

ATTEMPTED SUICIDE: QUALITATIVE STUDY OF ADOLESCENT FEMALES' LIVED EXPERIENCE

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Abstract. Background. Different aspects of adolescent suicidal behaviour are explored, however, they are interpreted in terms suitable mostly for adult suicidal behaviour. Knowledge on adolescent suicidality is far from comprehensive. **Aims.** To describe the lived experience of attempted suicide among young females and to unfold distinctiveness of such experience. **Method.** Three adolescent females aged 13 to 17, who attempted suicide within one year period while not in the state of psychosis, took part in the study. Research was conducted using interpretative phenomenological analysis – a qualitative research method which aims to explore both experience of a person and one's trying to make sense of it. Data was collected during semi-structured interviews which allowed setting a closer contact with respondents. **Results.** Data analysis showed that though a fair amount of attempted suicide experiences of adolescent females is similar to those of adults, there are some distinct features: sense of overwhelming experience and amassing bothers, liveliness of past experiences in the present, great lack of support in close relationships, difficulties reflecting and controlling emotions and thoughts. **Conclusions.** These results support the huge importance of appropriate responses of the surrounding people and mental health care professionals to the state of suicidal adolescent female. Also, it is necessary to teach adolescent females to effectively manage their emotions and impulses, and to develop mature ego defense mechanisms. Further research could contribute to the creation of guidelines to such behaviour or training and a deeper understanding of the psychological state of suicidal adolescents.

Keywords: attempted suicide, adolescent, young females, interpretative phenomenological analysis

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INTRODUCTION

Berman et al. (2007) data shows that ratio between attempted suicide and completed suicide is largest among adolescents, thus it clearly illustrates the significance of paying closer attention to experiences of this age group and envisaging its particularity. However, particular rates vary substantially from 28:1 to 350:1 depending on the study. These estimates are worrying not only because attempted suicide might be one of the risk factors of another suicidal attempt but as attempting suicide might often itself be a crisis experience for an adolescent. Adequate reactions and attention to adolescent's needs is crucial but hard to manage since there is a lack of scientific data on particularities of the state of these people.

The problem of suicide is extremely relevant in Lithuania – the rate of suicides is among the highest in Europe for almost two decades. This is quite common in post-soviet countries where transition from biological psychiatry, which lacks psychosocial support, to modern stances is not completely fluent. However, attempted suicide among young females is even more troubling as epidemiological studies have shown that since 2006 the number of young females under 19 years old who died by suicide is growing (Gerasimaviciute, Gurevicius, 2009). Although the rates of female suicides are commonly lower than male, this might be explained by the fact that deaths by drowning or overdose are rarely classified as suicides although these methods of suicide are more common among females (Cutcliffe, 2004; Gailiene, 1998). Furthermore, 7 out of 8 adolescents who had attempted suicide used methods of low lethality so they did not require medical attention which makes it hardly possible to record precise numbers of attempted suicides (Berman et al., 2007).

Nevertheless, we should not forget that every attempted suicide might result in death, irrespective of the method chosen. Besides, research on adolescent suicidal behaviour shows that almost twice as many young females have suicidal tendencies compared to young males (Zemaitiene, Zaborskis, 2004). Therefore, we can assume that although adolescent females commit suicide more rarely, they experience suicidal crisis more often, hence adequate interventions are required. Furthermore, young people attempt suicide or engage in self-harming frequently – these are signs of great suffering. Though it is not reflected in the statistics of committed suicides, it is not less real.

What is more, there is no consensus among suicidologists upon the definition of suicide, attempted suicide, or self-harm – there are a lot of different terms, thus misunderstandings arise (Silverman et al., 2007a). It is intensely discussed whether suicide, attempted suicide, and self-harm should be explained by same or different psychological factors. On the one side, Van Orden et al. (2005) state the difference between so called “periphery” – suicidal ideation or attempts, and “core” – completed suicide. Authors suggest that research on “periphery” cannot compensate the lack of knowledge about the “core”. On the other side, Williams (2000) and Baumeister (1990) claim that both suicide and self-harm can be explained using the same models as most characteristics – age, gender, changes in rates during the time – are almost the same. What is more, suicide attempt might help a person to reach the aim of completed suicide – which is to escape from aversive self-awareness at least for a short time (Baumeister, 1990).

