice of those who have lived it, provided nurses with a deeper understanding and of what is happening and therefore advance nursing knowledge of the thing itself. This paradigm is consistent with the researcher's area of interest and intent to better understand the lived experience of adults who attempted suicide as a teen.

Using the research method of van Manen's life worlds- and turning to the nature of the lived experience allowed the researcher to raise consciousness about the phenomenon. The life worlds are a unity and reflect the interconnectedness of all four of the life worlds (van Manen, 2014). The life-worlds for this researcher helped to bring into perspective the wholistic view of the world that teens live in, which influences how the teen perceives the world and himself in it.

Thinking of these life worlds furthers understanding of the person in the world. Relationality is of particular importance when studying teen suicide from the vantage point of adults who survived a suicide attempt as a teen. Teens are in a stage of development where they are trying to pull away from parents and develop their own identity. At the same time, they still need the emotional support of caring adults (Erikson, 1994). How teens interpret themselves in relation to others around them, especially those whom they value, may be critical in understanding meaning of suicide attempts. Kuhn (2012) described a paradigm shift is one in which a crisis becomes the catalyst for a new way of thinking and for a paradigm shift. The escalation of teen suicide in the face of depression and mental illness may act as the catalyst for a paradigm shift in how nurses and other healthcare providers study and care for teens. Kuhn (2012) stated that

during periods of revolution, when the fundamental tenets of a field are at issue, doubts are expressed about the new paradigm. He stated that "for a new paradigm to triumph it must have supporters who produce hardheaded arguments that can be produced and multiplied" (Kuhn, 2012). Nurse researchers can become some of the voices of support for research. This research evoked perceptions and experiences of adults who experienced suicidality as a teenager. van Manen's approach of looking at people in relation to their life world's permits meaning and interpretation to emerge that may provide heterogeneous perspectives.

Qualitative phenomenology research of the lived experience of adults, who as teens attempted suicide, revealed the essences of the problem and gave meaning, understanding and descriptive experiences. Faced with a stressful world, teens often feel overwhelmed and depressed, and may consider suicide as the only option left to them (Wood, 2011). Suicide is a serious issue, not only in the United States, but worldwide. There are numerous factors that play a role in a teen's decision to attempt suicide. This complex phenomenon should be recognized from the viewpoint of the adult who attempted suicide as a teen so that a deeper understanding can be gleaned which may lead to nurses being better equipped to help the teen in a suicidal crisis. There is a gap in the literature regarding teen suicide from the phenomenological perspective. There is a gap in the understanding of what teens themselves perceive and experience with suicidality.

Significance of the Study

This study's significance was to illuminate the lived experience of adults who attempted suicide while teens. The hope was that this research would reduce the gaps that exist in understanding what is happening with teens who attempt suicide. This study

also highlighted what helped the participants to transition to a better life, which would offer important insight to nurses who care for this population. Research has mainly focused on quantitative studies which excluded information of what teens themselves perceive prior to a suicide attempt. Findings from this study provided implications for nursing education, practice, research, and health and public policy.

Significance to Nursing

Gaining nursing knowledge through research about basic societal processes and how they impact adolescent suicide is important to nurses as they navigate how best to treat this population. Nurses play a key role in the lives of many teens, from school nurses who have gained a trusted role for students to emergency room nurses who encounter adolescents who are have suicidal thoughts or have attempted suicide to nurse practitioners who encounter the suicidal teen in general practice. Having a deeper understanding of the phenomenon itself may enhance the way nurses approach the teen with suicidal behaviors; how they teach and inform the families caring for a suicidal teen; and, how they approach communities with information about teen suicide. The profession of nursing responds to research which provides evidence based practice.

Implications for Nursing Education

Nursing education should encompass ways to reach all age groups, as well as, how to reach a particular population. Incorporating awareness of adolescent suicidal thoughts and behaviors in nursing education may improve efforts to address the unique healthcare needs for this population. By incorporating awareness of teen suicidal behaviors to the curriculum of nursing programs, there may be enhancement of

knowledge of how to best serve this population. A benefit of this study for education resulted in an increased in the understanding by nurses of the suicidal teen.

Implications for Nursing Practice

By examining the lived experience of adults who attempted suicide as a teen, nurses may consider the teen's perspective and improve assessments of teens who are at risk for suicide or those who are suicidal. The profession of nursing has moral and ethical imperatives to fulfill. It is a profession with goals of assisting others to attain a better quality of life. Assessment of suicide risk is a critical task for nurses (Cutcliffe & Barker, 2004). Examining the lived experience of adults who attempted suicide as a teen may give nurses additional resources in caring for this vulnerable population.

The care that nurses provide may be pivotal in helping people in a suicidal crisis. The rich narrative descriptions of adults who attempted suicide as a teen shed light on the experience. Through interpretative analysis the nurse researcher sought to offer some strategies that may guide risk reduction and management of suicidal teens.

Implications for Nursing Research

Nurses need to continue to research ways that reduce suicidal behaviors in teens. Suicide is not limited to the United States. Globally more than a million people die each year as a result of suicide (CDC, 2010). A prelude to developing new programs in public healthcare is examining health concerns so that their impact can be minimized and new cases can be prevented. Research promotes evidence-based practice to ensure positive outcomes that are essential in the nursing profession. Adding a qualitative perspective to teen suicide research will add to the body of knowledge, shedding light on a topic where little is known about what precedes and surrounds a suicide attempt. The knowledge

gained is intended to assist nurses to advocate for the population. Nurses are faced with a crisis in how research about teen suicide is conducted. By shifting to qualitative research methods, nurses can develop a basic understanding of the problem itself, and discover any data that may be supportive to their plan of care. Using a phenomenological research method, the researcher turned to the nature of the experience and explored the adults experience with a suicide attempt while a teen. The researcher embraced nursing's caring element to advocate and gain insight into an often overlooked population.

Implications for Nursing Health and Public Policy

Health and public policy are interconnected with research. Researching the lived experience of teens with suicidality, the researcher aimed to influence public policy by offering plans that incorporate the adult's experience. Guided by themes, the nurse researcher offered teen-centered strategies to improve care for suicidal teens. Investigation is important to the maintenance of public health. School nurses are a group of nurses who are in a strategic position to provide interventions. It is estimated that one-third of students that come into contact with a school nurse have a mental illness (Wood, 2011). This study may lead to nurse's increased understanding of what is happening with teens who are suicidal, and may lead to ways of knowing how to reach them. This study may provide data for professional nursing organizations that could generate legislation to provide proactive measures that might lead to a decrease in teen suicide. Nurses have an obligation to society to serve as advocates for their patients. This nurse researcher seeks to be the voice for change in public policy that promotes healthy lifestyles and a better quality of life for high risk teens.

Scope and Limitations of the Study

This research included English speaking adults twenty-one or older who had attempted suicide as a teen, but whose attempt had not occurred less than two years prior to the interview date, and who were willing to share their lived experience. The sample was a purposive sample of adults who attempted suicide and who had the ability to use a virtual format such as Skype or FaceTime, who had phone access for phone interviews or who met for face-to-face interviews. This study was a qualitative one, and the small sample size limits the generalizability of the findings. Participants may also have shared information related to their experiences based upon what they thought the interviewer wanted to hear, rather than their true experiences.

Chapter Summary

This chapter introduced the topic of interest, as well as, the background of the study. It covered the statement of the problem and the purpose of the study. Included also were the research question and the philosophical underpinnings, the importance and significance of the study. In addition, the use of phenomenology using van Manen's design was chosen as the research design. The significance of the study included the specific importance to nursing in relation to education, practice, research, and public policy. Developing strategies to prevent teen suicide is the goal of nurses and healthcare providers who care for this population, yet until the meaning of experience for a patient is known, interventions are limited. Chapter Two provides a review of the scientific literature related to teen suicide, and discusses the historical and experiential contexts of the phenomenon of interest.

CHAPTER TWO

REVIEW OF THE LITERATURE

The purpose of this phenomenological study was to find out what it is like to be an adult who attempted suicide as a teen in order to gain a deeper understanding of the phenomenon itself. Phenomenology seeks to explore the lived experience of those with a common experience with the goal of discovery of what it is to be human. Phenomenological research of the lived experience reveals the essences of the phenomenon and offers meaning and understanding to the descriptions provided by the participants.

A review of the relevant literature was done using an intranet search of PubMed, CINAHL, MEDLINE, and PsycINFO. Literature was reviewed from 1999-2016 due to the limited available research conducted with teens. The literature review was categorized into two groups: risk factors and protective factors in suicidal adolescents. The articles highlight where studies have focused thus far as well as where there are gaps in the literature and in research. The research that has been done thus far has not resulted in any appreciable reduction of teen suicides and has not included the perspective of the suicidal teen (CDC, 2013). For this reason little is known about the motivating factors that lead a suicidal teen to either attempt suicide or not attempt suicide. The vast majority of research has been done in a quantitative methodology. Further, the difficulty in access to this vulnerable age group has limited research thus far and has not investigated those who have attempted suicide and survived, leaving a gap in our understanding of the thing itself. The keywords used in the search were: teens, adolescents, suicide, depression, risk factors, coping, suicide prevention and

protective factors. Citations were limited to the English language and by subject to exploration of the content. The literature reviewed for this study spanned the years from 1999 to 2016. A random selection process delimited the profusion of theoretical references found. Research studies were reviewed in which the risk factors and protective factors for teen suicide were explored. This review has resulted in an examination of the historical context, risk and protective factors of teens with suicidality.

Historical Context

Suicide in the teen and young adult population remains one of the leading causes of death (CDC, 2010). The general consensus is that teen suicide is under-reported (Poorolajal, Rostami, Mahjub, & Esmailnasab, 2015). The magnitude of the problem becomes more apparent when the statistics for suicide attempts is examined (Adcock, Nagy & Simpson, 1991). Suicide is the act of causing one's own death (Adcock et el, 1991).

Suicidality is defined by thoughts of suicide or of behaviors that involve self-injury (Ryan, 2015). The importance and significance of the study becomes evident when one learns that teens are more likely to die from suicide than any other age group. Each year, one in five teenagers in the United States seriously considers suicide and 5% to 8% of adolescents attempt suicide, which represents approximately one million teens (Gould, 2002). Teens are at a stage of development that is characterized by complex stressors as they attempt to form their own identity. They must separate from their parents at a time when their brain is not fully developed and their emotions are labile. They seek independence while their insecurity begs for parental reassurance. The age group that is most at risk for suicidal ideation and attempts is in the 'Identity vs. Role

Confusion' stage of adolescent development (Erickson, 1994). Such knowledge is important to those who care for this age group in understanding the rebellion and mood swings that are often associated with teens. When teens are unable to cope with the stresses in their lives, they may see suicide as the only solution to their problems (Wood, 2011).

The vast majority of research on teen and young adult suicide has been done in a quantitative methodology and has focused on risk factors that may aid nurses and other health professionals in identifying those who are at a heightened risk for suicidality. In addition to identifying teens at risk for suicidality research has also focused on identifying what protective factors play a role in keeping teens from attempting suicide. Looking at teen suicide by way of a phenomenological study using van Manen's examination of the life worlds may open up a new understanding for nurses.
This deeper understanding may allow for nurses to be better equipped to act in ways that prevent the teen from attempting suicide. Findings from numerous studies reveal that females are at a greater risk for suicidality but that males had a higher rate of completed suicide. The reason for this difference may be related to the method used by each gender (Poorolajal, Rostami, Mahjub, and Esmailnasab, 2015).

Adcock, Nagy, and Simpson (1991) conducted a quantitative, comparative cross-sectional study to examine selected risk factors in adolescent suicide attempts. The purpose of the study was to examine the influence of race, gender, locale (urban vs. rural), and alcohol use and sexual activity on self-reported levels of stress, depression and suicide in Alabama adolescents. A second aim of the study was to determine the level of knowledge of common signs of suicide among Alabama adolescents. They hypothesis

was to determine if there were significant differences between groups. The convenience sample was 3,803 eighth and tenth grade public school students during the fall of 1988. They were randomly selected from three public schools districts in the northern half of Alabama and three from the southern half. Analysis was done using Chi-square tests to determine if there was a significance difference between groups. The results of the analysis showed that participants who engaged in both sexually active and who consumed alcohol comprised 27% of the sample and that more males (34%) than females (21%) were participants. Students who abstained from both behaviors comprised 35%, and more females (44%) than males (26%) and more whites (40%) than blacks (28%) were abstainers. When the data was analyzed by gender, the differences were significant with for each of the items with females having more difficulty coping with stress, more often experienced sad and hopeless feelings, and more often felt they had nothing to look forward to. Among females, 19% had attempted suicide while 12% of males exhibited suicidal behaviors. Among whites, 16% had attempted suicide and 14% of blacks had attempted suicide. The *p value* for the difference between blacks and whites was $p=0.13$. There were no significant differences found between rural and urban students. The findings also concluded that both males and females who engaged in sexual intercourse and alcohol consumption were at a greater risk for suicidality than were abstainers with $p=0.001$. When analyzed by ethnicity, white adolescents who engaged in these behaviors were at a significantly greater risk than those who abstained; differences were not as pronounced for black youth with $p=0.001$. The data suggested that many adolescents have difficulty coping with stress and depression, and that those adolescents who are

engaging in various types of risk-taking behaviors are at a greater risk for depression and suicide.

Poorolajal, Rostami, Mahjub, & Esmailnasab (2015) did a quantitative, quasi-experimental study examining the risk factors associated with completed suicides. The study took place over six years in the Kermansha Province of Iran in 2012. The goal of the study was to evaluate the trend of suicide and its associated risk factors in the west of Iran. The hypothesis evaluated the trend of suicide and risk factors in western Iran. A multivariate logistic regression analysis was performed and odds ratio and 95% confidence interval was reported. There are numerous factors that contribute to suicide which is rarely the consequence of a single cause (p. 39). The data for this research was extracted from the suicide database of the Provincial Health Center for six successive years from March 2006 to March 2011. During the six year study, 13, 810 people attempted suicide with 1,564 completing suicide. The effects of several risk factors were investigated which revealed that a majority of those who attempted suicide reported a conflict with family members, relatives or colleagues (95% CI). Other leading causes were a psychological disorder, substance abuse, and a physical disease. This study found that several factors posed a greater affinity for suicidal attempts. Most of the people who attempted suicide (58.2%) were female compared to (41.8%) who were male. The odds ratio of male to female for completed suicide was 2.27. The results also show that taking medications was the most common form of attempted suicide (69.13%) but that only 2% of those who used medications eventually died. It also showed that dangerous ways of attempted suicide such as using firearms or hanging resulted in more deaths. Of those who used a firearm, 95% died and 91% of those who hanged themselves died.

Dangerous methods of suicide are more often used by males than females which accounts for the greater number of deaths in males than in females despite the greater number of attempts by females.

Compounding the problem of teen suicide is the long-held suspicion that suicides have been under-reported. These lingering uncertainties about suicide rate accuracy have called into question the efficacy of prevention programs. Timmermans (2005) conducted a qualitative, ethnographic grounded theory study on suicide determination and the professional authority of medical examiners. The purpose of the study was to determine whether increased professionalization of death investigation has rendered suicide determination less equivocal, and to explore why the problem of suicide accuracy has persisted despite ongoing criticism. The study was conducted over a three year period in a medical examiner's office responsible for the certification of suspicious deaths that occurred in a U.S. urban/suburban area of approximately one million residents.

Direct observation of the forensic pathologists was initiated, and access to investigative files, autopsies, and morning staff meetings were obtained. All data was analyzed using the principles of grounded theory to uncover the social processes of the phenomena. According to this study, there -were several reasons for the under-classifying of suicide: medical examiners safe-guarding their forensic authority, relatives who don't want the stigma of suicide, and public health officials concerned with government bureaucracies' definition of suicide.

Comparative researchers attributed the increases in Irish suicide rates over the last thirty years to more accurate reporting. One of the problems with the classification process in a determination of suicide is that of intentionality. The examiner must second

guess the deceased's mind, which invites rather than resolves ambiguity. This study found that because there is no external standard for suicide determination, the question of suicide accuracy is unlikely to be conclusively resolved. Suicide cannot be presumed, it must be positively demonstrated. Medical examiners have little incentive to detect more suicides, and may lose credibility if they mistake non-suicides for suicides. The results of this study showed that under-classifying suicide may be the result of pressures that negatively influence medical examiners. What counts as a suicide depends on the professional strengths and weaknesses of forensic investigators.

The historical context suggested several identifiers for healthcare professionals to look for when caring for adolescents who are at risk for suicidality. It also showed that the majority of research done to date has been done using quantitative methods. More females attempt suicide, but more male's complete suicide. The historical context also highlighted the questionable accuracy of suicide rates resulting from under-reporting by medical examiners. This under-reporting raises the alarm for nurses as the actual rate of suicide is thought to be greater than reported. The review of the literature highlighted the magnitude of the problem in adolescents for suicidal attempts, thoughts, and completion.

Risk Factors

There are many factors that impact suicide attempts, but four risk factors appeared frequently in the articles reviewed. These four predominant risk factors are poor coping mechanisms, family stressors or stressful life events, psychopathology, and hopelessness. Gould, Greenberg, Velting and Shaffer (2003) conducted a meta-analysis of the past ten years of research on youth suicide. The researchers performed a systematic search of school based suicide prevention programs, as well as studies that

focused on epidemiology, risk factors, prevention strategies and treatment protocols in an attempt to understand who is at risk for suicide and what current measures treat suicidal youth. Risk factors included psychopathology, with more than 90% of suicidal youth - suffering from a depressive disorder. Substance abuse/dependence was more strongly associated with suicidal attempts than with ideation. Negative findings included a gender-specific association between panic attacks and increased suicide risk for females only. Prior suicide attempts were one of the strongest predictors of completed suicide, particularly in males. Hopelessness and sexual orientation were also linked with an increased risk for suicidality. Poor problem solving ability was reported to differentiate suicidal from non-suicidal youth. A family history of suicidal behavior greatly increased the risk of completed and attempted suicide. After controlling for other psychiatric risk factors, the twin/co-twin odds ratio was 95% CI [5.6] for monozygotes and 4.0 for dizygotes, which suggests a degree of inheritance for suicidality. It was reported that a family history of depression and substance abuse significantly increased the risk of completed suicide even after controlling for the victims psychopathology. Physical and sexual abuse increased the risk for suicidal completion and attempts. It was found socioeconomic status played no or a small effect on suicidality. There were no psychometrics for much of the study. A comprehensive understanding of this information is critical to healthcare providers who care for youth.

While there have been tremendous strides made in our understanding of who is at risk for suicide, there is an urgent need for research that focuses on the development and evaluation of empirically based suicide prevention and treatment protocols.

Only by knowing who is at risk and how best to treat them, can healthcare providers decrease the suicide rates of teens and young adults. The suicide rate increases dramatically in the late teens and early twenties. The suicide mortality rate for those between the ages of 15 and 19 was five times higher than the rate for younger teens. The results revealed several risk factors being identified in this research which were psychopathology, which is a history of some form of mental disorder, a sense of hopelessness, divorced parents, and stressful life events.

In Switzerland recent statistics reveal that suicide has become the leading cause of death in young people between the ages of 15 and 29. Laederach, Fischer, Bowen and Ladame (1999) conducted a quantitative, descriptive study in Switzerland of 148 adolescents between the ages of 15 and 19 at Geneva University Hospitals. The purpose of the study was to determine the risk factors that were predictive of suicidality in Swiss youth. Those who participated in the research were admitted to the emergency room for a suicide attempt between October 1992 and September 1996. The researchers used interviews and a structured questionnaire. Data were analyzed using X^2 (Yates correction. The correlation between psychopathology was strong with one exception; all of the adolescents had a diagnosis of mental illness of some kind. Affective disorder was 86.5%, which was most commonly depression (69.6%). It was reported that 58.1% of the adolescents had two disorders which were most commonly affective and anxiety (37.2%) and affective and substance abuse (10.8%). Past suicidality was important with 46.6% having already had a prior suicide attempt. Only 27.0% of adolescents in the study perceived themselves as having good or excellent health. The study showed that absenteeism was frequent, with 60.2% missing two weeks or more of school. Findings

revealed 18.2% of the adolescents, and significantly more females than males ($p<.05$) had experienced sexual violence. The results of the study showed that there were no significant differences between males and females for risk factors. The risk factors that showed a trend were depression, poor health, family breakup, self-injury, absenteeism, poor social integration, sexual abuse, and anxiety. One of the outcomes of the study showed that although depression was a risk factor for suicide, not all adolescents who have depression attempt suicide.