Moreover, there were lots of attempts to classify various forms of suicidal behaviour (e.g. O’Carroll et al., 2006) but none of them became widely accepted. It motivated Silverman et al. (2007a) to create a new atheoretical classification. Intent became an integrative construct in this nomenclature and should be understood as a conscious wish or desire to escape from life. Summing up, in the nomenclature by Silverman et al. (2007a), all forms of suicidal behaviour are classified by two criteria – suicidal intent (present, unclear, absent) and injury (without injuries, non-fatal injuries, death). Attempted suicide is defined as self-inflicted, potentially injurious behaviour with a nonfatal outcome and evidence (explicit or implicit) of intent to die (Silverman et al., 2007b). We use this definition of suicide attempt in this study.

Most studies on adolescent suicidal behaviour tried to name risk factors. King & Knox (2002) describe such factors of adolescents suicide risk: previous suicide attempts, affective disorder, alcohol or other substances abuse, aggressive behaviour manner or behaviour disorder, availability of means. Research shows that about 90 per cent of adolescents who have died by suicide (around the same amount of the ones who attempted suicide) had a mental disorder, the most frequent of which was depression (King & Knox, 2002; Ash, 2006). However, methodological validity and reliability of such studies are questionable – Hjelmeland et al. (2010) state that most of these results are obtained using psychological autopsy: interviewing relatives about mental state of the

deceased using DSM criteria. The possibility to accurately evaluate mental health of the relative is doubtful, especially when grieving after the loss. In addition, Berman et al. (2007) note that there are no specific theories of adolescent suicidal behaviour, however, almost everything known about adults' suicidality fits adolescents as well.

Talking about risk factors, it seems significant that Lithuanian survey on 11–15 year olds shows that adolescents name difficulties in family, loss, substantial life changes, and financial difficulties as reasons of their suicidal intents or plans (Zemaitiene, 2006). Important for the current study is the fact that some gender differences were found – females reported suppressed feelings and complicated relationships with peers as reasons for suicidal behavior four times more often than males. In addition, the meta-study of Bilgin et al. (2007) revealed great influence of conflict with parents on the suicidal behaviour of adolescent female.

To sum up, Ash (2006) states that most principles of assessment and treatment of suicidal adolescents are the same as of adults, but because of developmental differences, different life circumstances and legal status, viewpoint and behaviour with younger suicidal person should be a bit different. Even though suicide attempts and ideation are more common in adolescence, difficulties arise as adolescents are known to deny these thoughts or acts when asked about. This lets us stress the importance of a strong, trust-based rapport with an adolescent in order to provide the help he or she needs. King & Knox (2002) add that because of adolescents' reach for autonomy and independence from adults, suicidal adolescents give priority to informal support from friends and peers, and tend to not seek professional help. In this context, Ash (2006) mentions extremely relevant research results – about one third of suicidal adolescents think they should cope with problems themselves and withdraw from seeking help, while about one fourth think they should keep their thoughts about suicide or attempts in secret. Therefore, it seems that suicidal adolescent might end up trapped in a vicious circle – he or she cannot see opportunities to cope with difficulties himself or herself, does not want to turn to adults and rather relies on support from friends, yet chances of overcoming suicidal crisis with the help from only peers are very limited, therefore, adolescent might feel even more helpless. Further, King & Knox (2002) emphasize poor effectiveness of prevention initiatives of adolescent suicidal behaviour. It is exaggerated by the

fact that there is a great lack of studies on adolescent suicidal behaviour in general – most knowledge about suicide is accumulated on adults.

Yet further, there is plenty of quantitative knowledge about suicide – various known risk and protective factors contributed to better understanding of suicidal behaviour. However, as Rogers (2001) states, there is not much evidence that this information helped to lower total rates of suicides, predict suicidal behaviour or understand individual experiences of suicidal person. Shea (2002) also highlights that stressors themselves not necessarily explain suicidal behaviour as we should not forget that unique personal interpretation determines whether a stressor becomes fatal trigger. This idea was proven in the research by Crocker et al. (2006) – respondents claimed that most of risk factors mismatched their experience. Therefore, applicability of this knowledge to particular case or individual therapy is still unclear.

Furthermore, it is important to study this field qualitatively, specifically, using interview method, because during the survey of Zemaitiene & Zaborskis (2004), adolescents of high suicidal risk (attempted a planned suicide, often had suicidal thoughts) tended to not disclose incentives of their suicidal behaviour (answering it is a secret or nonessential thing). Interview provides great opportunity to state a closer rapport with respondent which gives a chance to discuss sensitive topics and get to know more about personal experiences. Further qualitative studies in Lithuania revealed that adults who attempted suicide were not keen on expressing their plans to surrounding people as well or tended to use non-verbal and indirect communication (Latakienė, 2014). Even more, various groups of Lithuanians – penitentiary officers (Dadasev, 2012), family members, psychiatrists and psychiatry nurses (Latakienė, 2014) – lack skills or proper reaction towards reports about suicide intent. Indifference and disengaging in helping are the most common perceived reactions to reports before the attempt which is troubling as unresponsiveness and provocation to suicide are considered to be impelling factors to commit suicide (Latakienė, 2014). However, only adult suicide attempters participated in these studies so we need to investigate separately whether adolescents' experience resembles these findings.

Summing up, studies concentrating on adolescent suicidal behaviour are scant. Premise that experiences of suicidal adolescents should be similar to adults' lived experience is often made while empirical

evidence is still scarce. What is more, theoretical models of adolescents' psychological state propose quite a great difference from adults. Research shows some gender differences as well: females tend to attempt suicide more often than males. Researches also tend to orient towards quantitative measures searching for common psychological factors of suicidal behaviour, often relating them to various mental health estimates. This attitude is problematic as there is a risk to fail to feel adolescents' individual experience for they tend to be closed and to distrust adults because of their age characteristics, therefore, misunderstanding might lead to even greater isolation. This study aimed to describe the lived experience of attempted suicide among young females and to unfold distinctive features of such experience.

METHOD

Participants and Method

Participants were recruited from a psychiatric hospital; diagnoses were not taken into account because of phenomenological grounds of the research. Permission from a hospital ethics committee and hospital director were obtained, and written consents were given by parents or caregivers of all participants. Three 13, 15 and 17 years old adolescent females were interviewed. All of them live in the city area, two of them attend high school and one vocational school. All respondents live in families with only one parent or without them – one of them lives in foster home, another with caregivers and her grandmother, and the third with mother and stepfather. Time period from attempted suicide to interview varied from 9 days to 5 months and 23 days. All respondents tried to commit suicide by overdosing medicines or mixture of medicines and alcohol, and it was their first or second suicide attempt.

Interpretative phenomenological analysis (IPA) was chosen for this study as this qualitative method, as its author Jonathan A. Smith says, is extremely relevant when everyday experiences take on a particular significance which usually occurs when something important happens (Smith et al., 2009). This method is based on phenomenology, hermeneutics and ideography. Edmund Husserl's accented principle of "return to things themselves" was adopted from the phenomenological philosophy – IPA practitioners try to not attribute to person's experiences

to pre-determined, abstract categories. Influence of hermeneutics on IPA is reflected in a way that it is based primarily on textual analysis and interpretation. Moreover, it is an ideographical method as all the attention is given to a particular case and person’s lived experience instead of generalizing about whole population (Smith et al., 2009). Smith (2011) admits that sometimes ideographical approach leads the whole study to be based on explicit in-depth analysis of one person’s lived experience, nevertheless, more frequently several cases are analyzed in detail searching for common patterns afterwards. However, the best IPA studies are those which find balance between common structures and description of individual case, and show how those structures reflect in the experience of particular respondent (Smith, 2011).

Table 2. *Criteria for Research Validity and Means to Meet Them in Current Study*

Criterion for validity (by Yardley, 2000)	Means to meet in current study
Sensitivity to context	<ul style="list-style-type: none"> • Reports of text analysis are presented in research appendices. • Respondents’ quotations are given while examining results. • Researcher being of same gender and of similar age might help to ensure more acceptable environment to respondent. • Researcher is able to be emphatic as has more than four years’ experience of volunteering in emotional support service „Youth line“.
Commitment and rigour	<ul style="list-style-type: none"> • Homogeneity of respondent sample and adequacy to question researched. • Noticing respondent’s cues and asking appropriate questions are important to ensure research rigour. As researcher’s experience in this field is little, questions about conducting interview were discussed with supervisor afterwards.
Transparency and coherence	<ul style="list-style-type: none"> • Steps of respondents sampling, interview course and result analysis are described and grounded in detail in research report. • It is sought to stick to main IPA principles, carefully interpret respondents’ words and not make too general conclusions.
Impact and importance	<ul style="list-style-type: none"> • It is sought to present important and useful information for the reader in research report.