Jenkins, Singer, Conner, Calhoun, and Diamond (2014) conducted a quantitative, correlational study over a one year period in a primary care setting with 1,561participants who were age 14-24 years old. The purpose of the study was to identify variables that place self-injuring adolescents and young adults at increased risk for suicide. By determining which variables best differentiate between self-injuring youth (1) with no history of suicidal ideation or attempts, (2) with a history of ideation but no attempts, and (3) with a history of suicide attempts. The aim of the study was to develop an algorithm that could be easily used by clinicians to assess the severity of suicide risk among youth engaging in non-suicidal self-injuring (NSSI). Participants who engaged in NNSI completed a brief comprehensive mental health screen to determine which factors were most likely to predict suicidal ideation and attempt. Self-harm behaviors which include suicidal thoughts and behaviors increase dramatically in adolescence and occur at high rates during young adulthood. Non-suicidal self-injury is poorly understood in its relation to suicide attempts. Rates of NSSI in college students can reach as high as 38%. A computer based survey and the Behavioral Health Screen was used in Northern

Pennsylvania, half in rural areas and half in semi-urban areas. Parental consent was not obtained as Pennsylvania law allows adolescents 14 and above to participate in mental health services without parental consent which includes low-risk research that provides access to care. Analysis consisted of standard descriptive statistics with a recursive partitioning method used to examine many variables simultaneously. Logistic regression was used with a decision tree to determine which features were most fundamental to the population. Of those youth with a history of NSSI, 34.5% reported NSSI with no suicidal ideation or attempt. The participant (37.9%) reported NSSI with suicidal ideation and 27.8% reported NSSI and suicide attempt. Youth in the NSSI and ideation group were more likely to be female. There were 109 variables that were assessed which included demographics and diagnostic variables as well as variables related to safety and school or family problems. The prediction error for the tree is 0.71 and so the variance is 29%. The cross classification error is 0.78 and so there is a 22.0 +or – 5.6% of the variability in the population. Youth at greatest risk for suicide were those with mean score of 2.75 on the depression sub-scale, and who endorsed a lifetime history of ever drinking alcohol (60%). The results of this study showed that risk factors for potential predictors of suicide were school problems, family problems, and alcohol consumption. Depression did not rate high with adolescents with NSSI behaviors. Results also supported that teens engaging in NSSI alone had not thought of- or attempted- suicide.

The current study examined the lived experience of adults who attempted suicide in their teen years. The above studies examined the risk factors common among teens with suicidal thoughts and behaviors in the hope of identifying teens at risk for suicide

attempts. These studies did not address the lived experience of teens who attempted suicide, and did not look at the teen as they experienced suicidality and what is happening when an attempt is made. Suicide is complex and understanding what is really happening from the viewpoint of the teens themselves- or adults who survived a suicide attempt as a teen is critical to understanding the core of the problem. Knowledge limited to identifying risk factors - present in suicidal teens offers an incomplete understanding of what teens express and reveal in their narratives.

Protective Factors

O'Donnell, Stueve, Wardlaw & O'Donnell (2003) conducted a quantitative, correlational study with the purpose of examining the relationship of suicidality among urban youth to patterns of adult support. The sample was obtained from seven high school sites in Brooklyn, New York. This study surveyed 879 adolescents for suicidal ideation and attempts, perceived adult support, family and formal network availability and network activation was assessed. Characteristics of the Reach for Health suicidality sample (N=879) showed that within the total sample 22.5% (n=198) reported they had seriously considered suicide and 10.6% (n=93) reported one or more suicide attempts. Analysis was done using multiple regression and Chi-square analysis where $p<.05$. Multiple logistic regressions of suicidal ideations or a suicide attempt on perceived support, network availability and network activation were performed controlling for gender, being Hispanic or not, and having same-gender sex or not. Only low perceived support was a significant predictor of adolescent suicidality ($p<.001$). Only half of the adolescents who reported a suicide attempt spoke to an adult about their distress. Suicide attempters were more likely than non-attempters to report that they would not go to a

family member in the future. The results suggested that improving communication among youth, families, and service providers provided protection against suicide.

Walsh and Eggert (2007) conducted a quantitative, comparative study that looked at which factors reported by adolescents offered protection against suicidal attempts. The purpose of the study was to examine risk and protective factors associated with suicidal behavior among youth who were experiencing problems at school, and to compare these factors between suicide risk and non-suicide risk subgroups.

The researchers conducted an in-depth examination of risk and protective factors among teens with school difficulties. The sample size was 730 high school students between the ages of 14 and 21 in the Northwest and Southwest of the United States. A paper-and-pencil questionnaire was completed and one in-depth interview was conducted. Analysis consisted of using a covariance test (ANOVA) controlling for age and sex which examined differences between suicide risk and non-suicide risk groups on each risk and protective factor. The significance level was computed by dividing the alpha level of 0.05 by the number of ANOVA tests in each risk/protective factor domain. The suicide risk and the non-suicide risk groups differed significantly on all of the protective factors with the SR group (n=300) reporting lower levels on all protective factors than the non-suicidal group (n=430). In terms of covariates, sex had a significant effect on self-esteem ($F=7.66$, $P<0.01$), personal control ($F=4.78$, $P<0.05$) and sense of support ($F=9.45$, $P<0.01$) with males reporting higher levels of each. The suicide risk subgroup reported higher levels of all risk factors and lower levels of protective factors. This study found that hopelessness was a significant predictor for a suicide attempt. The results also found that those students who had depressive symptoms paired with school

difficulties had fewer protective mechanisms in place, placing them at a greater risk for suicide attempts.

Weingarten (2010) conducted a qualitative phenomenological study using Moustakas transcendental method. The researchers wanted to explore the concept of hope as a protective measure against suicidality in teens. The researcher's goal was to examine the lived experience of teens who had suicidal ideation and behaviors, and who had undergone treatment in conceptualizing hope. The participants were recruited from family therapists who work to restore hope. The conclusion was that being able to conceptualizing reasonable hope offered protection against suicidal ideation for teens.

Molock, Puri, Matlin and Barksdale (2006) conducted a quantitative, correlational study using descriptive statistics and multiple and logistic regression analysis. The purpose was to examine the relationship of hopelessness and depression with suicidal thoughts and behaviors in African Americans adolescents, and whether religious participation and religious coping mediated suicidality. The research question was "Does religion protect African American teens from suicidal attempts in students with hopelessness and depression?" The subjects were 212 African American high school students recruited from three public high schools in a suburb in Washington, DC. The majority of the subjects came from middle-class families as measured by parental education level. The results of the analysis revealed a significant positive relationship between collaborative religious coping and reasons for living (B= .48, F=28.08, p=<.001); a significant positive relationship between deferred religious coping and reasons for living (B=.39, F=17.9, p<.001); and, a significant negative relationship between self-directed religious coping and reasons for living (B=.41, F=17.2, p<.001).

The results concluded that the only religious coping style that served as protection against negative mental health outcomes was collaborative religious coping. Adolescents who reported collaborative religious coping were significantly more likely to report having more reasons to live. Results provide additional support for suicide interventions that target hopeless and depressed teens, such as religious participation and religious coping styles.

Research has focused on the protective factors against suicidality among teens. All used quantitative research methods, except one. The researchers sought to examine protective factors among teens who had exhibited suicidal behavior or who were depressed. According to van Manen, looking at the life worlds provides the researcher with a deeper understanding of the phenomenon (van Manen, 1990). The knowledge gap in teen suicidality in the healthcare field, and in nursing specifically, is in getting at the core of what is happening. Failure to examine the experiences and perceptions of those who attempted suicide as a teen leaves many unanswered questions about what they perceived in their life world and how they experienced suicidal behaviors. The adolescent's life world contains a language and cultural norms unique to this stage of development. Understanding that world may assist nurses who care for teens at risk.

Experiential Context

This topic was chosen because of its proximity to a personal experience. Having lost a daughter to teen suicide, the experience has prompted me to search for ways to identify teens at risk for suicidality, and to implement strategies that reduce adolescent suicidality. This experience has shaped my motions as well as my thoughts and ideas about the subject. My daughter's demise became a catalyst for examining and

understanding the phenomenon of suicide in adolescents and young adults. This experience allowed me to see suicide from a different perspective than others who have not been affected. Bracketing will place my assumptions as a researcher in abeyance to enable hearing the participants more fully. This process of bracketing included listing my biases and preconceptions about teen suicide. Journaling and re-journaling was used to reflect back and forth on thoughts, feelings and emotions throughout the study. In addition, I engaged with a psychologist who assisted in aiding me to process emotions that emerged as I listened to the participants' stories. In this way, my feelings and ideas were brought to light, allowing for bracketing, and increasing my sensitivity to hearing the participants' voices.

Qualitative research today recognizes the writing cannot be separated entirely from the author (Creswell, 2013). All writing is a reflection of our own interpretation and is positioned and within a stance (Creswell, 2013). We all come with our own set of preconceived ideas and biases. Qualitative research has several methods available to limit the effect of bias. Reflexivity was a way in which I could write with a consciousness of my own biases, values, and experiences (Creswell, 2013). One way to do this was to be transparent in what the biases or experiences were that I held at the outset of the research. I spoke about how prior experiences shaped the interpretation of the phenomenon (Creswell, 2013). This discussion about how past experiences shape interpretation is at the heart of being reflexive. Reflexivity has been uniquely defined by my experiential context. The suicide of a daughter was complex and emotional. To research the topic from this personal vantage point required assistance to maintain

participant focus and accurate interpretation. I collaborated with a therapist for emotional support, so that I could maintain a positive, proactive approach to the research process.

Phenomenology uses bracketing or epoche in order to limit past experiences and biases. This allows the researcher to suspend personal understanding in a reflective move (Creswell, 2013). The researcher must bracket out as much as possible their own experiences (Creswell, 2013). This is a process of self-interrogation and self-reflection. This provides the researcher with self-awareness and introspection and was done by journaling and writing memos about the ideas, thoughts, ideas and opinions and by psychological support. By knowing one's own biases and assumptions, they can more easily be set aside so that the researcher can remain open to the experience presented during data gathering (van Manen, 2014).

Chapter Summary

This chapter discussed the literature and the gaps that exist in research. Literature reviews are conducted to assist the researcher in discovering what information is out there in similar studies about the phenomenon, which allows for a new understanding (Creswell, 2013). An exhaustive search of the literature found a greater number of quantitative studies conducted and a smaller number of qualitative studies. The majority of studies focused on predictive factors or possible protective measures for adolescent suicidality. There remains limited knowledge of how teens themselves experience suicidal thoughts and behaviors. The current study addressed this knowledge gap by exploring the lived experience of adults who attempted suicide as adolescents.

CHAPTER THREE

METHODS

The purpose of this phenomenological study was to explore the lived experience of adults who attempted suicide as a teen in order to gain a deeper understanding of the phenomenon itself. Adults who attempted suicide in their teens were asked to reflect on that personal experience to uncover the effects of the phenomenon including how it may have contributed to who they are today. This chapter will explain the methods that were used to conduct this research.

Overview of the Design

The research method is qualitative in nature, specifically the phenomenological process using van Manen's method. A phenomenological study describes the meaning of an individuals' lived experience of a phenomenon or concept (van Manen, 2014). The phenomenon of interest in this proposed study was adults who attempted suicide as a teen. The researcher sought to explore what they have in common as they described their experience with attempted suicide in the teenage years. The purpose of a phenomenological study is to attempt to reduce a person's individual experience into a universal essence of those who experienced a similar phenomenon or concept (van Manen, 2014). van Manen's research method is hermeneutical and oriented towards lived experiences and interpreting the texts of life (van Manen, 1990). It embraces a human science approach. van Manen does not approach research with a set of rules, but discusses it as a dynamic interplay of six research activities. The world is knowable only through the subjectivity of being in the world (van Manen, 2014).

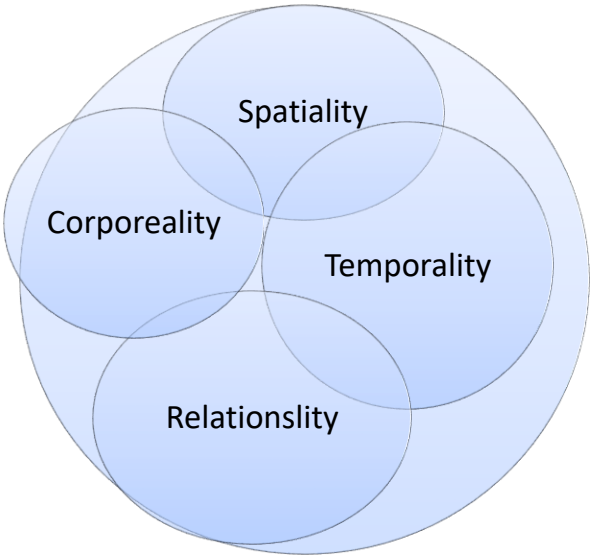

Figure 1. Life worlds of lived experience of adults who attempted suicide of a teen (Hamley, 2016, adapted from Munhall, 2012, p. 143).

van Manen's method involves the four existential life worlds of spatiality, corporeality, temporality and relationality. According to van Manen (2014) phenomenology is the study of the lived experience, the explication of phenomena as is presented to the consciousness, the study of essences, the description of experiential meaning as it is lived, the human scientific study of the phenomena, the attentive practice of thoughtfulness, and a search for what it means to be human. He views it as a poetizing activity.

van Manen (1990) outlined six activities for researching the lived experience of a phenomenon. First the researcher must turn to a phenomenon of interest and one that commits them to the world, then the experience must be investigated as it is lived rather than as it is conceptualized. The researcher must reflect on the essential themes that characterize the phenomenon, and then describe the phenomenon through the act of writing and rewriting, while maintaining a strong and oriented pedagogical relation to the

phenomenon. Finally, the researcher balances the research context by considering the parts as well as the whole (van Manen, 1990).

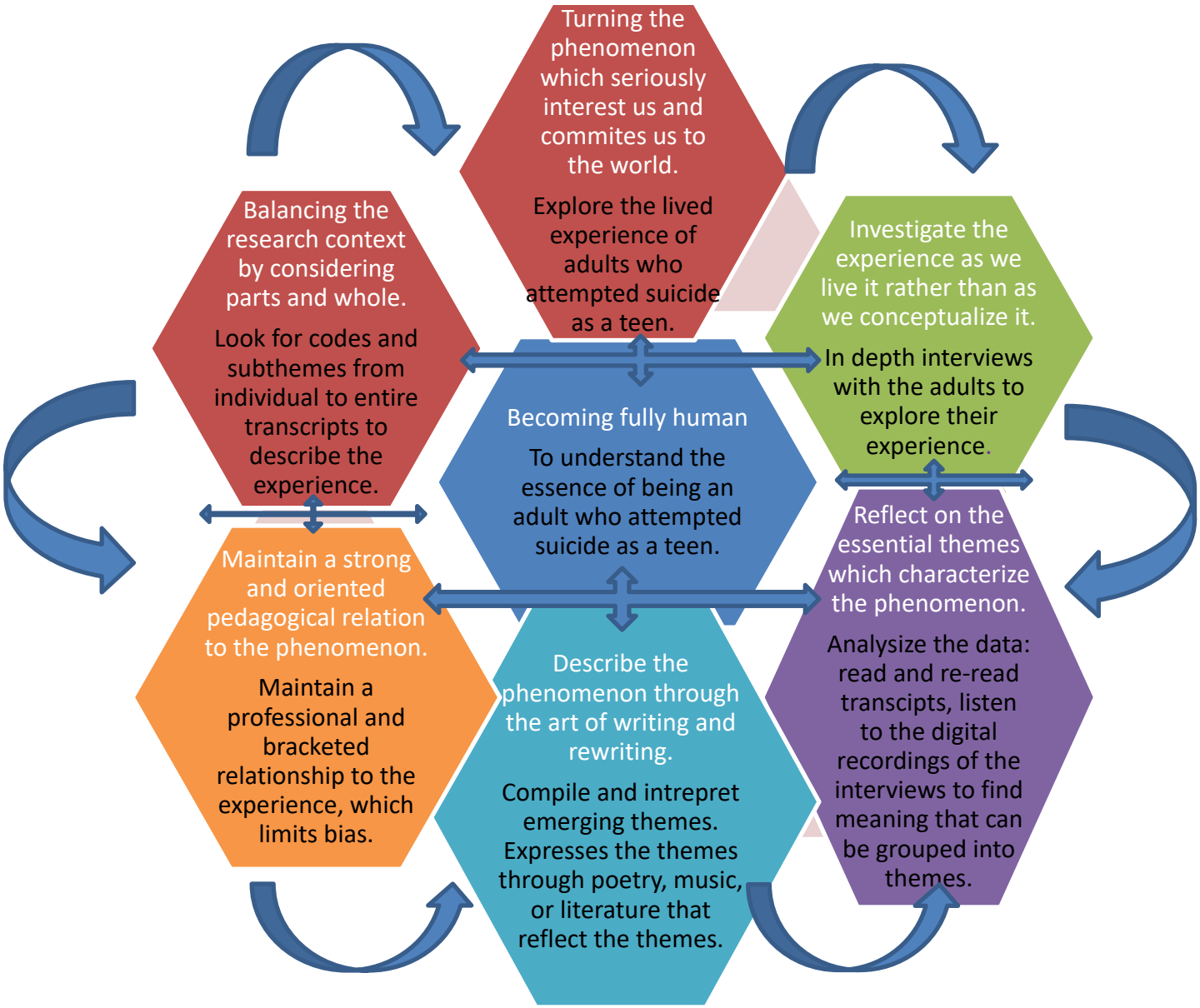

Figure 2. Six research activities (Hamley, 2016, adapted from Munhall, 2012, p. 143).

The researcher engaged in a process of trying to see the world with fresh eyes and to attend openly to the participant's viewpoint. Being open embraces a respectful attitude of the phenomenon, as well as, remaining sensitive and reflexive to the discovery of the findings (van Manen, 2014). The researcher sought a raised consciousness of the phenomenon. The method of phenomenology was appropriate in studying the life worlds of adults who attempted suicide as teens as this experience is poorly understood and rarely represented in literature.

Sample and Setting

The sample was purposive and participants were recruited from mental health clinics, support groups, civic organizations and public health agencies. Snowball sampling was also used. The purpose was to identify adult individuals ages 21 years or older, who have the lived through the experience of attempted suicide in their teen years specifically, 15-19 years old. This allowed the participant to have had time to reflect on the phenomenon and increased the likelihood of rich, narrative descriptions of this complex and challenging experience.

Inclusion criteria also required that the suicide attempt have occurred at least 2 years prior to the interview date. This increased the experiential data and looked at the experience from the adult lens. Each participant self-reported an existing relationship with a mental health care professional who was available to them, or agreed to utilize a National Crisis Hotline (provided by the researcher prior to informed consent) if they experienced any emotional discomfort as a result of participating in the study. Inclusion criteria also required individuals to answer affirmatively to an initial screening question that confirmed they currently had no suicidal thoughts or ideations. Any person that

indicated suicidality was referred to their private mental health care provider immediately, and was given the National Crisis Hotline number. If during the interview process the researcher determined that there was a danger of the participant hurting themselves, the interview would be stopped, and the mental health provider or hotline contacted immediately. The researcher would remain with the participant until a plan for safety had been established.

The decision to restrict participation to those who have not attempted suicide less than two years from the date of the interview, was done to allow for the acute phase to have passed and for the risk for a repeat suicide attempt to have declined to an acceptable level. According to Pajonk, Rochholtz, Waydhas, & Schenider-Axmann (2004), the highest risk for a repeat attempt for suicide in the teen population is six months to one year after a primary attempt. Pajonk's study showed that one year after a suicide attempt, less than half of primary suicide attempt patients had attempted suicide again. A study by Christiansen and Jensen (2009) revealed that the highest risk for a repeat suicide attempt was within the first two weeks after a suicide attempt, and that a repeat suicide attempt dropped post-first year to 48 percent. The more time that elapsed from a suicide attempt, the lower the risk of another suicide attempt. The researcher also consulted a mental health treatment center regarding a safe time-frame for interviewing a person who had attempted suicide, and it was conveyed that the two year time frame without a subsequent suicide attempt would be deemed safe if the person conveyed no further suicidal ideation or behaviors.

All participants were required to speak English. All participants were offered interview options using FaceTime or Skype, a phone interview, or an in-person interview.

All participants required internet access with email ability for consent (if not face-to-face) and for member-checking purposes. All participants had to be willing to participate in the study, must have self-reported a history of a suicide attempt between the ages of 15-19 years, and have had no suicide attempt within the last two years.

The inclusion criteria of adults who had attempted suicide in their teenage years allowed alignment with the methodology and the opportunity to answer the research question. The estimated sample size was 10 to 12 adults who attempted suicide in their teenage years, with the research concluding when thematic saturation was reached. An additional 2-3 interviews were conducted to confirm saturation in the common themes.

Access and Recruitment of the Sample

Permission to distribute and post the recruitment flyers at designated sites within mental health care sites was obtained, (Appendix C). After IRB approval (Appendix A) the recruitment flyer (Appendix D) was sent for posting to providers who had agreed to post and distribute the recruitment flyer. Social media was also used for greater access. The posting sites included office bulletin boards, public areas and waiting rooms. Eleven adults who had attempted suicide in their teens were recruited for the study. A gift card of $15US dollars was given at the start of the interviews as a token of appreciation for volunteering to participate in the study. If any participant chose not to continue and withdrew from the study, the gift card was still provided.

Inclusion Criteria

Inclusion criteria included: English speaking adults 21years or older who attempted suicide in their adolescence between the ages of 15-19 years old. The suicide

attempt must have occurred at least 2 years prior to the interview date. All participants disclosed that they had an existing relationship with a mental health care professional who was available to them, or they were willing to utilize a National Crisis Hotline (provided by the researcher prior to informed consent) if they experienced any emotional discomfort. Individuals answered an initial screening question that confirmed that they currently had no suicidal thoughts or ideations. Participants had to have access to a private internet or telephone connection for Skype or FaceTime, if they choose a virtual interview method.

Exclusion Criteria

Exclusion criteria included individuals who did not speak English, or those who were under 21 years of age or those who had attempted suicide in the two years prior to the interview date, or those who revealed any current suicidal thoughts or ideations during screening. Any person who self-reported not having access to a therapist with whom they could contact for assistance, or those who would not utilize a National Crisis Hotline (provided by the researcher) were excluded from the study.

Ethical Considerations

Approval to conduct the study was obtained from Barry University Institutional Review Board and a permission letter to post flyers about the study was obtained from the mental health professionals or agencies willing to post the flyer after IRB approval (Appendix C). Respect for all participants was maintained throughout the research. Researchers are obligated to minimize potential harm to participants. Part of the concept of respect is that participation will be completely voluntary without any coercion. A full explanation of the research was given prior to consent. All research participants received

informed consent that identified the researcher, purpose of the study, risks and benefits and the extent to which the responses would be held in confidence. Participants were assured of their ability to choose not to answer any question and that they could choose to withdraw at any time from the study. All interested individuals were screened to ensure they had a mental health support person or were willing to utilize the National Crises Hotline (provided by the researcher) and that they currently did not have any suicidal ideations. Every individual received the National Crisis Hotline number in the event they needed mental health support. During the interview process, the researcher determined that there was a danger of the participant hurting themselves, the interviews was stopped and the mental health provider or hotline was contacted immediately. The researcher remained with the participant until a plan for safety has been established.

The researcher had the option of using a third party professional for transcribing the narratives of the participants. These third party professionals were to sign a contract of confidentiality (Appendix G). Transcribed interviews and scanned documents which may include consent forms and demographic data sheets were maintained on the personal computer of the research which was password protected. Taped interviews will contain a pseudonym selected by the participant, and transcripts were kept separate from consents and confidentiality and maintained by referring to participants in aggregate form or by a pseudonym.

Data Collection Procedure

After IRB approval, the recruitment flyer (Appendix D) was sent for posting to mental health providers and agencies who agreed to post and distribute the recruitment flyer. The researcher responded to all inquiries and the first eligible individuals were

scheduled to participate. Participants meeting inclusion criteria had a face to face meeting, phone interview or a virtual interview scheduled at a mutually agreeable setting and time for the principal investigator and the participant. The use of a virtual format such as Skype or FaceTime could have been used for some interviews. The length of time for each interview was a maximum of 90 minutes. All potential participants were welcomed and thanked for volunteering their time. Next, informed consents were discussed with the participants, questions were answered, and clarification of the purpose of the study was reviewed. If the participant agreed to proceed, the informed consent (Appendix B) was signed and the participant was asked to provide a pseudonym and to complete the demographic/screening questionnaire (Appendix E). The screening question, “At this time do you have any suicidal thoughts or feelings?” was the first item on the demographic/screening form. If this was answered "Yes", the researcher notified the mental health professional identified by the participant or provided the National Crisis Hotline number for immediate access. Two participants were referred to Mental Health Resources. A $15.00 dollar gift card was given or sent electronically after the informed consent was signed, and they were informed that if they chose not to continue with the study, the gift card still was theirs to keep. The researcher then verified that all inclusion criteria were met and proceeded with the interview process. The initial interview was conducted and lasted no more than ninety minutes. Interviews were semi-structured with open ended questions in an attempt to capture the true essence of the experience of being an adult who attempted suicide in their adolescent years (Appendix F). The interview was recorded using a digital recording device along with a back-up recorder .The audio recorder and the backup recorder were in a location that was visible. For participants

who choose to be interviewed via Skype or FaceTime, policies pertaining to that interview venue were reviewed. The consent and demographic questionnaire were sent via email, they were informed that they needed to authenticate the consent via DocuSign, and complete the questionnaire, which was returned to the investigator prior to the interview. Upon receipt of the signed consent and the demographic/screening questionnaire, the gift card was sent via email or by US postal service. A mutually agreeable time between participant and investigator was set. At the start of the meeting, the interview process was reviewed and questions about the study were answered and clarified. The researcher asked the participants if at this time they had any suicidal thoughts or feelings. An answer in the affirmative required the researcher to report this to their therapist or hotline, and the participant was not permitted continue with the interview. If the participant agreed to proceed, then they were asked to select a pseudonym to be used in the study. The participants were informed that the audio recording and the backup recording will be placed near the computer. All interviews used a semi-structured process using open-ended questions (Appendix F). Follow-up and probing questions were used to gather data from all participants in order to obtain rich descriptions of their experience and to describe the meaning and essence of the phenomenon of interest. Interviews with the participants- whether in person, by phone or via a virtual format-, lasted a maximum of ninety minutes.

Upon conclusion of the interviews, the participants were thanked and informed that digital recordings may be transcribed by a third party transcriptionist and then reviewed by the researcher. The transcription was sent to the participant by email or postal service for their review to ensure accuracy of the data, and they were asked to

contact the researcher when they were ready for a second interview to member check. The second interview was set at a time and site mutually agreed upon by the participant and the researcher for the in person interviews; for the phone and virtual interviews a time was set. This second interview was for clarification and member check of the transcribed data. It lasted no more than forty-five minutes. Any interview in which there was a delay in or interruption of fifteen minutes or more resulted in the interview being rescheduled. Immediately following the interview, the researcher debriefed and journaled thoughts, ideas, and made notes regarding the environmental context and participant body language. In qualitative research the investigator serves as an instrument of the process. The journaling data was used in data analysis. All recorded audio interviews were transcribed verbatim and then transferred and maintained on the personal computer of the principal investigator. All data, demographics, recordings, and transcriptions were labeled with the self-identified pseudonym. The tape was destroyed upon conclusion of member check and written transcripts will be kept secured for five years and then destroyed. The informed consent will be kept for five years, separate from the other data in a locked file cabinet, in the researcher's home office, and then destroyed.

Interview Questions

The purpose of this study was to explore the lived experience of adults who attempted suicide as a teen. The goal of the interview was to gain a deeper understanding of the experience of suicide from the perspective of the adult who attempted suicide in their adolescence. The interview questions (Appendix F) allowed the participant to detail their experience with attempted suicide. Some leading questions included the participants

experience immediately prior to the attempted suicide and what they experienced during the attempt.

Demographic Data

A demographic/screening questionnaire was developed (Appendix E) and included basic identifying information from participants. The data from this questionnaire was used to ensure inclusion criteria were met, to determine that participants did not report actively suicidal thoughts and to describe the study population. The reporting of this information was done in aggregate form and through the use of pseudonyms. The questionnaire will be held securely with the data gathered in a locked file in the researcher's home office.

Data Analysis

The following procedure was used to analyze the data that was collected using van Manen's hermeneutic approach. While there is no definitive step-by-step process in phenomenology, van Manen's (1990) activities guided the data analysis process of the study.

1. The researcher's views and biases were contemplated and documented through journaling and bracketing preconceived ideas.
2. An in depth dialog with an adult who has experienced attempting suicide as a teen were audiotaped. Written transcription served as data.
3. Immersion into the data through reading and rereading enabled the researcher to familiarize herself with the descriptions and she was then better able to appreciate the phenomenon.

4. Color-coding of the material was employed to identify relevant statements and extract essential meanings. Key phrases, words, and expressions were identified to serve as the basis for the meaning units of experience.
5. The units of meaning were reviewed again for relationship to each other, and were clustered into themes. An initial draft of structural and textual description was composed on a computerized spread sheet.
6. Attending to the etymological origins of words was considered to put the researcher in touch with the original form of life where terms still have living ties to the life experience (van Manen, 1990).
7. The arts, literature, and visual arts served to elucidate accounts of the suicide perspective in popular culture. The researcher welcomed anecdotal comments that will bring the phenomenon into "being".
8. Writing and rewriting enabled the researcher to extract a comprehensive linguistic depiction of the individuals experience concealed beneath the words.
9. A follow-up interview was conducted in 1-2 weeks after the initial interview to allow the participant to review transcripts and/or express additional thoughts. New data revealed during the confirmation process were incorporated into the description.
10. The data collection process was ongoing until saturation was reached.

The researcher sought to utilize the phenomenological method to guide the exploration of the lived experience of the adult who attempted suicide as a teen. The phenomenological process was on-going and conducted using thorough and exhaustive descriptions that are clearly defined and until saturation is reached (van Manen, 1990).

Research Rigor

Rigor refers to the trustworthiness qualitative research (Munhall, 1994). Of primary importance is whether the description of the experience is credible to the participant who had the experience. Of importance also is that the findings are consistent throughout the data collection process during the interviews and should be confirmed with the participant as the study is completed. Trustworthiness is established when what is reported as closely resembles as possible reflects the meanings as described by the participants. Trustworthiness consists of four criteria in a qualitative study: credibility, dependability, confirmability, and transferability. What follows is a discussion of each of these criteria.

Credibility

Credibility refers to how selective the contents might be. It has to do with truth value and is established through prolonged engagement. It is similar to internal validity in quantitative research. Lincoln and Guba state that ensuring credibility is one of the most important factors in establishing trustworthiness (Lincoln & Guba, 1985). The researcher used member checking which was done via a second interview in which the participants reviewed the interview transcripts, and in which they were able to add any additional thoughts as a means to ensure that what was said was what the informant intended.

Dependability

Dependability is important in phenomenology and refers to consistency. If the work was repeated, with similar methods and participants in the same context, would similar results be obtained (Shenton, 2003)? Shenton (2003) stated that there are close

ties between credibility and dependability with the belief that a clear demonstration of the former goes far to ensure the latter. Dependability emphasizes the need for the researcher to account for any changes in the context of the data. The researcher is responsible for reporting any changes that occur during the research and how these changes affect the way the research was approached. This researcher will ensure dependability by reporting the details of the study and establishing audit trails which will be made available to peers and/or the dissertation committee so that a future researcher could repeat the research and gain the same results. These data trails may consist of field notes, documents, photographs, personal notes, transcribed interviews, coding, and the text of the final product.

Confirmability

Confirmability is established through repeated and direct evidence from the participants and documents. The concept of confirmability can be compared to objectivity. This means that the researcher must ensure that what is reported is the result of the informant's experiences and ideas rather than her own. This researcher accomplished this by triangulation which means admitting biases and beliefs held about teen suicide (Creswell, 2013). This researcher had a daughter who died by suicide as a teen. Holding her biases in abeyance and bracketing was a challenging but essential element to the study. This admission of bias and beliefs is referred to as reflexivity and was accomplished via memoing and journaling and re-journaling and working with a therapist. The dissertation committee served as expert consultants to guide the researcher in seeking to maintain and allow the voice of the participants to be audible.

Transferability

Transferability refers to applicability and refers to whether the findings can be transferred to a similar context or can be generalized (Munhall, 2012). In positivist studies, the concern lies in demonstrating that the results of the work can be applied to a wider population (Shenton, 2003). In a qualitative study, transferability can only be inferred (van Manen, 2014). From a qualitative perspective transferability is primarily the responsibility of the researcher (Lincoln & Guba,, 1985). The researcher can enhance transferability by being thorough in describing the research context and the assumptions that were central to the research. The researcher who wants to transfer the results to a different context becomes responsible for making that judgment. This researcher provided thick, rich description of the phenomenon which allowed the reader to have a clear understanding of it. By doing this the reader will be able to compare instances described in the study with those that they have seen emerge in their situations.

Chapter Summary

This chapter outlined the methodology for a qualitative, interpretive phenomenology study that explored the experience of adults who attempted suicide in their teenage years. This may lead nurses to a deeper understanding of the experience and lead to implementation of new strategies to care for suicidal teens. The principles of van Manen's method and the tenets of phenomenology guided this research study.

CHAPTER FOUR

FINDINGS OF THE INQUIRY

This chapter details the significant findings of the phenomenological inquiry into the lived experience of adults who attempted suicide as a teen. The characteristics of the participants are presented. A description of the feelings, emotions, and moods of the participants that were expressed during the interviews are included, recognizing the sensitive nature of the topic, and how often the written word fails adequately describe personal and painful experiences.

The purpose of this phenomenological study was to explore the lived experience of adults who attempted suicide as a teen in order to gain a deeper understanding of the phenomenon itself. Adults who attempted suicide in their teens were asked to reflect on that personal experience to uncover themes, essences and effects of the phenomenon including how it may have contributed to who they are today. Phenomenology seeks to explore the lived experience of those with a common experience with the goal of discovery of what it is to be human. Phenomenological research of the lived experience reveals the essences of the topic and offers meaning and understanding to the descriptions provided by the participants. van Manen supports research by encompassing the four existential life-worlds as a guide for reflection throughout the research process. These life-worlds are: lived space (spatiality), lived body (corporeality), lived time (temporality) and lived human relations (relationality) (van Manen, 1990). The themes uncovered through the conversations with the participants were explored to provide meaning to this life experience. The narratives are summarized in these themes, and the participants'

intensely personal and gripping narratives are the primary sources for illuminating the lived experience of attempting suicide as a teen. The hermeneutic process involves data collection, transcription, interpretation, and analysis of the stories in a concurrent rather than linear fashion (Creswell, 2013).

The goal of this study was to see the world through the lens of the participants, allowing their voices to be heard so that an understanding of the nature of the experience could be gleaned. The goal of phenomenological research is to discover the meaning of the experience while allowing for the participants to each stand-alone (Munhall, 2012). The brief description of each participant honors their individuality. All of the participants attended college with one dropping out and not yet returning. The professions of the participants varied, with one not being employed full time.

Sample Description

This study included 11 participants. Nine were female, one was male, and one preferred to remain genderless. Of these original participants, two were not interviewed, stating at the initiation of the interview that they were having thoughts of suicide. As per protocol, the individuals were referred to their health care provider and provided with the National Hotline. They were excluded from study participation. One participant stated mid-way through the interview that she was feeling uncomfortable and wanted to stop and withdraw. She stated that talking about her past experience of a suicide attempt brought back feelings of pain and remorse. This participant was allowed to withdraw from the study with no repercussion. A total of nine consents were signed. No data was used from the participants who were suicidal, and the consent, data, and recording from

the participant who withdrew were destroyed. There were no adverse effects to the participants and the researcher adhered to the protocol. By the fifth or sixth interview the researcher noted some redundancy of data. Two additional interviews were conducted in order to confirm saturation. A total of eight people participated in the study. All of the participants were from the continental United States. Their geographic location varied: Illinois (1), Georgia (1), Massachusetts (1), Maine (1), Virginia (1), the remaining lived in Florida (3). The participants ranged in age from 21 to 66 with a mean age of 29.1 years. The participants' suicide attempts occurred, on average, between the ages of 16 and 19 years. One participant revealed that they had contemplated suicide at the age of ten, but did not attempt suicide until the age of 19 years. All of the participants stated that they continued to battle depression and thoughts of suicide periodically. None of the participants attempted suicide within two years prior to the interview. All but one of the participants had lost someone they knew to suicide, illuminating the breadth of the phenomena. All of the participants shared what helps them to keep their suicidal thoughts at bay. Of interest, is that all of the participants stated that suicide is not an option for them, that it is not the way to solve their problems, even those who have attempted suicide more than once.

Avatar

Avatar is a 45 year old woman from Massachusetts who has a Bachelor's Degree in Psychology. She works as a case manager. She attempted suicide at age 16. Avatar describes a lifetime of abuse and "having been born into a life of violence". She described being beaten once by her mother with a stripped branch:

> "So, I was taking a shower and she takes this branch with no leaves on it and she starts whipping me". "Wow, I thought I was dying the pain was so intense". "I still have scars from it".

She revealed that just prior to her suicide she discovered that her father was having sex with a 14 year old neighbor. That day, she arrived home to her mother who had been physically beaten by her father, and when she confronted her father about it, "he grabbed me by the neck and he slapped me like this and like that". "My face felt like cement". She attempted suicide by drinking some cleaning solution.

Grace

Grace is a 66 year old woman from Florida. She is a massage therapist and a full time artist. She attempted suicide at the age of 16 years. She stated that there was abuse and neglect in her childhood, which resulted in her becoming a ward of the state. When she was 13 years old, she was adopted and entered another abusive family. She said that on the day she tried to kill herself, she took an overdose of pills she had been collecting from her grandmother. She s tried again at age 17, by trying to hang herself. She states that not having the doctors acknowledge her suicide attempt "added to my hopelessness because they didn't help me I remember that I felt very calm, I knew what I was doing, I knew why I was doing it, and I just wanted to check out".

Daisy

Daisy is a 27 year old woman from Florida. She has a Bachelor's Degree in education and is a teacher. She states, "I was a pretty happy kid, always a stable individual. But, at the age of 18 my boyfriend broke up with me. I thought it was the end of the world, I felt like I would never be good enough for anybody. So I took some

pills from a friend's medicine cabinet and I drank and drank and drank some alcohol until I blacked out. It was that extreme loss that sucks the life out of you".

She stated that she still battles depression and occasional thoughts of suicide and that people who are dealing with these emotions and thoughts need help because it is not something you can just pull yourself out of. She revealed that when you hit rock bottom and you are really depressed you feel worthless and that there is sometimes not a reason for feeling that way:

> "there are days when a person who has depression just feels like shit for no real reason. You don't care if it's raining or if the sun shining, you just don't care…you feel like you don't want to be awake today".

Athena

Athena is a 48 year old woman from Massachusetts who does not work. She currently volunteers with suicide prevention projects in her area. Additionally she has created some social media sites where those who have depression and suicidal thoughts can post their feelings and get feedback and help from other members. Her story was one of sexual abuse from the time she was eight years old. She describes feeling like she was an "extra" in her family that she was in the way: "I had the general feeling of worthlessness." She took an entire bottle of acetaminophen when she was 16 years old. When she was 19 she tried suicide again, but that experience was hazy. She feels that reaching a person before they reach that point of no return is crucial for the person who is depressed and suicidal because, "when you've gotten to that point of you really just want to die none of that really seems to matter".

Bertie

Bertie is a person who wished to remain genderless. Bertie lives in Georgia and attempted suicide at age 19 years. Bertie completed one year of college, no longer attends school and works full time in retail. Bertie stated that there were a number of things that led up to the suicide attempt. There was some bullying in school and at home there was a reluctance to accept Bertie's gender decision, which was different than the biological gender. Also, Bertie's parents were going through a divorce which was causing tension. After having started college Bertie had to drop out due to a loss of financial aid and had also just ended an abusive relationship. All of this left a feeling of self-hatred, a lack of self-worth, and added up to the suicide attempt. The attempt was by slashing the wrists, and Bertie was found by a sibling. In describing feelings just prior to the attempt, it was shared that there were "sad feelings but not your typical sad where I feel bad, it was more like irrational anger and upset". When asked to describe the feelings of waking up alive, Bertie revealed not being happy to be in a hospital, but thankful to be alive. That attempt was the only one Bertie tried, and now feels that it was done in a state of unusual and irrational anger. Bertie now sees that there are other ways to handle life's difficulties and doesn't think there will be another attempt.

Bob

Bob is a 26 year old male who lives in Florida. He has a Bachelor's degree in environmental sciences and is employed full time. He was 19 years old when he attempted suicide twice, and stated that he first had thoughts of suicide at age 10 years old. He lost his father at a young age, and shared that he was sexually abused by a step-father. He also shared thinking about how he was going to kill himself often as he grew

up, and that a sense of failure and no hope for the future made him try to hang himself. He stated:

> "Why would I keep on going through this misery, why would I put myself through this when I could just turn the lights off. All I'm doing is working to pay bills, I'm not happy with my life, with where I am now and with the decisions I've made."

Minnie

Minnie is a 25 year old woman who lives in Virginia. She was 19 years old when she attempted suicide. She shared that she had been in college when she lost the job that helped pay for her tuition and living expenses. She has a Bachelor's degree in business and has a full time job in a marketing firm. She revealed suffering with depression that began in high school, and that most of the medications prescribed never really made her feel any better. Because the medications did not help her, she stopped taking them. She says that one day she "spiraled out of control and cracked into a million pieces." She took Tylenol and Benadryl and then drank champagne. She broke the bottle and used the glass to try to cut her wrist. She said she passed out on the floor, and after waking up, she realized that she needed help. She recalled that she had only made a superficial cut to her wrist.

Lily

Lily is a 34 year old woman who currently lives in Kansas. She has a Bachelor's degree, works as a teacher and with kids at her church summer camp. She was 17 years old when she decided that she could not take the pain of living anymore, and tried to kill herself by crashing her car into a tree. She almost lost one of her legs in the incident; she

shared that she is glad now that she survived, but that at the time, she was not happy that she had lived because the pain was still awful. She says that she engaged in risky behaviors in her high school years- drinking excessively, smoking weed, and driving recklessly. She stated, "I had a death wish, the pain I experienced at that time was so all-engulfing that it was all I could feel". Lily had been raped when she was 17 years old, and also lost two of her close friends, one to suicide and one to a car crash, all before she graduated from high school. She admits to drinking and smoking weed in an attempt to "drown out the pain I was feeling" and stated:

> "I felt completely hopeless and helpless to control anything in life. Life was a struggle for several years after this happened to me. I spent a lot of time going to a therapist for counseling. Then I joined a church and through finding God I am able to see a future of promise and of purpose".

These eight individuals shared their stories and experiences of attempting suicide as a teenager. Their dialogue was fraught with emotion and pain. Their gift of candidness made their powerful descriptions central to describing the essence of the phenomenon of adults who attempted suicide as a teen.