Data Analysis

Data were obtained during semi-structured interviews which main question was: "I would like you to tell me about your suicide attempt – when and where did it happen, what thoughts you have about it now, what this experience means to you. I would like to hear everything what is important to you." Interviews were audio recorded. Afterwards, records were transcribed and analyzed. In addition to this, all initial thoughts about interview were written down in a diary just after the meeting: what influence the researcher (experience, appearance, wording of questions, etc.) might have had on responses, rapport with respondent was briefly described as well. This was also done before beginning another interview after the analysis of previous one. It is important to reduce the level of "noise" and bracket preconceived ideas in case to not envisage our own previous knowledge before understanding the lived experience of the respondent.

Analysis was accomplished in a few steps:

1. On the left side of transcript, the phenomenological side and exploratory comments were made. There were three types comments: describing, linguistic and conceptual;
2. On the right – the interpretative – side, emergent themes containing more psychological constructs, reflecting the essence of the initial notes were written;
3. Afterwards, super-ordinate themes were developed by integrating emergent themes into broader constructs;
4. After steps 1–3 were repeated for all three transcripts and after every transcript was checked for themes which emerged in other interviews, master themes reflecting commonalities and differences between participants were excluded. Master themes and some extracts from interviews are presented in a research report.

Validity and Quality

In this research, Smith's (2011) criteria for IPA based study quality and Yardley's (2010) criteria for qualitative studies validity were used. Yardley's criteria and means to meet them in current study are presented in Table 2. In addition to this, so called "independent audit" (Smith, 2011) was used to ensure validity of conclusions – part of the interview analysis was checked for plausibility and credibility by two students who had used IPA in their research.

RESULTS

After analyzing 3 interviews and comparing them, structure of the lived experience of attempted suicide among young females emerged. Master themes and super-ordinate themes are presented in Table 3.

As it can be seen from Table 3, five master themes emerged. Leaving aside such both theoretically and empirically well-known aspects of suicidal state as ambivalent attitude towards life and death (e.g. Schneidman, 2002), experience of helplessness or thinking deficits (e.g. Baumeister, 1990; Williams, 2000), in this article we present four super-ordinate themes which are specific for adolescent females who attempted suicide: overwhelming experience, liveliness of past in the present, lack of support in close relationships, difficulties reflecting and controlling emotions and thoughts.

Table 3. *Master Themes*

Master themes
1. Relation towards others: ambivalence of close relationships and help
1.1. Importance of close relationships
1.2. Lack of support in close relationships
1.3. Ambivalent relation towards help
1.4. Masking of one's state
2. Attitude towards one's life: meaninglessness and hopelessness
2.1. Meaninglessness and self-abasement
2.2. Unceasing wish to die
2.3. Ambivalent relation towards ones death
2.4. Uncertainty about one's future
3. Impact of experience: abundance and invincibility of experiences
3.1. Overwhelming experience
3.2. Oppressiveness of emotional pain
3.3. Liveliness of past in the present
3.4. Dissociative thinking
3.5. Self-harm as a mean to overcome pain
4. Coping peculiarities: difficulties in self-reflection and self-control
4.1. Spontaneity of attempting suicide
4.2. Contraction and rigidity of thinking
4.3. Difficulties in reflecting and controlling emotions and thoughts
4.4. Autonomy of suicidal thoughts
4.5. Tendency to work out
5. Look backwards: ambiguous viewpoint towards one's attempted suicide
5.1. Ambivalent viewpoint towards suicide
5.2. Ambivalent viewpoint towards consequences of attempted suicide

Overwhelming Experience

Firstly, all three respondents mentioned that their experience seemed immense; it felt like bothers were accumulating:

Em, things were going wrong in school, first of all, I fell out with teacher, then had a fight with classmate, I was somehow in a bad temper when I got home. I also fell out with mother, even more, later I and my sister became angry with each other. In a word, I started to fall out with everyone. (Beata, lines 36–39)

Of course, difficulties cannot amass endlessly so Agne also mentioned outburst, when it seems that strains and pain overpass the limits of coping abilities:

So everything piled up in a heap this way. Well, it did not stand – neither my nerves, nothing. (Agne, lines 131–132)

It looks like one of the consequences of such state might be diminished activity which Cecile told about:

I don't know, but recently I don't want to do anything, I dislike now what I used to like. (Cecile, lines 8–9)

Thus, it seems that girls felt overtaken by greater difficulties than they had resources to cope them with. When this discrepancy became too oppressive, two further ways emerged – to do nothing or try extreme measures – attempt a suicide.

Liveliness of Past in the Present

Narrations of two respondents revealed that feelings uprising in the situation of attempting suicide were experienced as if they would happen “here and now”. It is well illustrated by Cecile’s change of grammatical tense – girl talks about actions of hospital staff or herself in past tense, but when she starts talking about her oppressive thoughts and wish to isolate – she uses present tense:

*So they used to tell me: “When those thoughts arise to you, come and tell”. I lied in bed, turned to the wall and told nobody that those thoughts are already **troubling** me, but somehow they saw that I **separate** myself alone, I **don't want** to talk, and then again at a dash, they injected those medicines. (Cecile, lines 85–89)*

In Beata’s telling, liveliness of past state in present is seen from her frequent use of word “here” when she talks about past events:

*Well, attempted suicide is not for the first time **here** ... Afterwards, I somehow calmed down, such thoughts didn't even come to me. But later, just recently **here**, on 4th of November, from 3rd of November to 4th of November, it all happened at night **here**, everything gone wrong with me for the whole Thursday. (Beata, lines 17–21)*

It seems that such way of talking might testify traumatizing nature of the lived experience of attempted suicide – such “here and now” proceeding of experiences is typical of persons with posttraumatic stress and might be interpreted as an expression of invasion symptoms which were widely described by Herman (2006).

Lack of Support in Close Relationships

What is more, all three respondents experienced loss of important relationships – Agne finished a long-time relationship with boyfriend just before attempting suicide and she has been living in foster home since she was 6 years old, Beata lives with sister as her mother had gone abroad a year earlier, Cecile’s mother is dead, her father is drinking. Girls talked about current tense relationships with close people as well. Girls had different reactions to these relationship difficulties, but experience of lack of attention, warmth and support was common:

My, for example, father, who I love a lot, he drinks now, well, he is not a very serious alcoholic, he just works during a workweek and drinks on weekends. And I lack such greater warmth from him, of course, I get a lot of attention still, he loves us, but... (Cecile, lines 342–345)

Sometimes this pain of loneliness manifested with anger, even as a wish to revenge on the person who had left by committing suicide. As Beata says:

I was left to live with sister, so, something like pain that mother is not nearby, at the same time anger. As we spoke with psychologist, I revenge on her with all that mine behaviour. (Beata, lines 110–112)

Moreover, girls talked about the acuteness of this ache of being left and expressed it using vivid metaphors as may be seen in Agne’s words:

Well, I am like that – all or nothing. That is how it was, anyway, so many years, such a long time spent together, well anyway, it tugged at my heartstrings and that’s all, that’s all. (Agne, lines 50–52)

These experiences might be associated with Joiner's (2009) described feeling of failed belonging. Besides, it is worth recalling specifics of child's reaction to parents' loss – as Polukordienė (2008) says, when parents die before adolescence of their children, a lot of unprovided care remains and afterwards children experience this feeling long and painfully. Although parents' death is usually mentioned as an example, but discontinued relationship caused by parents' drinking or life in foster home should be also considered as a loss. Even more, Flouri & Buchnan's (2002) study showed that responsibility, engagement and accessibility of parents is one of prominent protective factors against adolescent suicidal behaviour. It can be concluded that suicidal risk of girls who participated in this study might had been greater because of particular familiar circumstances.