Results of the Data Collection

Study findings are the result of in-depth conversations with the participants, transcription of their interviews, reviewing the researcher's notes and journals, immersion in the recordings, contemplating the transcripts, and seeking experiential data from the arts.

The researcher began self-analysis before the first interview by identifying personal biases and preconceptions by self-reflection. This researcher has a personal

connection to this topic, having had a daughter who died by suicide as a teen. These biases and preconceptions were constantly held in abeyance and the practice of suspending those assumptions during the research was enhanced using Munhall's (2012) suggestions for decentering. These exercises involved listening to their descriptions of an experience, interpreting the meaning, and then checking for accuracy of meaning. van Manen states that "meaning is not something that is just scooped up…meaning is already implicated in the mystery of the pre-reflective reflection of seeing, hearing, touching, being touched, and being-in-touch with the world and the enigma of reflecting on the phenomenology of all of this" (2014, p. 18). The researcher used bracketing as a means of decentering and suspending personal beliefs and ideas. By these means, the researcher attempted to enter the world of the participants and truly hear their voices. The researcher attempted to analyze the data without trying to endorse her own presuppositions (Munhall, 2012). Each interview was conducted and immediately transcribed by the researcher. By personally transcribing the interviews the researcher was able to start the process of data immersion. The interviews were conducted either by phone or face-to-face. The researcher used van Manen's (1990) six activities to guide the interview process and data analysis. The dialogue allowed the researcher to enter the world of the participant. Careful listening was essential for the researcher, as was reading and rereading the narratives. The method consists of the ability of the researcher to be sensitive to the subtle undertones of language, and being able to attune to the deep tonalities of language, and listen to the way the world speaks to us (van Manen, 1990). Each line of the transcripts was numbered and color-coded to help identify relevant statements and extract significant meanings. Using each participants exact words, the

researcher divided the data into meaning units, which were then reflected upon and categorized. This process was repeated over time, which allowed the researcher to identify themes and subthemes. The researcher engaged in bracketing continuously throughout the analysis process. No new data was discerned after the sixth interview, which suggested saturation. Two additional interviews were conducted in order to confirm saturation. The themes are an interpretation derived from the interview data by the researcher. This is consistent with van Manen's method which states that "expressing the fundamental or overall meaning of a text is a judgment call" (p.94). Follow up interviews were conducted with each participant to engage in member checking after transcription. All of the eight follow up interviews were conducted via telephone after the transcripts were sent by email, and time allowed for the participant to read and reflect on the transcribed interview. This permitted the participants to review, make changes, and clarify the narrative for accuracy. The interviews were conducted over a six month timeframe.

The researcher sought to describe the findings in a manner that is reflective of the reality of the experience so that trustworthiness and reliability was ensured. Member checking was one means of augmenting trustworthiness of the findings. This involved taking the transcript back to the participants to ensure it represented their account of the experience, therefore reducing researcher bias. This also allowed credibility to be maintained by permitting the participant to see if the findings reflected their experiences and perceptions of being an adult who attempted suicide as a teen. Creditability was enhanced when the participants recognized the transcribed data as their own experiences. Transferability was attempted by providing a rich, thick descriptive narrative of the data

places the findings in context. The researcher utilized van Manen's steps to enhance this. However, the nature of qualitative research and the sample size make transferability an unrealistic aim. The participant's, having reviewed the transcripts, concluded that the evocations were representative of their experience. Utilizing the phenomenological process allowed the researcher to identify five themes: depression, abuse, loss, hopelessness and hostility. The overarching theme of 'something to live for' was woven throughout the narratives as a focus to choose life over death, even with continued stressful life events and depression. I did not edit this section as it is repetitive of the information in the Methods section.

Restatement of the Research Question

The research question was "what is the lived experience of adults who attempted suicide as a teen". This was explored by interviews which provided deeply thick, rich details of the feelings, thoughts, and emotions of the participants. Data collection and analysis which included linguistic interpretations permitted the discovery of themes that were shared among the participants. An overreaching theme of 'something to live for' permeated the participant's life worlds. Additional themes included depression, a history of abuse, loss, hopelessness and hostility.

Depression

Depression affects a person's thoughts, behaviors, feelings and sense of well-being. Torby & Burke (2010) described symptoms of depression as feeling sad all the time, having crying spells, and losing interest in usual activates. They stated that it is a serious medical condition that is distinguished from normal temporary feelings of sadness after a loss. This is consistent with DSM-5 (2013) definition that "depression is a

condition in which a person feels discouraged, sad, hopeless, unmotivated, or disinterested in life in general, but when it lasts more than two weeks and interferes with daily activities it is likely a major depressive disorder."

All of the participants voiced depression in some context during the interviews. Some shared that at the time they did not recognize it as depression. Avatar said that she didn't recognize it as depression at the time, that it was always transformed into anger. She stated, "I think I was depressed, but it was self- hatred." Only one of the participants was diagnosed with depression prior to their suicide attempt. Each participant described their experience of depression in a way that illuminated its role in their suicide attempt. The participants provided stories regarding their ongoing battle with depression, and the toll it had taken on their psyche. All of the participants shared their experiences of trying to stem the feelings of depression through medication, psychoanalysis, therapy, illicit drugs or alcohol, meditation, and yoga. All of the participants cited depression as one of the motivator's in their decision to attempt suicide.

Daisy shared her feelings of depression:

> "I felt like a shell of a human being, when I'm extremely depressed I do avoidant behaviors, I ignore my mailbox, ignore my emails, I crawl into bed and go to sleep".

She revealed that with depression comes anxiety:

> "You'll have these happy moments and you think, how long can this last because it's too good to be true you're feeling awful and anticipating all this fear and anxiety waiting for something bad to happen." You know that your emotions supersede a normal persons feeling of failure" ...depressed people are fearful

people, fearful because of their emotions because we know we are not in control of our emotions.

She also expressed that she thought society played a role in people's depression:

"I feel that all this societal pressure is contributing to depression, if we are fat or have a pimple on our face or if our teeth aren't white enough nobody will want to date us, no one will love us, it's all so contributing, it's all so contributing to people's depression".

Avatar talked about the "hormones they give animals and the pesticides they use on our food" as possibly contributing to depression and anger in society.

Bob spoke of his ongoing depression:

"I have always been depressed as long as I can remember. The first time I thought about killing myself was when I was ten years old". "I'm just not happy, I'm not happy with where I am, I'm not happy with my job, I'm not happy with anything, I'm not happy with my life ...ever since I was young I've been super depressed and for like whatever reason, I don't know, I've been bummed out".

When asked if he ever shared his feelings of depression to anyone he replied, "no one cares, everyone is so self-absorbed, nobody cares". This feeling of no one caring may be related to lack of finding a support system or advocate. Bob was diagnosed with depression at 19 years old, after his suicide attempt. He stated:

"I couldn't do anything, I tried several antidepressants". "The medicine I was put on turned me into a zombie, that's no way to live either". "I wasn't sad cause I was still upset but it was like feeling nothing. I was breathing and that was it."

Depression and mental illness are not addressed openly in society, which has led to an inability to seek help without feeling labeled as well as a feeling of isolation. There are many support groups for alcoholics, for drug addicts, and sex addicts. There are also support groups for cancer patients and heart attack patents, but there are no groups where a person who has attempted suicide or who is feeling suicidal can sit and share their feelings and experiences with others who have gone through the same thing. Athena stated,

> "It's just such a stigma in today's society." "If anyone finds out about you trying to commit suicide, oh my God, well, you're just a leper." "There are so many people out there who have but they don't dare tell anybody because it affects their jobs or their families that they have now...if I started a group in my home town, everybody who showed up would know everybody else and unfortunately jobs would be in jeopardy because there are some jobs like nurses or doctors, if you knew your nurse or doctor had tried to commit suicide, how comfortable would you feel?"

Minnie was diagnosed with depression in high school and explained that her depression "had gotten out of control for me making me think crazy thoughts about killing myself...It was like a voice in my head talking to me". She shared that "despite different medications I had been put on, I felt none of them had worked to make me feel any better". She described her mental state just prior to her suicide attempt:

> "I cracked wide open; I broke into a million pieces. I was just so sick with depression and I was having almost constant thoughts of killing myself." "I was home one day, feeling horrible about myself, then I saw a left over champagne

> bottle and I walked over, drank the rest of the champagne, took some Tylenol and Benadryl from the cupboard, smashed the bottle and sat down on the floor and started to cut my wrist with the glass, I passed out, either from seeing my own blood or from the medicines, I don't know which."

Lily explained that her depression started in high school after losing two friends, one to suicide. Later, she was raped on a date. She stated:

> "In a moment of complete darkness for me, I made a rash decision while driving back to my dorm to crash my car into a tree so that I would be killed." "I was so deep in depression that everything seemed black around me, at the time and for a long time afterwards, I really wanted to die."

The theme of depression was voiced throughout the interviews with many of the participants sharing that it is a battle that they continue to wage. Depression seems to be a reaction to factors that are often out of the participant's control, and left them thinking about suicide. Losing a job or losing financial aid are things that are sometimes out of a person's control. The feeling of a lack of control over events in one's life can lead to feeling depressed. But, it was also voiced that depression often has no foundation, and that it appears out of nowhere, as when Bob stated "I don't know why I feel so bummed "or when Daisy said that "when you say you're depressed, when you've hit rock bottom and when people say what's the reason, why are you sad, maybe you don't have a reason." "There are days when a person who has depression just feels like shit for no real reason; sometimes there is no reason for it."

A History of Abuse

All of the participants had experienced some form of abuse prior to developing depression and attempting suicide. Abuse changed the dynamics of their feelings about the world they lived in, removed joy from their lives, and left them grappling with whether life was really worth living. Grace stated that she "didn't love life and I still don't." She says she still gets depressed at times: "I don't feel like this life offers me much." When asked if he feels any joy in his life, Bob replied "Yeah, sometimes, but honestly it's not even joy, when I drink, I don't think about it as much, until I get really drunk and then it's all I think about." "The drinking numbs me."

Avatar described her abuse as a lifetime of violence where it was normal for physical abuse to occur, not only towards the children, but by her parents towards each other. She shared: "They fought every day. She put salt in his car, she burned his clothes, I felt like I was born in chaos." "Every day, every day, we got beat down." "One time, my mom comes in with a cable wire and starts beating us with it and she just kept hitting me and I remember my brother jumping in and yelling for my mother to stop!" "You're gonna kill her, stop, you're gonna kill her!" She said of her family violence:

> "I remember once driving with my parents and we were on a mountain road and there were no rails on the side of the road and they were fighting and my mother pulls out a pair of scissors and starts trying to stab my father, and he grabs her hand and is hitting it against the dashboard and they're struggling and she's still trying to stab him, slashing the scissors at him, now I'm in the middle of them while all of this is going on!" "I can understand her now that I'm a mom that she

> was raised that way and that's all she knew, she didn't not know how to control it." But I tell you, there was so much violence, if she came after you and you tried to hide under the bed, she would grab a broom and start hitting you with it under the bed, and you couldn't get away. I remember once her grabbing me and ripping my shirt as I struggled and running out into the hall in my bra, I didn't even care who saw me, I just wanted to get away from her."

For Grace it was a lifetime of physical abuse, first by her biological parents and then by her adoptive mother. She described her suicide attempt as the only recourse left to her to escape the brutal beatings she endured at the hands of her adopted mother. She described her family as one of "street angels and house devils" where the public behavior was one of upstanding citizens and a respectable family but at home there was chaos. When she ran away once and was asked by the police why she had run away she said, "My mom has been beating me with a broomstick." The police officer said to her "Well, if you were my kid, I would beat you too." She stated that from this she learned that "people of authority were not gonna help." She described her home life as "an emotionally and physically abusive environment."

Bob declined to go into detail, but revealed that a second husband of his mother's had abused him: "When I was seven or eight my mom was married and that dude molested me." He had a hard time talking about that experience and grimaced with pain when he told the researcher about it. This abuse at a young age may have been the basis for his feelings of depression and suicide.

Athena described her sexual abuse at the hands of her grandfather and the physical abuse of her mother by her father as only one piece of the puzzle that led her to attempt

suicide. Depression and feeling worthless in a family that valued male children more than females also contributed. She revealed a particular instance when her father slapped her mother across the face, and where she jumped in to defend her mother, attacking her father:

> "I just lost my mind, I started beating him, it was blind rage. I beat him from the living room to the kitchen and didn't stop until I saw my mother's arm between us. The police were called and he was arrested."

Athena shared that she found out she wasn't supposed to be born, a painful revelation. She says when her mother started listing the things she needed to do the next day she told her mother, "Well, I'm not doing them because I won't be here."

Most of the participants shared some form of abuse. The abuse took a toll on their psyche and left them seeking death as an end to their suffering. The researcher noted that while there was abuse in many of the stories shared, it was not one reason alone that precipitated the suicide attempt.

Experienced a Loss

Many of the participants shared losses in their lives that played a part in their depression and suicide attempt. Daisy expressed how the loss of her grandfather with whom she had a close bond, and later the loss of a much loved boyfriend, left her void of any emotion except sadness and fear:

> "I felt like a shell of a person. I just wanted to die, I didn't want to feel anything. You know that feeling of emptiness, that extreme loss can just drive a person to maybe feel like they aren't worth it or worth somebody's time. Maybe it's feeling that you can't fix it, you can't go back and change it and then you feel

worthless and maybe that's where that deepening feeling comes from and it sucks the life out of you."

Minnie explained: "

The loss of my job and the ability to attend college left me unable to see a future for myself and left me with these feelings of failure, I thought I would be better off dead."

Bob shared how losing his father at a young age was a factor in his dismal view, stating: "Everyone I've ever been close to either dies, or leaves or stabs me in the back."

For Lily, it was the loss of her sense of safety, the loss of her sense of self-worth, and the loss of two of her good friends that threw her into despair. Having two very close friends die within a short period of time left her sad and lonely. This sense of loss made her feel sad as she did not have any help dealing with her grief.

The loss of a unified family, loss of being able to attend college and being in an abusive relationship left Bertie feeling bereft of emotion. While these may seem insignificant for someone else, for Bertie they were losses that seemed insurmountable. Bertie cited a love relationship that was unstable and violent that also contributed to feelings of desperation.

Grace said she used to swim when she was in school, and that not making the swim team was a significant loss for her that was part of her decision to attempt suicide. She knew she would be beaten for not making the team. She hid her failure from her parents by staying after school as if she were going to swim practice. When she knew report cards were coming out, she decided to start collecting her grandmother's pills so that she could use them to kill herself.

Loss is significant for all of us. For teens it is compounded with a lack of resources for knowing how to deal with feelings and how to get relief from the pain. This is compounded by the immaturity of the teen brain to see that this will pass, and the feelings will subside in time. Being aware of a teens' loss and helping them to express and work through their emotions is important in keeping them psychologically healthy.

Hopelessness

Hopelessness is thought to reflect a cognitive style consisting of negative attributions about the future and about one's helplessness to improve prospects for the future (Klonsky & May, 2012). For all of the participants there was an accumulation of events that brought them to the next theme identified, hopelessness. Hopelessness is a significant indicator of adolescent depression (Rutter & Behrendt, 2004). The presence of hopelessness can be dangerous in the teen because of their impulsive nature. For this reason, accurate assessment of a teen's level of hopelessness is crucial in their suicide risk assessment (p. 299). Hopelessness was expressed by most of the participants and was enmeshed in their depression. For most it was difficult to say which came first, the hopelessness or the depression. They were intertwined. Hopelessness was described by many of the participants as not being able to see a happy future for themselves, of not being able to envision an end to their problems. Bob said, "there was no light at the end of the tunnel." None of the participants shared that they were assessed for hopelessness prior to or after their suicide attempt.

Grace admitted:

"I was to the point of feeling total helplessness and hopelessness, I did not have any idea that I had any other choice." "I didn't feel that there was any help for me

> anywhere, I was just at, like trying to do away with myself was the last resort. I was like a ship without a rudder."

Grace's dad was a prominent city member and she felt she had no one she could go to who would believe her. She shared that the only hope for her "would have been for someone to come and take me out of my situation." Beyond that, she saw no way out other than suicide. Back in those days, she said "there were no bad parents, there were only bad kids."

Avatar told of her feelings of hopelessness: "I just can't do this anymore." She said her role in the family was to make sure everything and everybody was taken care of, which left her drained and disconnected:

> "I was trying to do everything, I was trying to make sure that I was taking care of my mother but I got kind of lost and it was like I was doing everything for everyone but I didn't feel a sense of connection and of family because of the beat-downs. I felt like I was drowning."

Minnie shared that her inability to remain in college left her feeling "like there was no future. I looked at my mom's hard life and I was myself going down that same path and I became so depressed and hopeless that death seemed like a better alternative."

When asked to sum up his feelings at the time of his suicide attempt, Bob said:

> "Hopelessness, I felt like my life sucked and it was never going to get better and this is life and there's nothing you can do about it." "It had only gotten progressively worse." He saw his life as "not having much point to it." explaining that he "was working just to pay off all these bills. I'm not living right now, I'm surviving."

Lily said she lost hope after the death of her friends and her rape. She saw no future where she could escape her depression and deep sadness:

> "I became very despondent, hopeless; I hadn't told anyone about the rape so I had no one I could turn to for help."

She admitted that her decision to crash her car was a sudden, rash decision. With no pre-meditative plan while driving, she felt overwhelmed and angry and turned the wheel and sped up heading into a large tree. This feeling of hopelessness, no sense of a positive future, is one of the risk factors for teen suicidality.

The feeling of hopelessness left many of the participants without a view of other options, making many of them desperate and suicidal. Being able to see a future that involves positives in one's life is essential to wanting to continue on with life. in spite of the obstacles one faces.

Hostility

Hostility for the suicidal teen is often turned inward (Rutter & Behrendt, 2004). Hostility is often associated with punitive self-injury aimed at an external person, such as a parent or peer (p. 299). Hostility turned inward is often exhibited as anger, self-hatred, and a feeling of worthlessness. The participants shared these feelings during their interviews and voiced that these feelings of hostility were present during their thoughts of suicidality. This common thread of hostility was apparent in the rich narratives of many of the participants. The hostility that is often turned inward was described in self-destructive behaviors such as drinking excessively, smoking weed, taking illicit drugs and engaging in risky behaviors such as fast driving and promiscuity.

Bob shared that he "hated his life", stating that he was "not happy about anything in his life: “Where I live, where I work, in the degree that I got, in any of the choices that I has thus far made.” He says he is consumed with “hate for everything in life.” This hatred and anger is manifested in heavy drinking, to the point where he “is numb” to the anger he feels.

Daisy stated that her sense of self-hatred was in the form of feeling completely worthless and resulted in her drinking heavily and taking illicit drugs. “I felt like I would never be good enough for anyone. I must be so bad that I’m not worth anybody’s time." She added: “When I decided to try to kill myself I was thinking that I don’t even care if I drink myself to death tonight." Daisy acknowledged: “I didn’t want to feel like a failure anymore, that feeling of worthlessness." She said she remembers thinking, “I’m such a loser, I’m so pathetic." She reflected: “I was so angry and sad at the same time, angry at my ex-boyfriend, but also sad that I wasn’t wanted by him, I was so into this person."

Bertie explained that it was not only the things that were happening in life that were beyond control, it was a “very bad lack of self-confidence and self-worth," Bertie said that the feelings of angst were “irrational anger and extreme upset.” These feelings of anger were one of the catalysts for the suicide attempt. It was difficult to elucidate the hostility that was manifested by Bertie due to the hesitancy to disclose.

Avatar was very open about her feelings of anger-turned-inward into self-hatred. She shared that her family life of violence and physical abuse left her unable to control her own urges towards violence. She shared:

> “Joining gangs, getting my aggression out there, hitting my own child, flying off the handle." When asked about her feelings of depression, she shared “that it

was always transformed into anger." ...I was depressed, but it was self-hatred, I hated life, I hated everything."

Athena shared that she was taking care of everybody, her brother's children, the household chores: "I had the feeling of worthlessness...I was in the way." She expressed her feelings around the time of her suicide as: "It was more crap on more crap that just makes you feel angry." She did not share any manifestations of hostility other than the suicide attempt, saying that "she did not do drugs or drink or run around." She was brought up "to do what you were told, not to argue or question it." She recalled: "If cauliflower were put on your plate in front of you and you didn't like it, you just ate it."

Grace said that for her "there was a lot of anger... I drank heavily, I smoked pot as often as I could, I had sex with every guy that came along, I was pretty self-destructive and not consciously self-destructive but looking back I can see that I was medicating to live, I was reckless."

Hostility can manifest itself as anger turned outward or inward. The anger expressed outwardly by many of the participants included drinking, driving fast, taking illicit drugs, and finally, by attempting to end their own life, anger turned inwards. According to a study by Reyes, Cayubit, Angala, Bries, & Capalungan (2015) anger is a normal occurrence, but for the teen population, a lack of skills and resources required to manage and express anger in acceptable ways can lead to a suicide attempt.

'Something to Live For'

All of the participants expressed that they were thankful to be alive, although many still battled depression, and some found life difficult. More than half of the

participants revealed that they didn't really want to die but only wanted the extreme pain to stop. Avatar said:

> "Sometimes people do it because they want to show someone that they are hurt, I was lucky enough not to find something that could actually kill me."