Difficulties Reflecting and Controlling Emotions and Thoughts

In addition to all been said, significant features of respondents' state were difficulties in understanding and controlling their thoughts and emotions. Analysing reports of two of the girls – Beata and Cecile – it is especially clear that they could hardly reflect on the origin, process and changes of their emotions:

I was at odds with my grandmother because I cried a lot out of nowhere that day. I just sat by the table, ate and started crying, I even don't know why, I just started crying so painfully, tearfully. (Cecile, lines 315–316)

Even more, it seems that girls lack emotion management abilities. Beata's words illustrate that very clearly – frequent use of word "somehow" and repeated mention of consultations with psychologists made an impression that she is not confident about her feelings or insights about her state:

Well now somehow we talked with psychologist about my emotions, that I need to manage anger somehow ... somehow I don't even think about such things anymore. (Beata, lines 25–27)

These results resemble Berman et al. (2007) descriptive researches showing that stress-provoking events often overpower adolescents' coping skills and resources. In addition to that, authors emphasize that teaching emotion regulation, especially anger management strategies,

should be one of the main tasks in helping adolescents who attempted suicide (Berman et al., 2007). It is worth adding that girls felt lack of information from the hospital staff. Cecile says:

And I told psychologists over and over again, but they did not say anything, at least to me, what was happening, they knew something, and I thought somehow that if I tell something to psychologist or psychiatrist, he must tell me what he understood from my speech, well, what he decided about me, whether I have some illness or not. (Cecile, lines 206–212)

It can be assumed that such model of treatment where patient is passive and uninformed does not help to develop self-reflection and control abilities.

It is also worth noticing that all three girls repeated quite a lot that they cannot recall part of experience. As all of them attempted suicide by overdosing, it might be attributed to the influence of drugs, however, it seems that displacement could also manifest:

I: Maybe somehow you could tell more, well, some things, about what stimulated and impeded your attempted suicide? B: ... I tried to not think anything, and it is very hard for me to talk, because I do not remember clearly what I thought and said since as I am after coma, I have something with memory ... So I remember just some major facts and nothing more. (Beata, lines 59–66)

Apter & Gothelf (1997) study on ego defense mechanisms used by suicidal adolescents revealed that these youngsters tend to displace much more often and very rarely seek compensation for their experiences compared to non-suicidal adolescents. Therefore, it seems that girls who attempted suicide neither felt capable of managing their experiences nor had approval from outside that surrounding people would help them to survive suicidal crisis.

DISCUSSION

Study on adolescent females' lived experience of attempted suicide provided some insights about this phenomenon. Most characteristics of such adolescents' psychological state – ambivalent attitude towards life and death, experience of helplessness, thinking deficits – are similar to features of psychological state of a person in suicidal crisis described by other researchers of suicidal behaviour (Schneidman, 2002;

Baumeister, 1990; Williams, 2000). However, it is important to notice that girls of adolescent age who attempted suicide specifically emphasized the importance of close relationship, their painful reaction to difficulties or losses of it, and inability to find an effective way to control various aspects of their state: intense and oppressive feelings, imperative and obsessive thoughts, spontaneous actions. It seems that importance of failed belonging, stressed by Joiner (2009), manifest prominently in the case of adolescent females' attempted suicide.

These results interrelate with Berman et al. (2007) proposition that it is especially important to have interpersonal relations which would provide support and help in dealing with problems for adolescents who engage in suicidal behaviour. Besides, as it emerged in study, girls do not have enough internal resources to manage their strong emotional experiences, thus, the importance of effective cognitive strategies and external resources of support is even greater. Nevertheless, it is problematic as respondents also reported that instead of support from close people or adequate information from mental health professionals about their mental state, they got reproach, reticence or even threats from institutions in case inappropriate behaviour recurs. Such a way of reacting is not appropriate, because it might strengthen helplessness experienced by girls which only increases suicidal risk. Withdrawal from surrounding people who blamed girls and intensified suicidal ideation testify it.

Another substantial aspect is poor self-control skills of suicidal adolescent females, high impulsivity levels of suicidal behaviour, tendency to self-harm seeking to escape from pain and oppressive emotions. These results confirm that adolescents' teaching is of great importance – Berman et al. (2007) suggested teaching emotion, especially anger, management skills. Also, psychodynamically oriented researchers (Apter & Gothelf, 1997) stress the importance of defense mechanisms; they suggest to encourage to use sublimation or compensation instead of denial, displacement or acting out which are commonly used by suicidal adolescents. These two directions – educating emotion management skills and nurturing maturity of defense mechanisms – are worth attention and might be useful in counseling adolescent females who attempted suicide.

Limitations of this study firstly emerge from characteristics of respondents. As only adolescent females participated, it remains unclear whether gender differences exist, therefore, generalization for all adoles-

cents is limited. However, as Smith et al. (2009) state, a single IPA based study does not seek to empirically generalize results about whole population, but the aim is to explore particular experience in certain context in detail – it should be called theoretical generalization.

It might be also noticed that different length of time passed since attempted suicide to interview could be also important. Though theoretically, ability to keep distance from one's experience and reflect on it might have been different, but there were no significant differences in themes important to the girls. The fact that two interviews were taken on the last day of respondents' stay in hospital is another limitation of the study. Unwillingness to remember and wish to keep distance might be more connected to home-sickness, wish to return to ordinary flow of life rather than to painfulness of experiences. It is worth having in mind this aspect when choosing time for the interview in further research.

The field of attempted suicide among adolescents should be researched in future. Firstly, it might be worth interviewing adolescent males. As Smith et al. (2009) state, detailed study on a few small populations, which sampling is based on earlier research, allows to eventually form a wider understanding of phenomenon. Also, it is important to analyse more in detail which reactions of surrounding people and mental health professionals disturb and which help to cope with experiences both before and after the suicide attempt. Similar study that went deep into guilt experiences of adults who attempted suicide and stayed in psychiatric hospital was conducted in Sweden by Wiklander et al. (2003). This would give a chance to set particular guidelines for treating suicidal adolescent adequately.

To conclude, though a lot of attempted suicide experiences of adolescent females are similar to those of adults, there are some distinct features: a) adolescent females feel their experience is overwhelming and accumulating; b) past experiences are relived as if they would be "here and now"; c) close relationships are extremely important for girls, but they often feel cast-off and not heard by adults, and their experiences being devalued; d) difficulties with self-reflection and self-control manifest in search of coping with experiences. Moreover, supportive and empathic reactions of surrounding people and informative reactions of mental health professionals towards adolescent females who attempted suicide are important.

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BANDYMAS NUSIŽUDYTI: PAAUGLIŲ MERGINŲ IŠGYVENIMŲ KOKYBINIS TYRIMAS

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Santrauka. Problema. Įvairūs paauglių savižudiško elgesio aspektai nagrinėjami plačiai, tačiau jie dažniausiai interpretuojami suaugusiesiems tinkamais terminais. Paauglių suicidiškumo specifika dar nėra pakankamai ištirta. **Tyrimo tikslai.** Tyrimu siekiama aprašyti merginų išgyvenimus, susijusius su bandymu nusižudyti, ir atskleisti šio patyrimo ypatumus. **Metodai.** Tyrime dalyvavo trys 13–17 metų merginos, per pastaruosius vienerius metus bandžiusios nusižudyti ne psichozės epizodo metu. Tyrime taikytas vienas iš kokybinių tyrimų metodų – interpretacinė fenomenologinė analizė, kurios tikslas yra tyrinėti asmeninę žmogaus patirtį ir tai, kaip jis bando su tuo susidoroti. Duomenys rinkti pusiau struktūruotų interviu metu, todėl buvo galimybė užmegzti artimesnį kontaktą su respondentėmis. **Rezultatai.** Duomenų analizė atskleidė, kad nors nemaža dalis bandžusių nusižudyti paauglių merginų išgyvenimų panašūs į suaugusiųjų, yra keletas svarbių skirtumų: patyrimo neapbrėptumo ir sunkumų kaupimosi išgyvenimas, praėties įvykių gyvumas dabartyje, stiprus artimųjų palaikymo trūkumas, sunkumai reflektuojant ir kontroliuojant emocijas bei mintis. **Išvados.** Šio tyrimo rezultatai rodo didžiulę deramo aplinkinių ir psichikos sveikatos specialistų reagentavimą į savižudiškai besielgiančios paauglės būseną svarbą. Taip pat išryškėja būtinybė mokyti pačias paaugles efektyviai tvarkytis su emocijomis, impulsais ir taikyti brandesnius ego gynybos mechanizmus. Tolesni tyrimai galėtų padėti kurti tokias elgesio ar mokymų gaires ir giliau suprasti savižudiškai besielgiančių paauglių psichologinę būseną.

Pagrindiniai žodžiai: bandymas nusižudyti, paauglystė, jaunos merginos, interpretacinė fenomenologinė analizė.

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