Grace said that after her suicide attempt, she heard her parents arguing and her father yelled, "She's just trying to get attention." This statement resonates with needing to be connected or to be considered important. If her presence and actions were not thought to be important, then there was little to live for in her view.

Lily recalled: "I didn't think about the dying part, I just wanted this extreme pain to stop." The narratives divulged, more than once, a feeling that if there was something to look forward to, 'something to live for', then the thoughts of suicide seemed decrease. Grace said, "If you can give a person a reason to love life, then they are less inclined to want to take it away." This profound statement was evoked similarly by others. More than one participant said that keeping busy and having a positive support network of friends or family was important in keeping depression and suicidality at bay. Avatar and Lily shared how religion has been a positive influence in their lives. Avatar said that people who have been in her life have made her the woman she is today. She talked about an algebra teacher she had when she went back to school: "How having an education was going to change my life." Bertie said that "volunteering with different community organizations brought a feeling of connection that I had not felt before."

This became the overreaching theme, providing the participants with outlets for loneliness, a sense of connection to others, which alleviated their sense of isolation and gave them a sense of purpose in life.

Grace shared:

> “I keep a sign on my desk, this too shall pass, it reminds me that maybe it’s bad now but it’s not always going to be or maybe it’s good now but it’s not always gonna be, but it’s just not always gonna be like it is right now." She said that having a friend die later by suicide “solidifies my belief that it’s not an option, somewhere along the way I adopted this belief and it’s helped me along the way."

She said:

> “Sometimes kids come from loving families and they just get confused, sometimes it’s not about the parents, it’s just situational, but I think if you can help people to love life then they’re not going to be so inclined to take it away."

Athena found that focusing on helping others suffering with depression made her feel better, and offered a way for her to feel like she was useful, and feel connected to others: “I wasn’t just helping others, I was helping myself by helping others." She also said that people in her life now, who are important to her, have helped her to see that she has meaning and value.

Lily stated that while she was in therapy she “glimpsed a future that seemed bleak if she didn’t change her thinking." When she was in her twenties, she shared that she was involved with a church:

> “It was a turning point in my life, I came to realize that I wanted to learn from my past mistakes and that God has helped me to find hope and a purpose in my life”. She says that she wants others to know that “the trials they are going

through are temporary and won't last forever and there is hope for a fulfilling life."

Avatar shared that having her daughter has given her a reason for living, but even before that, she stated:

> "The church is what got me through it, it was what got me to be an adult, a woman, a responsible citizen...I'm not sure there are many people in the world who would take a young girl and walk her through life and teach her that the way she learned was not right, that there was a better way, that takes time, they did that for me and now I can enjoy life, enjoy being a mother, enjoy helping others in my career choice."

Minnie shared: "I don't think I really wanted to die, I just wanted to stop all the pain." She also shared that she helps others who are having thoughts of suicide who probably think they are alone in their thoughts:

> "I want them to know they're not alone. Talking about my suicide attempt helps me feel like I might make a difference, might keep someone from trying to kill themselves by not feeling so alone in their feelings of hopelessness."

Minnie wanted others to know "that you can survive this, and it will get better." She said that finding a purpose in life has helped her see a future that, while not always pain free, does have many moments of joy."

Bertie explained that practicing "self-love and self-care" were important in recovering from feelings of depression and a suicide attempt. The decision to attempt suicide was not a right decision: "I think I have things to live for now." ...I help with several

community organizations and volunteer my time to help others less fortunate that gives me a sense of belonging."

Daisy said:

> "When I am focused, or when you find a passion or interest and you're busy you are surrounded by good people and learning and engaged and everything, that's when you're worried about other things for you that are gonna lead to your future and improve your future and when you are doing that, it is helpful and I think that's what helped me to reach this place."

'something to live for' was a powerful and profound theme that served to encompass the entire study. The impact of hope and purpose cannot be underestimated in the experiences of the eight participants.

The themes identified in the inquiry of the lived experience of adults who attempted suicide as a teen are intensely human and allow the participants voice to be embodied. The ability of the participants to share their thoughts and ideas allowed the researcher to dwell with the data and grasp some meaning from the material. These themes are not the definition of the phenomenon, but are instead a basis for unraveling the mystery of what it is like to be an adult who attempted suicide as a teen.

Connection to a Theory

The participants wove a story of hostility, abuse, anger, depression, hopelessness and of 'something to live for'. 'something to live for' became their flotation device, keeping them afloat as they battled their thoughts and feelings of suicide.

Theories of optimism and hope are mainly focused on the future expectations of the individual (Feng, Li & Chen, 2015). The researchers in this study explained that

optimists are people who believe good things are more likely to happen than are bad things. Optimists have lower depression scores that are positively correlated with positive emotions and higher immunity. This makes optimism a protective factor against depression and suicide. Optimism is part of the concept of hope and hope is the belief that the future holds positives for the individual. (Feng et al, 2015).

The Hope Theory (Snyder, 2002) defines hope as characteristics regarding one's expectations and ability to attain important goals. According to Snyder (2002) we begin with the assumption that human actions are goal directed (p. 258). Goals can be short or long term but they need to be of sufficient value to occupy conscious thought (p. 258). Hope is the state of mind that helps you navigate the obstacles in life and that keeps you moving forward when times get tough. Like optimism, hope involves the expectation that the goals can be attained, but hope also involves thoughts about one's determination and commitment to attain the goal, and the plans and strategies for attaining the goals. More than just "positive thinking," hope emphasizes a person's agency and capacity to work toward the attainment of goals. Research on hope theory documents how individual-focused agency and pathways are associated with positive goal-directed cognitions and actions (Snyder, 2002). His theory of hope emphasizes goal-directed thinking, where a person uses both pathways thinking (the perceived capacity to find routes to their desired goals) and agency thinking (the necessary motivation to use those routes). His analysis of the motivational forces – excuse-making and forgiveness-allowed individuals to disconnect themselves from past negative experiences and connect themselves to hope, the possibilities of the future.

Individual differences in trait hope significantly explain variations in how people strive towards their life objectives, how they cope with difficulties, and ultimately, how they succeed in their aspirations (Bernardo, 2010). But the attainment of one's goals need not be a purely individual pursuit. A person can work with external agents in generating plans for attaining goals, and draw from the capacities and resources of external agents in pursuing these goals (Bernardo, 2010).

Snyder (2002) stated that people have many goals in life that they consider to be of high importance. Goals are an essential component of everyone's daily lives. However, during the course of life there are often obstructions to these goals. This failure leads

some people to abandon all goals which, according to Snyder, is the first step towards suicide (p.267). Attainment of goals is important to people but so too is remaining hopeful when these obstructions appear. Snyder (2002) argued that "hope is not a happy feeling, it's a human survival mechanism and we couldn't live without it" (p. 249). Hope is the belief that one can attain one's goals (p. 257). The acquisition of goal-directed hopeful thought is absolutely crucial for a child's survival and thriving (Snyder, 2002, p. 259).

In this study the participants supported this theory in the attainment of something to live for, which is the outcome value in Snyder's Hope Theory. As Lily stated, "joining a church community gives a "sense of belonging and purpose." For Daisy, who shared what worked for her as she moved away from her suicide attempt, it was "when you're busy and engaged and excited, when you're thinking about your future and how to improve your future that it is helpful." Both Athena and Bertie expressed how helping

others helps them, Bertie stating that “I volunteer with some community groups, which makes me feel connected.” Avatar, who revealed how the “church and its members helped make her the woman she is today.”

Pathway thoughts in the Hope Theory are described as how people must view themselves as being capable of finding workable ways to attain their goals. This process signifies a person’s perceived ability to find workable routes to reach their desired goals. These can be affirming self-talk as well as being able to find more than one pathway to the goal. The ability to find more than one pathway to the attainment of a goal is important when encountering obstacles. The participants in this study support how not being able to see other routes to their goals led them to see suicide as the only option available. Some of the obstacles and interruptions in pathway thinking that the participants in this study encountered were loss of financial ability to continue college, loss of important people in their lives, experiencing abuse and hostility. The participants described how they moved towards pathway thinking and using methods such as religion, volunteering, medication and being with supportive people. Hopeful thinking encompasses both the perceived capacity to envision workable routes and goal-directed thinking. Pathway thinking leads to agency thinking which in turn furthers pathway thinking and so on.

Agency thinking is the motivational component in the Hope Theory-being able to use one’s pathways to reach goals. Agency thinking is the self-talk that one does that enables one to move along the pathway towards the outcome value or goals. The ability to say “I can do this” is important in moving away from the suicide attempt towards a life that supports something to live for, which is the basis of having hope for the future.

Agency thinking is important when faced with blockage; it allows the person to apply the motivation needed to keep moving forward by using the other routes that were formed in pathway thinking.

The participants in this study shared their agency thinking as ways that they found to have hope for their future, such as Grace, who shared that she keeps as sing on her desk "that this too shall pass", a reminder and motivator for her when she faces obstacles in her movement towards her goals. As Avatar shared, "the people in the church showed me there was a different way to live and gave me the tools to work towards my goals and a more fulfilling life."

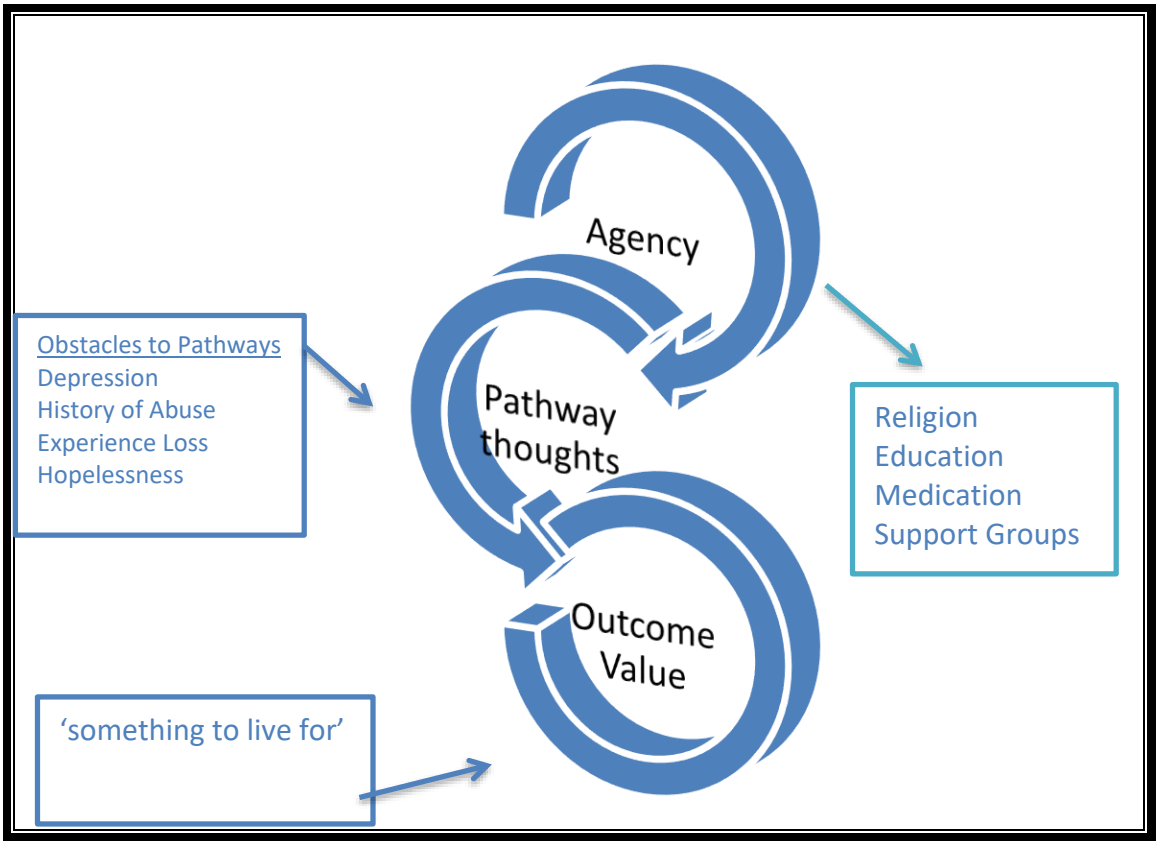

Figure 3. Feed-forward and feedback functions in hope theory (Hamley, 2016, adapted from Snyder, 2002).

The participants in this study all voiced things in their life that gave them something to look forward to, from finishing college to helping others who are suicidal, to volunteering in the community and thereby reaffirming their connection to the community and to society. Having 'something to live for' is part of having hope. Hope is an essential piece that may offer protection from suicidal thoughts.

Chapter Summary

This phenomenological inquiry sought to describe the lived experience of adults who attempted suicide while in their teens. The aim was to allow the individuals to describe their experience in their own words and chronicle their detailed stories in an attempt to uncover the essence of their experience. The researcher used van Manen's method of human inquiry of interviews, transcription, journaling, and follow-up conversations to establish a vivid, meaningful account of the participant's life worlds. The overarching theme was 'something to live for' which was supported by the themes depression, history of abuse, experienced a loss, hopelessness and hostility.

CHAPTER FIVE

DISCUSSION AND CONCLUSION OF THE INQUIRY

This chapter is a discussion of the findings of the phenomenological inquiry into the lived experience of adults who attempted suicide as a teen. This research followed the traditions of hermeneutic phenomenology as described by van Manen (1990) in an attempt to give meaning to the experience. By doing this, health care providers who care for this population may find meaning in their approach to the suicidal and at-risk teen. Since the aim of this study was to discern meaning and understanding, it is based on the view that respects the belief that there are multiple realities which are context dependent. This research gives voice to the participates who experienced teen suicidality and allowed the researcher to see and hear the world through them. The interpretations chosen by the researcher to describe and explain the participant's life experience are open to differing interpretations. It is ultimately the hope that this data will support nurses in their objective of assisting others to become more fully human. The researcher investigated songs, poems, writings, and artistic representations that exemplified the phenomenon. Collectively, these ongoing activities were fundamental to the process of attributing meaning to this life experience.

Exploration of the Meaning of the Study

In this life it is not difficult to die

It is more difficult to live. (Mayakovski, 1917)

The struggle of the participants with depression and suicidal thoughts is ongoing for many of them. They seek ways to find hope, reasons to stay alive, reasons to shut out the

urge to end their own life. The participants provided rich descriptions of their feelings and internal pain as they lived the experience of attempting suicide as a teen. The participants were well aware of the proximity of death to them; it pervaded their thoughts and beckoned them when life's struggles seemed overwhelming. Many of them voiced fear of the desire to end their life, but also of the strife that life offers them.

For the thing which
I greatly feared is come upon me,
And that which I was afraid of
Is come unto me.
I was not in safety, neither
Had I rest, neither was I quiet;
Yet trouble came.

(Job 3:25 New Living Translation)

The participants in this study shared their struggles with depression, feelings of worthlessness and feelings of hopelessness which resulted in their attempting suicide. The verse above is an interpretation of what the researcher had a sense of as she read and reread the narratives. Immersion into the narrative is linked to credibility (van Manen, 1990). Immersion into the stories of the participants allowed the words to flow through the researcher, forming ideas of their meaning. Fear was pictured as an undercurrent in their words- fear of the present, fear of the future- they seemed unable to quiet that fear which brought the verse from Job 3:23 to the researcher's mind. Life is filled with positives as well as negatives for all of us; the researcher envisioned some of the participants sitting, waiting for the inevitable trouble to arrive. Humans have been given

a unique gift, that of questioning their existence, and of being able to choose to live or to die. This produces in them a conflict that in many is an ongoing battle, the feeling that trouble is looming near and is coming for them. As Daisy put it, “It's not just the failing that worries you; it’s the fear of failing."

Interpretative Analysis of the Findings

In phenomenological research, theme is “the experience of focus, of meaning, of point" (van Manen, 1990, p. 87). “Theme is the form of capturing the phenomenon one tries to understand” (van Manen, 1990, p. 87). The participants were asked to reflect on their experience so that the researcher could determine the deeper meanings and themes of the lived experience of adults who attempted suicide as a teen. The participant’s rich descriptions and narratives of their lived experiences of the phenomenon allowed the researcher to delve into the words and attempt to capture their meaning. The stories shared articulated those experiences and was the basis for the resulting themes: depression, a history of abuse, experienced loss, hopelessness, hostility, and ‘something to live for’.

The process of deep immersion, contemplation, and re-writing, with time to reflect allowed the researcher to move from the internal to the external, allowing for the illumination of the lived experience as expressed in the narratives of the participants. This hermeneutic process allowed a picture to form which gave clarity to the themes. The participants all voiced battling depression, hopelessness, their past histories of abuse, loss, and hostility. They recognized that in order for them to move forward from a painful part of their lives, they had to find ‘something to live for’, something that gave them hope for the future.

Depression

There was a universal element of depression in the narratives of the participants. Depression is from late 14c. as a term in astronomy, from Old French *depression* (14c.) or directly from Latin *depression* (nominative *depression*), noun of action from past participle stem of *deprimere* "to press down, depress" (Harper, 2010). In psychiatry, its meaning is described as a condition of general emotional dejection and withdrawal, a sadness greater and more prolonged than warranted by any objective reason (Random House, 2016).

This theme surfaced in the stories shared by the participants as all of them used the word depression in the stories they told. Descriptions and examples of their depression were given by the participants during their interviews. It was a consistent thread woven through the stories and connecting the participants who experienced a suicide attempt. The experience of depression was an overwhelming force of pain and despair that left each of the participants overwrought and wanting only to end the insurmountable pain. In *The Bell Jar* (Plath, 1971) described her depression as a bell jar closing down on her, making it difficult to breath, a descent into deep depression. Her experience of depression and her inability to escape -its darkness on her psyche led to her first suicide attempt when she was in college at the age of 21. In *The Bell Jar* she writes that “a time of darkness, despair, disillusion-so black as only the inferno of the human mind can be-symbolic death, and numb shock” (p. 8). As the researcher read and reread the stories of the participants she was reminded of these words written by Sylvia Plath and the researcher could see her words mirrored in their words. Bob said: “It numbs me.”

Depression is thought to involve the receptor-neurotransmitter relationships in the limbic system as well as the prefrontal cortex, hippocampus and amygdala, as well as serotonin and norepinephrine (Andrew, 2014). It is the third leading cause of death in 15-24 year olds and the second leading cause of death in college students (Andrew, 2014). Depression is a pernicious and all-encompassing disorder that generally affects the body, feelings, thoughts and behaviors. It is sometimes difficult to diagnose because it has so many different manifestations. In teens, these manifestations often resemble normal teen behaviors of transitioning from childhood to adulthood: moodiness, irritability, sleeping too much or too little, and withdrawal from parents. Daisy expressed that she realized there were other teens who felt as she did when she was admitted to a psychiatric hospital following her suicide attempt. She revealed, "I started talking to these two boys my age who were in for trying the same thing as me. I felt like I never wanted to stop talking to those boys, it was just such a memorable moment because I didn't feel alone for once."

William Styron (1990) wrote in *Darkness Visible a Memoir of Madness* that depression is a disorder of mood, mysterious and elusive in the way that it becomes known to the self, it remains nearly incomprehensible to those who have not experienced it. He writes of his illness, "it produced confusion, failure of mental focus and lapse of memory" (p. 14). One of the participants had some trouble recalling certain parts of her past. Athena stated that her second suicide attempt at 19 and the time surrounding it was "fuzzy" and she was unable to recall it well enough to discuss it. In a study by Jaycox, Stein, Paddock, Miles, Chandra, Meredith, & Burman, (2008) on the impact of depression on a teen's academic, social and physical functioning it was noted that teens'

who suffered from depression reported significantly more impairment in nearly all domains and quality of life compared with non-depressed teens. The teens in the Jaycox's (2008) study reported more anxiety, inattention, hyperactivity, aggression, substance abuse, and post-traumatic stress syndrome (PTSD). The participants in this dissertation study expressed anxiety about fears of failure or fear of repercussions. Grace, for example, who did not make the swim team; Bertie's and Minnie's anxiety about how to complete college when they faced financial problems, are examples of this fear. They also shared patterns of substance abuse such as drinking excessively and smoking weed.

According to the DSM-V (2013) criteria for major depression is stipulated by five of the nine symptoms listed, such as depressed mood, diminished interest in activities, weight loss or weight gain, insomnia or hypersomnia, agitation, loss of energy, feelings of worthlessness or guilt, impaired concentration, and recurrent thoughts of suicide. According to a study by Libby, Stuart-Shor, & Patanker, (2014), only 30% of depressed teens received services for mental health care. This study supports the current research where only one participant, Minnie, was diagnosed with depression prior to her attempt. According to the article there are several reasons for this, one of significance to nurses, that there is a lack of trained mental health care providers available. The primary care setting should be equipped to deal with the increasing need for assessment and treatment of depression.

A study on age-related differences between young people and older people with depression by Seo, Song, Yim, Kim & Lee (2015) found that, regardless of the severity of depression, subjects in the younger group (<25 years) were more likely than those in the older group (>25 years) to report significant suicidal ideation. The participants in the

current study did not report their suicidal ideation prior to their attempt, which correlates with the findings in the study by (Seo et el, 2015). Additionally Seo's research (2015) on age related differences found that an increase in a depression rating scale did not correlate with significant suicidal ideation in the younger subjects (Seo et al, 2015). Those findings demonstrated that suicidality in depressed young people was more severe than in older adults, but that suicidality was not correlated with the severity of depression. This could not be addressed in this study, as only one of the participants had been diagnosed with depression prior to their suicide attempt. The implications for nursing are that closer attention must be paid to young people with mild or moderate depression, as they are at risk for suicidality as those who are severely depressed.

Andrew Solomon in *The Noonday Demon* (2015) wrote that life is fraught with sorrows, no matter what we do. "Pain is the first experience of world-helplessness and it never leaves us (p. 15)." He writes that despite pharmaceutical science, depression cannot be wiped out as long as we are creatures conscious of our own selves. The researcher's interpretation of this is that as long as we are able to examine our life and our perception of it's meaning for us and for those important to us, we will continue to experience depression. Our ability to recognize our perceived failures leaves us vulnerable to feelings of depression. We are able to ask ourselves "why am I here and what is the meaning of my life?" This ability differentiates us from other mammals and can cause angst if there is no positive answer to those questions. One of the participants, Bob, stated that for him, there was no real joy in life, "I hate life, I'm not happy with anything." He said that he "sits and thinks about how his life has turned out and he can't see any real joy in it." Solomon (2015) writes, "Depression is like decay and it is not

easy to experience decay." Several of the participants revealed feeling the weight of depression and the way it ravaged them down to their core, such as Daisy, who shared "there's a feeling of emptiness, that extreme loss. It drives a person to feel worthless, it's a deepening feeling that comes from the core and it sucks the life out of you." These statements illuminated the importance of keeping people connected in communities so that they do not develop feelings of isolation and loneliness which may then lead to feelings of despair and thoughts of self-harm.

According to Solomon (2015), no two people have the same manifestation of depression. Depression, he says, is "like snowflakes, always unique, each based on the same essential principles but each boasting an irreproducible complex shape" (p. 173). William Styron (1990) wrote of his sink into the quagmire of depression as "the gray drizzle of horror induced by depression that takes on the quality of physical pain" (p. 50). He said it is "a madness that results from an aberrant biochemical process" (p. 47). The participants in this study all expressed common elements of feelings of depression but they also each had unique personal attributes, such as Avatar, who expressed it as "anger" and "a feeling of abandonment," or Grace, who stated she "was a ship without a rudder."

The Wish

I shed my tears; my tears – my consolation;
And I am silent; my murmur is dead,
My soul, sunk in a depression's shade,
Hides in its depths the bitter exultation.
I don't deplore my passing dream of life --

Vanish in dark, the empty apparition!

I care only for my love's infliction,

and let me die, but only die in love!

(Alexander Pushkin, 1833)

Many of the participants shared that depression remained a personal battle, that there are good days and bad days. Suicide is not chosen but instead happens when a person's pain exceeds their resources for coping and this coping level is different for everyone (Conroy, 2006). There remains a persistent ignorance about depression and the misperceptions of it by the public (and even by some health care providers) who see it as a personal weakness or failing, and that depression cannot be wished or willed away (Andrew, 2014). Such perceptions and lack of knowledge about depression may lead those who have depression to feel isolated and stigmatized, in turn, leading to many avoiding the diagnosis (Andrew, 2014). This misperception has a negative impact on those suffering with depression as they are less likely to seek help for fear of being labeled or stigmatized. Conroy (2006) said that he was left with the conviction that "the suicidal, as a group, whether or not their pain ultimately cause them to die, are mentally and morally average in the same way that victims of heart disease, diabetes and sprained ankles are mentally and morally average" (prefix). The culture of assessing the character of the suicidal as being weak, selfish, and manipulative inhibits many from seeking help.

Styron (1990) wrote that those who are suffering a siege of depression be "convinced that the illness will run its course" and that "it is a tough job, this, calling to chin up from the safety of the shore to a drowning person is tantamount to insult, but has been shown

over and over again" (p. 76). Andrew Solomon (2015) wrote that "depression is a demon who leaves you appalled" (p. 16). He argued that "the very worst pain is the arid pain of total violation that comes after their tears are all used up, the pain that stops up every space through which you once metered the world you, this is the presence of major depression" (p. 19). This was interpreted by the researcher as she examined the narratives of the participants who attempted suicide as a teen. There arose a picture of pain and sadness that left them feeling that suicide was their only choice. The following poem illustrated the researcher's impression of depression as described by the participants.

Reflection

Another day for you to wonder, another day for you to mourn
It wasn't my intention to go before the coming dawn
My pain was deep within my heart and troubled head
It wasn't my intention to go without words said.

My frame of mind seemed normal, or so I heard them say
It wasn't my intention not to see another day
I did not mean to make you suffer or cause you so much pain
It wasn't my intention to never see you again.

Despair and confusion left my aching mind unsure
It wasn't my intention to suddenly close life's door
If only I could give you reasons and brush the tears away

It wasn't my intention to leave and not stay.

I did not mean for you to grieve, now left alone to cry
It wasn't my intention to leave you, forever asking why
As the burdens of life's worries slowly ebb from my heart
It wasn't my intention to tear your soul apart.

(Docherty, 2016)

Depression was a universal theme expressed by the participants in this study. It is well known by those in the mental health field to be one of the risk factors for suicidality in all age groups. For teens, who have limited resources for dealing with their emotions, it may become an overwhelming feeling that leaves them thinking there is no other option except suicide.

A History of Abuse

Many of the participants shared a history of abuse that contributed to their feelings of sadness or hopelessness. Most of the participants said the abuse they suffered led to issues of anger, self-hatred, and feelings of worthlessness. Grace, Athena, Avatar, and Bob shared abuse as a child, which as Avatar stated, “turned into self-hatred."

In a study in Switzerland the common risk factors in adolescent suicide attempters was investigated (Laederach, Fischer, Bowen, & Ladame, 1999). The researcher explored the long-term consequences of abuse suffered during childhood or adolescence. The data showed an elevated level of suicidality among girls, with one-quarter attempting suicide before age 21 years. Sinclair (2011) found that there are certain personalities more prone to depression and suicide. One of the high-risk types for suicidality is the emotionally

dysregulated subtype, characterized by childhood sexual abuse, school problems, substance abuse, as well as, co-morbid mood and substance disorders. This group was considered to be at the highest risk for suicidality (p.27).

The link between abuse, violence, and suicide was also supported by a study that suggested a link between violence and suicidal behaviors (Ilgen & Kleinberg, 2011). One of the possible links between violence and suicide was that it may increase social isolation, which increases the risk of suicide (p. 27). It also proposed that individuals who harm themselves have acquired the capacity to engage in self-harm through repeated exposure to violence and painful stimuli. The above studies highlighted how being abused in childhood affects the psyche and emotional stability of the teen. This was borne out in the narratives of the participants in this phenomenological study, as many of them shared abuse in their lives prior to their suicide attempt.

Sadeh and McNeil (2013) examined the relationship of anger and childhood sexual victimization in suicide attempts. The study found that early childhood trauma, especially that of sexual victimization was linked to a higher rate of suicidality. Of the eight participants in this dissertation study, three voiced that they were sexually abused as a child.

A history of abuse as a child was a risk factor for suicidality borne out in the narratives of those who attempted suicide as a teen. Many of the participants bravely shared stories of their abuse at the hands of those who were raising them, and how that abuse influenced their suicide attempt. The following is a poem that depicts Natalie Mervin's perspective on abuse and suicide:

Complications

Do you wanna know her?

Do you wanna try?

Her life’s a little complicated

Let me tell you why

She feels unloved unwanted

She cries 6 times a day

Her heart is nearly broken

He’s in a lot of pain

She cuts herself to feel

That’s how she plays her games

She smiles at the blade

Like blood is summer rain.

Do you still wanna know her?

Do you still wanna try?

Her life’s still a little complicated

Let me tell you why.

Besides her scars from cutting

She’s got bruises everywhere

Her mother tends to hit her

And doesn’t even care

Her dads an alcoholic

He screams and yells at night

And when he’s finally finished

He says she'll be alright.

So are you scared to know her?

Are you scared to try?

Do you think her life's a little complicated?

If not let me tell you why.

She screams and cries for help

Maybe a way out

She's trapped in a world of hate

A world of lies and tears

She lies on her bed at night

And wonders "Why am I still here?

And when she falls asleep

Nightmares haunt her dreams

So are you still scared to know her?

Are you still scared to try?

You think her life's complicated?

Too late that girl died,

They found her on her bed

Her throat slit every which way

They waved her death away

Like it was an everyday thing

She didn't deserve to die

She deserved to live

But I guess when you live in hell

Heaven always wins.

An internet site for teens who have considered suicide includes blogs, reflections, and poetry. A young woman named Jessica wrote: "I wrote this poem to kind of tell people the fear you have when you get raped and also how it affects you for the rest of life. It's been seven years for me and I still absolutely cannot forget it. And it doesn't matter if I'm around my best, sweetest guy friend, I'm still afraid and nobody will ever understand that unless someone does something sick like to them. But I have learned through all this that God has a unique purpose for everything-even this and no matter what He is always there for you so you are never alone!"

Trusted You

I hear the floor creek

Closer and closer toward my bedroom door

I try to stay quiet hiding under the covers

Though I know he will find me

I hope he doesn't hear my heartbeat

Or hear me praying God will protect me tonight

But as I do I start to cry because I know

TONIGHT"S ONE OF THOSE NIGHTS

WHEN GOD JUST DOESN"T HEAR ME

I let out one more sob

And the door swings open

The hallway light shines in

But the darkness radiates off him

So strong

He has a smile on his face

Nothing will stop him

I can’t even defend myself

He gets on top of me holding me down

As I try to turn away

He pulls me back covering my mouth

I am too scared to breathe

A few weeks pass

I hear him moaning my name

While stumbling around the house

Closer and closer he is walking toward me

Now he is on my bed

And before he even touches me

I begin to cry as I wonder

Where is God tonight?

This time I fight back

I yell

I cry

But he has ways to shut me up.

I do everything I can to loosen his grip

He's hurting me so bad but will not let me go

NO

He will not let me go

Not until he is finished

He leaves me lying there

To think of what I have lost

"I'm sorry" is not enough

He doesn't even realize what it has cost

Another few weeks pass by

The shame keeps getting worse

Too afraid to tell

Though it's so hard to hide this pain

Day after day

I must have been bad that night

I hear him coming closer as I'm lying on the floor

Lord I would do anything

If you keep him from walking through that door

But he does

I finally realize I am all alone

No one to protect

No one who can save me…

So I lie back down to take it

But he throws me on the bed

And makes me relive my worst fears

When I just want to be dead.

I don’t want to kill myself

I just want to die

God, why have you abandoned me?

Can you not see the tears I cry?

I will hurt myself later

After you have hurt me

This blood that stains the sheets

Tangled up on my bed

Reminds me of the words

The images you have put inside my head

I can still feel you touching me, grabbing me

Forcing my body closer to yours

The feeling of your cold fingers all over me

I constantly try to wash away

From my scarred skin

Since that first night

I live my life in fear

You are the reason I love too easily

Why I cannot love at all.

Because I trusted you

I can no longer trust

The pain I hold inside

You will never know

They will never understand

That my scars don't even begin to show…

Jessica (2009).

Experienced Loss

Several of the participants cited a loss or disappointment that preceded their suicide attempt. There are several studies that link loss or disappointment as a risk for suicide. King and Vidourek (2012) stated that teens experiencing depression are 12 times

more likely to attempt suicide, and that greater than half of those who completed suicide had major depression. This study highlighted how loss can manifest as depression. They also found that some of the risk factors for suicide included stressful life events such as changes in close relationships, recent disappointments, not making a sports team, and recent losses such as the death of a loved one. Some of the participants shared stories of stressful events that occurred prior to their suicide attempt. Bertie lost his financial aid for college and Daisy lost her boyfriend. Grace voiced that not making the swim team precipitated her suicide attempt.

A study by Galligan, Barnett, Brennam, and Glenn (2010) showed a similar correlation between interpersonal loss and suicide risk. This study found that there are many reasons for suicide attempts, but certain factors or events in a teen's life increased their propensity for suicidality. Jellinek (2005) found that "a sense of loss combined with the notion that they can pull anything off leaves them vulnerable to a greater sense of loss for something that seems not such a big deal-a D on an exam, not making a team, or a breakup at school, a parents divorce or the loss of a close friend, and therefore vulnerable to suicidal thoughts and actions" (p. 25). Jellinek added: "These real losses complicated by a biological vulnerability to depression may come at a time of experiments with drugs with peers, having failed without the ability to sense the longer term, or the idea that tomorrow is another day leaves teens with a lack of power to recover" (p. 25). This research did not reveal a sense of being able to pull anything off, but did reveal that the losses experienced by the participants led to suicidal thoughts and actions. Many of them felt they had no other options. This is similar to Grace's experience when she stated, "I

did not have any idea that I had any other choice and maybe that's how people feel when they do something like that."

Many of the participants shared their feelings of overwhelming despair after a loss. Several participants shared that their loss of financial resources to continue college left them feeling a sense of lack of control over their life and unable to see a future. Minnie stated:

> "I saw no future without a college education; I saw my life being like that of my mother's, always a struggle."

Daisy recounted the breakup with a boyfriend that made her feel "worthless, like nobody would ever love me. I'm not worth anyone's time." For many of us, losing something that we value is an emotional event. For teens, whose brain has not yet matured to the point where they can conceptualize the future and another day, such losses pose a risk for a sense of irretrievable failure and a risk for suicidality.

Conroy (2006) wrote in "Out of the Nightmare: Recovery from Depression and Suicidal Pain that suicide is not chosen; it happens when the pain exceeds resources for coping with pain. His background as a psychologist and suicide survivor offers a perspective similar to the participants in this study, in that loss contributed to depression and risk for suicide. Conroy believed that if loss is not explained to children or teens, there is a message sent that suggests that this process is solitary and must be dealt with alone. "We may have suffered traumatic events that made it impossible for us to have normal emotional functioning. Not only are we left with unresolved feelings about the losses of childhood and adolescence, but we carry poor grieving patterns into adulthood" (p. 10).

Hopelessness

The role of hope in maintaining a continuum of health has been studied in nursing and the healthcare fields. It is a vital state that impacts how a person views their world and how they react to the stresses of life. The participants' narratives led the researcher to identify a theme of hopelessness that seemed to permeate their stories. Hopelessness is a word derived from Middle English origins and evolved in 1560 to include having no expectation of success or no grounds for hope (Harper, 2010). Hopelessness was described as being void of a vital essence for why life should continue. As Grace put it, “I had this feeling of hopelessness. Life doesn’t offer much." van Manen (1997) suggested an etymologic tracing of words to uncover meaning. Grace’s words connected to the origins of the word “hope” in which the concept is expressed as a noun, and is something to look forward to with desire and reasonable confidence. Grace clearly lacked this sense, as she evoked hopelessness and negative expectations of life.

Hopelessness has been identified in the literature as an element which decreases the likelihood for an adolescent to adapt to some of the uncontrollable stressors they endure (Landis, Gaylord-Hardin, Malinowski, Grant, Russell, & Ford, 2007). This was supported by Bertie's feelings of hopelessness as irrational and situational, that the parent's divorce, a bad relationship, and having to drop out of college created an inability to cope with hopelessness. Hopelessness is experienced by 39% of college students (The American Association of College Health Association, 2006), and has been identified as a critical issue in the past two decades (Hoeppner, Hoeppner, & Campbell, 2009).

According Iliceto and Fino (2015), hopelessness is the most common psychological state experienced by suicidal people, part of a cognitive triad of depression.

This study's findings were consistent with previous studies that found a correlation between depression, suicide, and hopelessness. The Beck Hopelessness Scale (BHS) is a 20-item self-report that was developed to operationalize the construct of hopelessness, assessing three major aspects: feelings about the future, loss of motivation and future expectations. This study supports a positive association of BHS scores and measures of depression. Jellinek (2005) posited that being depressed, suffering a series of blows, and feeling trapped led to a sense of hopelessness.

Hopelessness has been recognized as a distinct construct related to a host of negative outcomes (Sachs, Kolva, Pessin, Rosenfeld, & Breitbart, 2012): "from a psychodynamic perspective, hopelessness is defined as an inability to retain a good object feeling and to generate self-soothing, self-affirming responses in the face of disappointment"(p 122). Furthermore, hopelessness can be viewed as the presence of negative expectations and a pessimistic attitude toward the future. This study was consistent with the idea that hopelessness is an important construct in understanding a desire for a hastened death and suicidal ideation. Although depression has been linked to suicide, several studies found hopelessness to be a stronger predictor of suicidal ideation than depression (Sachs, 2012).

Thompson, Mazza, Herting, Randell, & Eggert (2005) examined the role of anxiety, depression and hopelessness. The seven-point Likert scale measured hopelessness based on a single item: "I feel hopeless about my life." The hopeless item showed moderate to strong correlations with risk factors of depression and anxiety. Yip and Cheung (2006) tested a questionnaire for rapid assessment of hopelessness. The cross-sectional correlational study of 145 Chinese people aged 15-59 was conducted in

Hong Kong. Their results indicated that a 4-item tool was as effective as the BHS. They endorsed shortening of measurement tools to allow for decreased burden to patient, enhanced clinical response. Fisher and Overholser (2013) refined the assessment tool for hopelessness by refining Beck's tool, and constructed and validated the Modified Beck Hopelessness Scale (mBHS). This allowed for heightened ability of clinicians to assess both helplessness and suicide.

van Manen wrote of phenomenology interpretations:

> "The human scientist likes to make use of the works of poets, authors, artists and cinematographers because it is in this material that the human being can be found a situated person, and it is in this work that the variety and possibility of human experience may be found in condensed and transcribed form. Phenomenology appeals to our immediate common experience in order to conduct a structural analysis of what is most common, most familiar, most self-evident to us." The aim is to construct an animating, evocative description (text) of human actions, behaviors, intentions, and experiences as we meet them in the lifeworld" (p. 19).

The researcher was open to being and seeking artistic interpretations, and found a book that offered an evocative description. The biography, *On Being a Woman Alone,* (1976) Karen Durbin wrote that "what I felt was a slow, dull dying, as the water deadened my legs, turning them to lead, pulling me down deeper each time…I felt no hope." Her words supported the feelings of hopelessness described by the participants when sharing their lived experience of a teen suicide attempt. Styron (1990) wrote that "it is hopelessness even more than pain that crushes the soul" (p. 62).

The following poem reminded the researcher of the words spoken by the participants:

Hopelessness

Hopelessness sounds like
a homeless person
sitting with a bucket,
begging.
It feels like emptiness,
nobody giving.
It smells like a dirty sewer.
it tastes like wood,
which I might gnaw on;
it looks like sadness
drawing closer. (Miradu, 1999)

Many of the participants who shared their experience of attempting suicide as a teen spoke of their sense of hopelessness as having no other way to resolve their conflicts. Minnie stated that having to leave college and return home "seemed like I was heading down the same dismal road my mother was on." It did not occur to her that it was a temporary situation, as she later returned to school and got a degree in business. The participants in this study moved from feelings of despair and hopelessness to having lives with accomplishments. Many spoke of their work helping others who struggled with the feelings that they once struggled with as well. Hope is something intangible, each person has a different vision of

what hope means to them, but for all of us, hope is what keeps us afloat as we navigate life's ups and downs. Even those who do not battle depression and suicidal thoughts need to see hope at some point or another. Silverstein (1974) wrote,

> "Listen to the mustn'ts, child. Listen to the don'ts. Listen to the shouldn'ts, the impossibles, the won'ts. Listen to the never haves, then listen close to me, Anything can happen, child. Anything can be" (p. 309).

Hostility

Hostility is evidenced by anger, a sense of worthlessness, and self-hatred. The word hostility originates from late Middle English, hostilité "enmity" (15c.), or directly from Late Latin hostilitatem (nominative hostilitas) "enmity," from Latin hostilis, from hostis "enemy" (Harper, 2010). The participants in this study revealed that they had feelings of hostility that manifested in risky behaviors, joining gangs, and self-loathing. Alverez (1990) noted in *The Savage God, A Study of Suicide* that "the angry child who tells his parents, "I'll die and you'll be sorry," is not merely seeking revenge, but is also projecting the guilt and anger onto those who control his life" (p. 129). The child is defending himself from his own hostility by the mechanism of projective identification (p. 129).

This self-hatred was identified by many of the participants in their narratives. Avatar shared that all her anger was turned into self-hatred. When asked if she recognized her feelings at the time as those of depression, she answered, "I didn't, it was always transformed into anger. I didn't think I was depressed but it was self-hatred." The abuse and emotional turmoil that the participants shared revealed their sense of pain. The

lyrics in the song written by Perri and Johnson (2013) illuminate some of the ideas that they voiced:

Human

But I'm only human
And I bleed when I fall down
I'm only human
And I crash and I break down
Your words in my head
Knives in my heart
You build me up and then I fall apart
I can take so much
Until I've had enough…

This song spoke to the researcher as it resonated the feelings that many of the participants shared of their experience of attempting suicide while a teen. Their voices evoked feelings that there was only so much they could take, until they broke. Minnie stated that she "cracked into a million pieces," while Grace stated that "it was just more crap on more crap." Athena detailed that she was going to school, and then coming home to take care of her brother's three children, and that being told she was an unwanted child made her feel "useless, in the way." Daisy expressed that her boyfriend breaking up with her made her feel "that I would never be good enough for anyone." By being open to finding artistic interpretations of the words shared in the narratives of adults who attempted suicide as a teen, the researcher was able to connect the lyrics in the song "Human" to the feelings expressed by the participants.

Sadeh and McNeil (2013) illuminated the relationship between anger and suicide, finding that facets of anger are relevant predictors of suicide attempts following hospital discharge. Anger is a potentially important factor to consider in suicide risk factors. There is a difference in how anger manifests itself, with males exhibiting anger outwardly and females inwardly. Women did not differ from men on the hostile cognitive or angry behavior facets. The study supports this study's theme of hostility, as it illustrated that patients with a history of sexual victimization have a greater likelihood of suicide attempts.

Orri, Paduanello, Lachal, Falissard, Sibeonl & Revah-Levy (2014) examined the relational theme of revenge as a motivator for a suicide attempt. In this study, adolescent participants voiced that aggressiveness of their act was a way to make others feel guilty for their deaths and made the vindictive intent of the suicide very plain. Revenge carries a message, one intended to make others aware of their mistakes or carelessness. In their study it almost appeared that some of the participants expected to be present to witness the scene. William Styron wrote in *A Darkness Visible A Memoir of Madness* (1990) that people in deep depression had a "sense of being accompanied by a second self …an observer who is able to watch with dispassion…the struggles against the oncoming disaster" (p. 64). The researchers in a study by Orri et el (2014) concluded that some adolescent suicidal behavior appeared to be a relational act that aimed to bridge the gap between adolescents and their significant others in order to resolve a perceived impasse. These adolescents lived their suicide attempt as an escape from overwhelming life situations that were beyond their control (Orri et el, 2014). Minnie shared that she did not want to die, but instead "wanted an end to the pain."

Daisy stated:

> "I had no idea what death was, I don't think you really know what death is until you experience it."

None of the participants who attempted suicide as a teen thought about not waking up, they voiced, instead, wanting to end the pain.

Bob took the time to share a song with the researcher that he wrote about his personal experience and feelings:

Angels and Demons

Every evenin' dancing with these angels and these demons,
Since I was a teen, man, nah, fuck that, since I was semen
I've had these dreams that one day I'd be a normal human
These thoughts consume me, every day and night feels like I'm Truman-
Burbank, sure thing, so I burn these herbs and I pour that drink
Feels like I'm trapped in life like mice inside a storage tank
They wait on glory days or the story book to turn the page
All I'm waiting for is one enormous storm to sink
This boat that I flounder on drifting around afloat
I don't know which way to go the don't push my sails towards hope
I can barely row anymore and unable to cope
So I fill my life with smoke pale ale and a table of coke
Find myself a razor blade, maybe a length of some rope
On your mark, get set, you bet, Douglas is ready to go
Let me steady this bow, because I'm about to hit this target

I beg your pardon you argue my life ain't strife and hardships.

Can't find the reason, these things are changing with the seasons
But every evenin', dancing with these angels and these demons
So when this life is over and your boy is underground
I'm either going up or down stairway to heaven, hell bound

The seasons change but the weather remains. So bleak and grey
My very first ever memories are of pain, and I'm telling you man
It don't get no more easier with age
So I got this gun to my temple prayin I got a hell of an aim
But there's no forgiveness for this sin so I'm still livin getting fucked up
Sippin liquor poppin pills smoking blunts coked up
I'm stayin like my name so what I'm sayin there's no love
Posted up I paid the price man I hate my life so much
So every single day and night get wasted faded blazed and plastered
Product of my environment, life made me this cold hearted bastard
My hearts been broken, torn open, sowed closed, then froze and shattered
I've been bullied and bruised, stomped, stabbed and kicked and battered
It doesn't matter if I told you bro you won't believe me
These things I've seen and lived through so you can just leave me please
And when you see me standing actin mad and angry steamin
Just know I gotta go home alone to tango with demons.

This song by Bob is poignantly conveys the deep feelings of anger and pain. The song supports this study's theme of hostility exhibited by drinking, illicit drug use, and thoughts of self-harm in many of the participants who attempted suicide as a teen. The relationship between anger and suicide in adolescents was studied by Reyes, Cayubit, Angala, Sherwin & Capalungan (2015). The findings showed that a significant relationship exists between the modes of anger expression and suicidal tendency.

Styron (1990), in *Darkness Visible a Memoir of Madness*, wrote of his own struggles with the disease: "that there were dreadful manifestations of the diseases, both physical and psychological, a sense of self-hatred …or a failure of self-esteem" (p. 5). Feelings of failure and low self-esteem, combined with hostility, were factors in their suicide attempts.

'Something to Live For'

The overarching theme of 'something to live for' and hope were common threads throughout the narratives of adults who attempted suicide as a teen. This theme became apparent as the participants shared their stories of depression, pain, anguish, fear, hopelessness, anger, worthlessness, and self-hatred that they experienced at the time of their suicide attempt. While a few expressed persistent feelings of continuing to struggle with depression and its demons, all of the participants described hope and 'something to live for' as a focus of their life now. Avatar stated that she found "working as a case manager with kids very rewarding." Lily shared that joining a church community gave her a "sense of belonging and purpose." The majority shared a thankfulness for having survived, an appreciation for life as it is now, and a desire to help others who struggle

with depression and low self-esteem. Many of the participants described experiences that required them to balance the ups and downs of life.

Lezine and Brent (2008) collaborated on the book *Eight Stories Up: An Adolescent Chooses Hope over Suicide*, in which Lezine tells his story about suffering from depression, a sense of failure and frustration: "The suicidal urge became a constant and unwanted companion, slowly but surely wearing down my will to live. Death sounded peaceful, like a welcome relief." He said he could not shake the explosive cocktail of depression and rage. His story however, does not end with the night he tried to kill himself by running across a busy highway. That period of time when he was 18 seemed so dark that he did not see himself making it to his 19th birthday. However, with help and friends and family, he now works at preventing suicide in others, especially teens and young adults. He has found a purpose in life. He remarked, in the final chapter, that he still has bad days, and that suicide sometimes beckons him to give up. He said he keeps busy with his job, his home, his family and with improving himself. Just as the participants in this study discovered, he found that pushing his mind to stay focused on a hopeful future goes far to keep self-defeating thoughts at bay. He offered that the answer is to rekindle happiness from the ashes. His story reminded the researcher of Daisy's statement: "When you're busy and engaged and excited, when you're thinking about your future and how to improve your future that it is helpful." Both Lily and Avatar voiced how religion and the people in their churches helped them to find purpose in their lives.

Feng and Chen (2015) examined optimism among rehabilitation patients with suicidal ideation. This study aimed to explore the relationship between self-efficacy and

optimism. The theory that optimism prevents stress-induced suicidal thoughts was supported in their study. The ability to defend against manifestations of suicidal thoughts was an important protective factor against suicidal behavior (Feng et el, 2015). Finding ways to see 'something to live for' and a hopeful future provided the participants with a shield against their suicidal thoughts. As Daisy stated: "Staying focused on a goal or task, when you find an interest or hobby, and you're busy, when you find things that are going to improve your future, when you're doing that, it's helpful." Lily echoed: "Finding my purpose in life" as she did in her church and belief in God.

Grace shared that she has a sign on her desk that reads "this too shall pass." She said that "just because today is bad doesn't mean it will stay bad." She is an artist and her rendition of this is the painting below. It is titled "All things come and all things go".

Lamis and Lester (2012) came to a similar conclusion in their study on risk and protective factors for reasons to live in college men. Lamis and Lester examined the relationship between three risk factors-depression, hopelessness, and alcohol-related

problems- with three sources of social support and reasons to live. They used the Reasons for Living for Young Adults (RFL-YA) tool to measure the reasons for living in college men. Social support appeared to be a significant predictor of reasons for living in college men, and thus a protective factor against suicide. This study supports the overarching theme of ''something to live for'' rooted in the strong social support of family and friends. Participants affirmed social support as protection against suicidality. Daisy stated: "When you are surrounded by good people, to have support from my friends is helpful."

According to the American Foundation for Suicide Prevention (2010), suicide is the second leading cause of death among college students. While women voice suicidal ideation and attempt suicide more frequently than do men, men are more likely to die from suicide than are women (Lamis & Lester, 2012). This study found that women reported more reasons for living, which is a protective factor against suicide, than did men. Reasons for living have been negatively associated with suicidal ideation and an effective method of assessing suicide risk (Kumar & George, 2008). Lamis and Lester (2012) concluded that positive family support and social integration were important protective factors for college men in addition to reasons for living. Avatar shared that "having my daughter is a reason for me to live." Bob shared: "I won't try suicide again while my mom is alive."

Supporting 'something to live for' was explored in a study by Davidson and Wingate (2011) in which risk and protective factors for suicide were examined. The researchers examined racial disparities in suicide. The purpose of the study was to examine the relationship of hope to suicidality in African Americans. The study

concluded that hope predicted lower levels of burdensomeness, and that hope significantly predicted lower levels of suicidal ideation.

Hope and a reason for living provided a buffer against suicidality. The participants found ways to have hope, purpose, and 'something to live for' as a way to combat suicidal ideation.

Implications/Significance of the Study for Nursing Knowledge

The importance of continual mental health assessments during clinic visits to the school nurse, emergency room, and nurse practitioners in primary care cannot be overstated. This study supported previous research in recognizing that ''something to live for'' and hope for a positive and fulfilling future, provides the teen who is suicidal with protection against suicidal thoughts and actions. While it is not the only protective factor against suicidality, it was found to be a common idea shared by the participants in this study. Literature supports the idea that having something to live for 'something to live for' and hope for the future offer those dealing with stressful life events and suicidal thoughts and behaviors a reason to turn against the idea of self-harm.

Nurses are committed to assisting their patients to have more meaningful and long lives. Discovering ways to assist teens who are suicidal that protect them from those thoughts and actions is paramount to meeting that commitment. Nurses must demonstrate proactive approaches in caring for a population that is at a greater risk for suicidality. Proactive intervention encompasses not only the need for screening that includes assessing depression and hopelessness, but also ways to help teens who are suicidal to seek other resolution for problems. Assessing for hostility, combativeness, and social support systems requires a structured process so that there is uniformity.

Furthermore, nurses need to examine their advocacy role for teens. Adolescents need to be taught to seek out a caring adult so that they have a sense of connection. This may not always be a family member but a teacher, counselor, pastor, or neighbor. The themes of 'something to live for' and of hope are universally necessary to allay the feelings of failure and disappointment that all individuals encounter as they navigate life. For teens and young adults who have not finished their task of physiological and psychological development (and for whom suicide is often seen as a way to solve their problems), it is paramount to increasing their odds of reaching adulthood and becoming a productive member of society as well as having a rich, joyful life.

Nursing Education

This study explored the lived experience of adults who attempted suicide as a teen and gained an understanding of the meaning of this phenomenon. Implications of this study for nursing education are significant for a number of reasons. Nursing education must be reflective of the challenges in healthcare today. The findings of this study illustrated a need for healthcare professionals to become more aware and knowledgeable about the challenges teens face as they transition to adulthood. The approach from healthcare professionals needs to be empathetic, so that trust is maintained. Promoting and sustaining positive behaviors and formulating proactive strategies that assist teens in finding ways to manage the changes and stressors as they transition from childhood to adulthood are crucial to their health and well-being. Nurses in school settings, advanced practice nurses in primary care, and mental health nurses often are the first to encounter a teen who is experiencing suicidality. They play a vital role in keeping teens safe from themselves.

Healthcare providers require additional education regarding assessment of teens at risk, as well as, protective measures that may reduce suicidal thoughts and behaviors. Basic nursing education needs to include an introduction to the processes and components of identifying the suicidal teen, and offer skill development in ways to approach the teen who is suicidal. In addition, nursing education needs to stratify to prevent suicidality. For those nurses who are in direct contact and who care for this vulnerable population, additional education may be needed so that their skill and comfort level matches the demands of caring for a suicidal teen. Nurses need to learn normal adolescent behaviors, as well as, the symptoms of depression and hopelessness. These behaviors may include hostility, risky behaviors, and suicidal thoughts and behaviors.

The findings of this study illustrated the complexities of the teen mind and psyche. The adolescent is at a vulnerable stage of - development. The brain is not fully developed, problem-solving life skills are lacking, and there is difficulty in conceptualizing a "tomorrow." Yet, they are old enough to be alone for extended periods of time; time that may be used to attempt suicide, if their thoughts lean in that direction.

Nursing Practice

There are several recommendations for nursing practice as a result of this study. Nurses and other healthcare provider's role in caring for teens who are suicidal is evident. The identification of teens at risk for suicidal behaviors is only one piece of information necessary. Knowing how to connect high risk youth to support systems and to caring adults is important in helping teens to feel that others care.

An accepting and unbiased stance is crucial to gain the trust of an adolescent. Nurses have long held a trusted role in society, and for the teen, that role is allows them

the freedom to be open regarding feelings, thoughts, and plans. Early identification of the suicidal and at risk teen is important to implement measures that protect the teen from self-harm. Nurses working with adolescents carry a unique burden of having to be empathetic while, simultaneously, being professional and decisive in the clinical assessment and actions. A caring, non-judgmental stance is crucial, but so is clinical soundness. Competent nursing assessment not only recognizes the risk, but also communicates a stance takes seriously the risk to the teen's life.

Several of the participants in this study reported that religion played a part in their lives as they moved away from suicidality into roles that provided them with fulfillment and a sense of a purpose in life. Nurses should recognize, support, and encourage religious activities in the care of teens at risk for suicidality. Assessment of the need for- and referral to- a support group may also be beneficial. Lamis and Lester (2012) confirmed social support networks as protective against suicidality. Family, friends, and those who form the suicidal teen's support system -should be educated on the teen's emotional lability, how to decrease tension and stress, and how to demonstrate behaviors that convey unconditional support. Education may also be required regarding the side effects of prescribed psychotropic and antidepressant medications, if appropriate. Nurses are also a resource for educating other agencies that come into contact and work with teens, such as teachers and the police.

Nurses need to be aware of the components of the theory of hopefulness and how it relates to the suicidal teen. Understanding a particular phenomenon increases nurses' knowledge of how losing hope and suffering a loss can lead to anger, lashing out, depression, a sense of worthlessness, and finally to thoughts of ending one's own life.

The focus of hopefulness as a protective measure against suicidal thoughts and behaviors takes the teen from instability to stability and well-being.

Nursing Research

The findings of this research highlighted the existing gap of nursing knowledge regarding the phenomenon of adults who attempted suicide as a teen. There are several recommendations for future research on the topic of teen suicide. This research only scratched the surface of the essence of the adult who attempted suicide as a teen. Further research is needed to explore the issues surrounding teen suicidality, a topic that is complex and highly emotional. The participants shared feelings of emptiness, loss, anger, hostility, self-hatred, depression, and intense pain. There are links between teen suicidality and a history of abuse, loss, and disappointment. Further research is needed to explore how these factors impact adolescent suicidality.

Additional research is needed on the role of the professional nurse in caring for this population. Facilitating personal, unbiased, non-judgmental care for the patient who -is suicidal, can be a challenge for nurses and other healthcare providers.
Effective means of care and treatment should be explored to enhance the trusted role that nurses occupy. Studying the life worlds of teens, who are suicidal, as well as, effective care and treatment of those individuals -supports the body of nursing knowledge in building evidence based practice, thereby ensuring that evidence-based care is provided. This study identified some of the risk factors for teen suicidality such as depression, a history of abuse, a loss, hopelessness, and the need for something to look forward to as a protective measure. This study provided insight into some of the experiences that a suicidal teen feels by exploring the lived experience of adults who survived an attempt

while a teen. This allowed for themes and essences to emerge that may improve the care of a teen with suicidality.

Looking at teens who have been suicidal but who did not attempt suicide might increase nursing knowledge about factors that mitigate adolescent suicidality. A connection between thoughts and not taking action would benefit not only the teens themselves, but also their parents, friends, and healthcare professionals. Additional research may find ways to stop the pain these teens experience, which may prevent dying by suicide. There are multiple opportunities for interdisciplinary research that may offer hope in decreasing the number of teens who attempt or complete suicide.

Nursing Health/Public Policy

Advocacy is one of nursing's professional responsibilities. Nurses have a social responsibility to join with other professions to identify societal concerns and prejudices that limit and individuals or groups quality of life and well-being. Self-actualization is a goal of every human being. Ethically, the advocacy role requires nurses to be a voice for the vulnerable, marginalized, and those who are unable to be their own voice. One approach toward this end may be to serve on policy boards. Nurses should also join their professional organizations, so that they become a voice for the profession of nursing as well. Nurses can act immediately to assess for depression, violence, abuse, and hopelessness known risk factors for suicidality. Nurses can act today to begin to educate teachers, police and other agencies and professions that are involved with teens. Additionally, nurses advocate for organizational policies that promote teens seeking help, such as safe places where they can speak openly and non-judgmentally about their concerns and feelings. Nurses can advocate for -social change that challenges and

redresses the stigmatization of those suffering from depression and suicidality. Suicide attempts are not a choice; they are the illusion of choice for those in extreme psychological distress.

This phenomenological investigation provided meaningful insight into the experience of adults who attempted suicide as a teen. This insight is important because teen suicide remains a global concern with no appreciable decrease in the number of attempts and deaths. Therefore, advocating for health and public policies appropriate to this age group is essential in dealing effectively with this phenomenon.

Strengths and Limitations

The strength of the study included hearing the voices of those adults who attempted suicide as a teen, while looking at their life worlds, allowing the researcher a view into what they experienced with a suicide attempt. This perspective was missing from previous research and provided the researcher a window into the complex and deeply personal feelings and thoughts of the adult who attempted suicide as a teen.

This research utilized flyers at numerous sites to obtain participants. Snowball sampling enabled the researcher to complete the study in the allotted time, but may have limited the diversity of the sample. The sample included participants from the continental United States; therefore global transferability cannot be established. Two participants who were currently having suicidal ideation, and one participant who was emotionally distressed during the interview process, were excluded or voluntarily withdrew from the study. Their narratives might have revealed important data not expressed by those who completed the study. Additionally, the small size and homogeneity of the sample placed limitations on the ability to generalize to a larger sample. Qualitative research, however,

seeks to understand a phenomenon within a specific context. Qualitative research findings may be transferable to similar contexts, but are not intended to be generalizable across contexts. A strength of the research was in being open to the voices of the participants in a way that promoted trust which allowed them to freely express their stories without fear of judgment.

Recommendations for Future Study

Recommendations for future study may lead to an even greater understanding of the world of the teen who is struggling with depression, hopelessness, self-hatred, and suicidal thoughts and behaviors. Studying and comparing the suicidal teen who did not attempt suicide with the suicidal teen who did attempt suicide may illicit further knowledge into what factors propel an adolescent to attempt or not attempt suicide. Knowing what factors keep a suicidal teen from attempting suicide is as important as knowing those factors that facilitate the suicide attempt. Evidence based practice is grounded in differentiating effective assessments and interventions from those that are ineffective (or less effective).

Additional research of teens who have not reached adulthood may also yield valuable information to the nurse caring for the teen population. Under protective and safe conditions, interviewing teens who attempted suicide shortly after the attempt may provide more real-time insight into the mind, thoughts, and feelings surrounding the attempt.

Chapter Summary

Chapter Five discussed the findings of the phenomenological inquiry into the lived experience of adults who attempted suicide as a teen. This study sought to explore

the lived experience of adults who survived a suicide attempt while they were a teen to gain an understanding of the essence of the phenomenon of adolescent suicidality. In this way the phenomenon was explored and a gap in the body of knowledge for nursing research was addressed. The principles of phenomenology were applied using van Manen's method as a guide. Five themes were co-created from the researcher's interpretative analysis of the participants' interview data: depression, a history of abuse, experienced a loss, hostility, and hopelessness. The overarching theme, 'something to live for', assisted the participants to move on from their experience, as they sought to find meaning and purpose in their lives. These themes are powerful expressions of human experiences from the perspectives of adults who attempted suicide as teens. These themes are commensurable with the central concept of the Hope Theory (Snyder, 2002) that essentially focuses on a person's expectation and ability to attain important goals. The Hope Theory's main premise is allowing individuals to disconnect themselves from past negative experiences, and connect themselves to hope and the possibilities of the future. The teens in this study who attempted suicide and survived to become adults first constructed the meaning of the experience. The participants then integrated this meaning into their lives in a way that that gave them hope and 'something to live for' as they move forward into a productive and fulfilling life.

Conclusions

The focus of the study was on the lived experience of adults who attempted suicide as a teen. Each participant shared their story of emotions, thoughts, and history leading up to their suicide attempt. They also shared what life has been for them since. By sharing their narratives and reflecting on them, the participants were able to assist the

researcher in gaining a better understanding of the lived experience of being an adult who attempted

suicide as a teen. Moving toward thoughts of hope and 'something to live for', instead of focusing on their problems helped the participants to find purpose and meaning in life, which helped them move away from suicidality. In the phenomenological ideology of van Manen, this means becoming more fully human.

The overarching theme of this research was that of 'something to live for'. This theme became the mantra of some of the participants, stating that it is crucial for their recovery and maintaining a healthy outlook, one that does not include self-harm. Hope is the thing that keeps all of us from despair, those with depression and suicidality must work at focusing on hope, so that they choose life and not death. The poem by Emily Dickinson about hope resonated for this researcher as she immersed herself in the words of the participants, especially the last few lines, "yet never, in extremity, it asked a crumb of me," (p. 79). Hope asks little yet offers much to the person who is facing difficulties.

Hope is the Thing with Feathers

"Hope" is the thing with feathers
That perches in the soul
And sings the tune without the words
And never stops at all,

And sweetest in the gale is heard;
And sore must be the storm
That could abash the little bird
That kept so many warm.

I've heard it in the chillest land
And on the strangest sea,
Yet never, in extremity,
It asked a crumb of me.

(Dickinson, 1959)

Having lost a daughter to teen suicide, this researcher sought meaning and understanding of the phenomenon which was the motivation for researching adults who attempted suicide as a teen. This journey contained an array of emotions, some that were difficult to have predicted at the outset, for even while bracketing the researcher sometimes pondered if her child had similar experiences. van Manen (1990) said that we are not able to completely remove all bias from our thoughts. We experience the world through our interactions with others. For this researcher, interaction with the participants revealed a multitude of possible reasons for a suicide attempt. The "why" has many stories. As Conroy (2006) wrote, "there is a tendency to focus on a single problem or a few problems as the reason for suicide" (p. 73). No one pain is ever *the* cause for a suicide (Conroy, 2006, p. 67). Additionally there is a belief "of the something more", that suicide must have some profound cause; it couldn't have been x, y or z that caused the person to end their life (Conroy, 2006, p. 6). If someone suffers enough pain and abuse, their capacity for coping with it will diminish to nothing (Conroy, 2006, p. 5). For each suicide there is a finite point in which the person could no longer endure their pain.

Asked by her chairperson if there was any closure or assistance in coping with the grief of the daughter lost, the researcher's answer was, "No". The quest for closure is probably unattainable for a mother who will never again hold her daughter. As C.S. Lewis (1961) aptly wrote in *A Grief Observed: "*How often-will it be for always?-How often will the vast emptiness astonish me like a complete novelty and make me say, "I never realized my loss till this moment?" (p. 70).

Andrew Solomon (2015) wrote in *The Noonday Demon* that writing about depression and suicide "is painful, sad, lonely and stressful" (p. 13). It was all of those for this

researcher. There were many times of feeling over-whelmed by the emotions and stories that were being shared. The information gleaned was not limited to that of research data; it included learning that the human capacity for suffering is limitless. We are an emotional species, capable of the duality- of inflicting great pain and of feeling intense and intolerable pain. But, so too are we capable of rising above great adversities and overcoming the pain we have endured. Such were the stories of the participants who consented to share the most private and painful parts of their souls.

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APPENDIX A

BARRY UNIVERSITY

INSTITUTIONAL REVIEW BOARD APPROVAL

Barry University
Division of Academic Affairs

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Research with Human Subjects
Protocol Review

Date:	September 23, 2015
Protocol Number:	150912
Title:	The Lived Experience of Adults who Attempted Suicide as Teens: A Phenomenological Inquiry
Meeting Date:	September 16, 2015
Researcher Name:	Ms. Susan Hamley
Address:	[redacted]
Faculty Sponsor:	Dr. Carolyn LePage

Dear Ms. Hamley:

On behalf of the Barry University Institutional Review Board (IRB), I have verified that the specific changes requested by the convened IRB September 16, 2015 have been made.

It is the IRB's judgment that the rights and welfare of the individuals who may be asked to participate in this study will be respected; that the proposed research, including the process of obtaining informed consent, will be conducted in a manner consistent with requirements and that the potential benefits to participants and to others warrant the risks participants may choose to incur. You may therefore proceed with data collection.

As principal investigator of this protocol, it is your responsibility to make sure that this study is conducted as approved by the IRB. Any modifications to the protocol or consent form, initiated by you or by the sponsor, will require prior approval, which you may request by completing a protocol modification form.

It is a condition of this approval that you report promptly to the IRB any serious, unanticipated adverse events experienced by participants in the course of this research, whether or not they are directly related to the study protocol. These adverse events include, but may not be limited to, any experience that is fatal or immediately life-

threatening, is permanently disabling, requires (or prolongs) inpatient hospitalization, or is a congenital anomaly cancer or overdose.

The approval granted expires on September 29, 2016. Should you wish to maintain this protocol in an active status beyond that date, you will need to provide the IRB with and IRB Application for Continuing Review (Progress Report) summarizing study results to date. The IRB will request a progress report from you approximately three months before the anniversary date of your current approval.

If you have questions about these procedures, or need any additional assistance from the IRB, please call the IRB point of contact, Mrs. Barbara Cook at [redacted] or send an e-mail to [redacted] Finally, please review your professional liability insurance to make sure your coverage includes the activities in this study.

Sincerely,

David M. Feldman, PhD
Chair, Institutional Review Board
[redacted]

Cc: Dr. Carolyn LePage

****

Note: The investigator will be solely responsible and strictly accountable for any deviation from or failure to follow the research protocol as approved and will hold Barry University harmless from all claims against it arising from said deviation or failure.

APPENDIX B

BARRY UNIVERSITY

INFORMED CONSENT FORM

INDIVIDUAL INTERVIEW

FOR USE WITH SKYPE

Your participation in a research project is requested. The title of the study is "The lived experience of adults who attempted as teens: a phenomenological inquiry". The research is being conducted by Susan Hamley, a doctoral student in the College of Nursing and Health Sciences at Barry University, who is seeking information that will be useful in the field of nursing. The aim of the research is to gather information about the lived experience of adults who attempted suicide between the ages of 15-19 in order to gain a better understanding of the experience. In accordance with these aims, the following procedures will be used: You will participate in two confidential digitally recorded private interviews asking your thoughts, feelings, and emotions related to your experience of attempted suicide. The first interview will be conducted in a face-to-face meeting or a virtual format. The first interview will last approximately 90 minutes. The second interview will be approximately 45 minutes and will be conducted in a face-to-face meeting or a virtual format such as Skype® or FaceTime. The purpose of the second interview is for clarification and verification of information collected during the first interview. It is anticipate that the total number of study participants will be 10 to 12.

If you decide to participate in this research, you must meet the following criteria:

1. Be an adult 21 or older.
2. Be an individual who attempted suicide when you were ages 15-19 years old and the attempt must have been greater than 2 years before the date of the interview.
3. Be able to read, write, and speak English.
4. Be able to use video conferencing methods such as Skype® or FaceTime with access to a computer and phone if a virtual method is chosen.
5. Have access email for consent and/or member checking if choosing a virtual format.
6. Self-report that you have not attempted suicide in the two years prior to the date of the interview.
7. Disclose that you have a mental health provider (including contact information) or be willing to use the National Crisis Hotline (provided by the researcher).
8. Answer a screening question that indicates you currently have no suicidal thoughts or ideations prior to the consent and interview process.

If you decide to participate in this research, you will receive a $15 gift card as a token of appreciation. You may keep this even if you do not complete the interviews. You will be asked to do the following: (1) answer the screening question and (2) sign the informed

consent (3) select a pseudonym to accompany your data which will be kept separate from the consent and demographic/screening forms in a locked file, (4) complete a demographic/screening questionnaire, (5) participate in an interview lasting

approximately 90 minutes in an audio recorded or face to face interview at a mutually agreed upon time and location. The digital recording of the first interview will be transcribed by either the researcher or by a third party transcriber, and sent to you for review to ensure accuracy. A second interview will be scheduled approximately a week after you receive the transcript. The second interview will last no more than 45 minutes. It will not be recorded and is to allow you to clarify or verify any information you wish. The total time commitment for this study is 2 and ½ hours.

Your consent to be a research participant is strictly voluntary and should you decline to participate, refuse to answer any question or should you choose to drop out at any time during the study, there will be no adverse effects on you.

There are minimal risks to you as a participant in this research. You may experience some emotional feelings about your experience. There are precautions to minimize risk including: the interviews are being conducted by the researcher who is a registered nurse trained in therapeutic communication skills, the ability of the participant to stop the interview at any time or choose not to answer any question and utilizing their mental health provider or the National Crisis Hotline (provided by the researcher at the time of consent). There is a risk of loss of confidentiality if a participant shares information about current suicidal ideation. If any person inquiring or participating in the study discloses suicidal ideations, the research will terminate and the researcher will remain with the individual until a safety plan is achieved. This may include 911, contact with their mental health provider or the National Crisis Hotline. Although there are no direct benefits to you, your participation in this study may help our understanding and contribute to the body of knowledge in the field of nursing.

As a research participant, information you provide will be held in confidence as permitted by law. You may choose to be interviewed in person face to face or via a virtual format such as Skype or FaceTime. As this project involves the use of Skype®: to prevent others from eavesdropping on communications and to prevent impersonation or loss of personal information, Skype® issues everyone a "digital certificate" which is an electronic credential that can be used to establish the identity of a Skype® user, wherever that user may be located. Further, Skype® uses well-known standards-based encryption algorithms to protect Skype® users' communications from falling into the hands of hackers and criminals. In so doing, Skype® helps ensure user's privacy as well as the integrity of the data being sent from one user to another. If you have further concerns regarding Skype® privacy, please consult the Skype® privacy policy. Confidentiality cannot be guaranteed in the Skype® interview communication. If there is a delay in or interruption of the virtual connection for more than fifteen minutes the interview will be rescheduled. After the interview, the researcher will delete the conversation history. Once this is done, the conversation cannot be recovered. To ensure confidentiality, the researcher will establish a separate Skype® account for this research project only. After each communication, the researcher will delete the conversation history. Once this is done, the conversation cannot be recovered. The conversation will be transcribed by the

researcher or by a professional who has signed a third party confidentiality form. Following verification of transcription, the digital recording will be destroyed.

As stated previously, to the fullest extent of the law, the information you provide as a research participant will be kept confidential; that is, no names or other identifiers will be collected on any of the instruments used. Any published results of the research will be in aggregate form and pseudonyms will be used. Transcripts of recordings will be kept in a locked file in the researcher's office for a minimum of 5 years and at present time the researcher intends to keep them indefinitely. Digital recordings will be destroyed after transcription is verified. Your signed consent form will be kept separate from the data. All data will be kept indefinitely.

There are two National Crisis Hotline numbers: 1-800-448-4663, 1-800-273-8255.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Susan Hamley, at [redacted] my supervisor, Dr. Carolyn LePage, Committee Chair, at [redacted], or the Institutional Review Board point of contact, Barbara Cook, at [redacted]. If you are satisfied with the information provided and are willing to participate in this research, please signify your consent by signing this consent form.

Voluntary Consent

I acknowledge that I have been informed of the nature and purposes of this experiment by Susan Hamley and that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this experiment.

_____ _____

Signature of Participant *Date*

_____ _____ _____ _____

Researcher *Date* *Witness* *Date*

(Witness signature is required only if research involves pregnant women, children, other vulnerable populations, or if more than minimal risk is present.)

APPENDIX C

LETTER OF REQUEST FOR ACCESS

Susan Hamley, MSHL BSN
[redacted]

Date
Name and Address of Mental Health Provider/Agency:

Dear_____;

I am a doctoral student at Barry University conducting a study entitled "The lived experience of adults who attempted suicide as teens: a phenomenological inquiry". The study is being conducted for my dissertation which is in partial fulfillment of the PhD requirements. The purpose of this phenomenological study is to glean a deeper understanding of the experience of adolescent suicide as described by adults who survived a suicide attempt as a teen.

Upon IRB approval at Barry University I am writing to ask permission and assistance in gaining access to adults who attempted suicide during ages 15-19 by posting or distributing the recruitment flyer. The participants will be 21 or older and not have attempted suicide more less than 2 years prior to the date of the interview to ensure that they have had time to work through the issues surrounding the attempt. All potential candidates will be screened for current suicidal ideation and be immediately referred to their provider and/or the National Crisis Hotline and excluded from participation. They will be asked to participate in individual interviews of one hour to one and a half hours

and will be digitally audio-recorded face to face, telephone, or via a virtual mode such as

Skype ® or FaceTime.

Thank you for your consideration in allowing me access to recruit volunteers for the study.

Please contact me at [redacted] or [redacted]. You may also contact my committee chair Dr. Carolyn LePage at [redacted] or email at [redacted]. The IRB contact is Barbara Cook who can be reached at [redacted] or email [redacted]. I look forward to your response at your earliest convenience.

Sincerely,

Susan Hamley, MSHL, BSN
Barry University
PhD Student

APPENDIX D

FLYER

Research Study

The Lived Experience of Adults who attempted Suicide as Teens: A Phenomenological Inquiry.

*Are you 21 or older?
*Did you attempt suicide at 15-19 years old?
*Do you speak English?
*Do you have a mental health provider available to you or are you willing to utilize a National Crisis Hotline if you needed suppo
*Are you willing to discuss your experience in 2 recorded? interviews (each lasting a maximum of 1 and ½ hours of your time) with a Doctoral Nursing Student from Barry University?
If you answered yes to all of the questions you are eligible to participate.
Please contact Susan Hamley who is conducting the research.
10-12 volunteers are needed.

$15 gift card in Appreciation

Interviews will be conducted in 2015. Contact Info:
Susan Hamley-researcher
561-354-8301
Susan.Hamley@mymail.Barry.edu

Carolyn LePage-committee Chair Barry University (305) 899-4889

Susan Hamley

Barry University
College of Nursing
11300 NE 2nd. Avenue
Miami Shores, FL 33161
561-354-8301

APPENDIX E

THIRD PARTY CONFIDENTIALITY FORM

TRANSCRIPTIONIST

Confidentiality Agreement

As a member of the research team investigating, "The Lived Experience of Adults who Attempted Suicide as Teens: A Phenomenological Inquiry". I understand that I will have access to confidential information about study participants. By signing this statement, I am indicating my understanding of my obligation to maintain confidentiality and agree to the following:

- I understand that names and any other identifying information about study participants are completely confidential.
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.
- I understand that all information about study participants obtained or accessed by me in the course of my work is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information unless specifically authorized to do so by office protocol or by a supervisor acting in response to applicable protocol or court order, or otherwise, as required by law.
- I understand that I am not to read information and records concerning study participants, or any other confidential documents, nor ask questions of study participants for my own personal information but only to the extent and for the purpose of performing my assigned duties on this research project.
- I understand that a breach of confidentiality may be grounds for disciplinary action, and may include termination of employment.
- I agree to notify my supervisor immediately should I become aware of an actual breach of confidentiality or situation which could potentially result in a breach, whether this is on my part or on the part of another person.

_____	_____	_____
Signature	Date	Printed Name

_____	_____	_____
Signature	Date	Printed Name

APPENDIX F

PROCEDURES FOR INTERVIEWS

1. Respond to participants with interest in the study and agree upon date, time and if the interview will be conducted by face to face, telephone, or virtual format such as Skype or FaceTime.
2. At initial meeting, introduce researcher and welcome participant.
3. Obtain pertinent contact information via the demographic/screening questionnaire.
4. Offer gift card.
5. Gift card will be mailed or emailed to the participant if geographically distant.
6. Thank the participant for willingness to participate.
7. Create a relaxed atmosphere using conversational comments and questions.
8. Describe study protocol, explain informed consent, and answer questions.
9. If yes, terminate and arrange safety plan. If not, proceed.
10. Ask participant to read and sign informed consent.
11. Remind participant of the option to withdraw from the study at any time.
12. If participant is geographically located, arrange for consent to be scanned and emailed to researcher or mailed.
13. Ask participant to choose a pseudonym and complete demographic/screening data sheet. Scan or mail the demographic/screening sheet.
14. Upon receipt of consent and demographic form set interview time (may be immediate).

15. Ask screening question: Do you currently have any thoughts of suicide? If yes, terminate and arrange safety plan. If no, proceed.
16. Conduct the interview using the guiding questions. Remind the participant the audio-recording can be paused or discontinued. If there is a connection loss of more than ten minutes the interview will be rescheduled.
17. Offer breaks as needed.
    a. Remind the participant that audio-recording can be paused or discontinued.
    b. Let participants know they can take breaks if needed.
    c. Ask the participant if they have anything to add.
18. Conclude the interview by asking participants if they know of others who would be interested in participating and schedule second meeting.
19. Turn off the recorder.
20. Thank the participant; turn off Skype® or FaceTime if applicable.
21. Self-reflect and note thoughts, feelings, and observations.
22. Submit audio-recording to transcriptionist who has signed the confidentiality form or transcribe the audio-recording.
23. Maintain the scanned documents on the personal password protected computer of the principal investigator.
24. Review the transcribed interview with audio recording.
25. Provide for member check at next meeting.
26. Analyze data, memoing and journaling throughout the process.
27. Schedule interviews until saturation is met.

APPENDIX G

DEMOGRAPHIC/SCREENING QUESTIONNAIRE

Pseudonym: _____

Address_____

Phone Number:_____

Today, do you have any suicidal thoughts or feelings? Yes_____No_____

Age_____

Gender_____

Age at attempted suicide_____

Geographic location_____

Education_____

Profession/vocation_____

Employed: Fulltime: Yes____No____Part-time: Yes___No____Not employed:

Yes___No___

Do you have a mental health provider? Yes_____ No_____

Name and phone number of mental health provider: _____

Did you get the National Crisis Hotline number from Susan Hamley?

Yes_____ No_____

Are you willing to call the National Crisis Hotline in case of emergency?

Yes_____ No_____

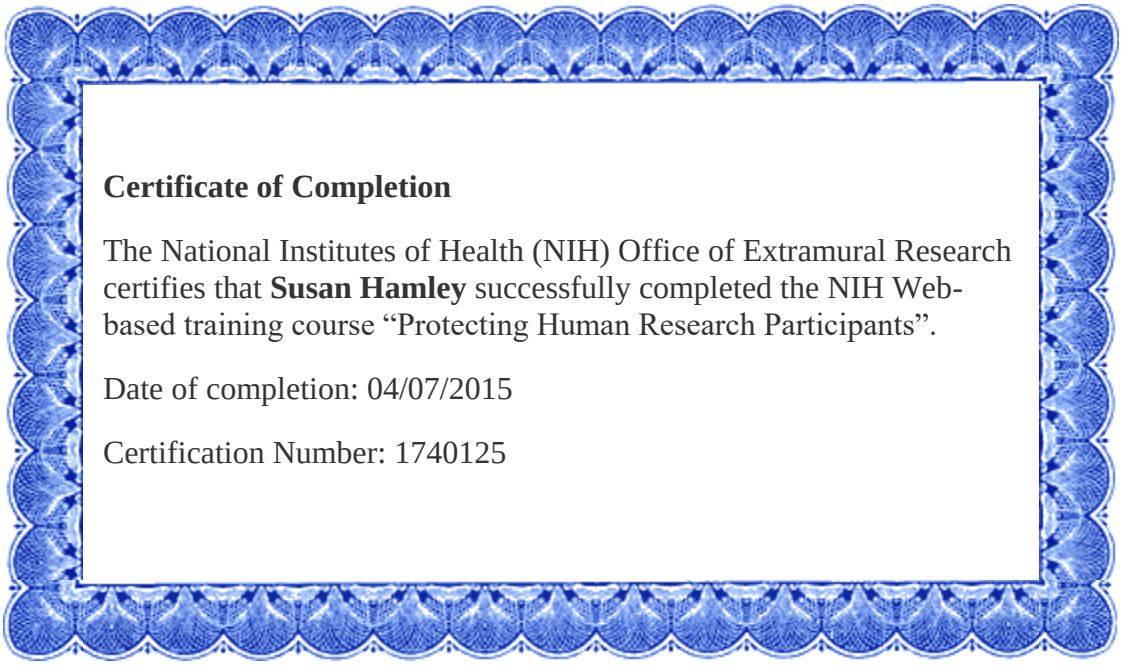
In the past 2 years have you attempted suicide? Yes_____No_____

Reviewed by Susan Hamley_____

Inclusion met_____ Excluded_____

APPENDIX H

CERTIFICATE OF COMPLETION



Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Susan Hamley** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 04/07/2015

Certification Number: 1740125

VITA

SUSAN HAMLEY

EDUCATION

Barry University
PhD in Nursing candidate **2012-present**
Dissertation proposal-Leaving Teens at risk: the lived experience of teens who attempted suicide.

Nova Southeastern University
M. S. in Health Law-Magna Cum Laude **2010-2012**
Thesis: RAC Audits: Do the benefits of recoupment outweigh the negative impacts in healthcare?

Florida Gulf Coast University
B.S. in Nursing- Cum Laude **2007-2009**
Area of concentration-public health nursing

RELATED EXPERIENCE

Quality Assurance RN
Brookdale Senior Living **May 2014 – present**
Provide quality assurance of OASIS process and educate staff on compliance with Medicare regulations in the state of Florida for home health companies.

ADON/MDS Coordinator
Lourdes Noreen McKeen Residence **2006 – 2015**
Provided a leadership role as assistant director of nursing as well as compliance with Medicare guidelines for reimbursement and licensure as a skilled nursing facility.

Field Nurse
Boca Home Health Care, Inc **2006-2015**
Provided care to Medicare and private insurance patients in their home.

Case Manager

American Eldercare Diversion Program **2004-2006**
Followed patients as they transitioned from hospital or skilled nursing admission back to their home. Ensured that they received all the benefits and assistance available to them. Provided education to patients and families.

MEMBERSHIPS

Delta Epsilon Iota Academic Honor Society
Sigma Theta Tau International Honor Society of Nursing-Lambda Chi Chapter, Barry University