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THE SOCIAL MEANINGS OF TEENAGE ATTEMPTED SUICIDE:
WHAT IS BEING SAID? / WHAT IS BEING HEARD?

by
Tanya Cassidy

A Thesis
submitted to the Faculty of Graduate Studies
through the
Department of Sociology and Anthropology
in partial fulfillment of the
requirements for the
Degree of Master of Arts
at the University of Windsor

Windsor, Ontario, Canada
1986

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Tanya Maria Cassidy

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1986

To:

Cadin, Hayley, and Chadai.

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First, I would like to acknowledge my adviser, and friend, Muhammad Shuraydi. The intimate contact that a student and her adviser establish is both necessary and rewarding. I deeply appreciate all the time Muhammad spent with me and the thesis.

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The thought of suicide is a strong
consolation; one can get through many a bad
night with it.

Nietzsche, *Beyond Good and Evil*

ABSTRACT

This study examines the issue of teenage suicide from the symbolic interactionist perspective. Teenage suicide is a topic that has received much media attention of late, but has not aroused a similar amount of academic interest. This exploratory study hopefully will generate further research in this heretofore somewhat neglected area.

In this study, ten teenagers, who had attempted to commit suicide, were interviewed about their reasons for their actions. In these interviews, the teenagers discussed three "ideal" definitions for their suicide attempts:

1. Suicide as Gaining Control.
2. Suicide as Attention Seeking.
3. Suicide as Problem Solving.

This study presents explains these definitions for future hypothesis-building on the subject of teenage suicide.

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CHAPTER 1
INTRODUCTION

The particular social problem upon which this study will focus is teenage suicide. Suicide is a complex and multifaceted phenomenon, affecting individuals of all ages and levels in society. When someone says, "I feel life isn't worth living," how do we respond? Do we really hear what he or she is saying, or do we impose our own interpretation on his or her words? Do we play a guessing game with a life? Is it important to recognize that these words are often an attempt to start a process of communication with us? Do we really hear what he or she is trying to say?

Suicide is not considered a social problem in every culture. Many cultures have incorporated its acceptance under specific and exceptional circumstances. Most people, for instance, are aware of the suicidal Japanese Kamikaze pilots who chose the honour of suicide in World War II. More recently, youths involved in the holy war between Iran and Iraq willingly drove motorcycles across mine fields, believing their suicides ensured them entrance into heaven (Samghabad, 1983; 43). In England, a group named EXIT believes that suicide should be considered a legitimate and viable alternative to life (Daniels, 1981; 43).

This, however, is not the norm in most societies. The prevailing attitude in western society has been called "post-Augustinian and characteristically Christian" (Battin, 1982; 3). Western society disapproves of the act of suicide. Suicide is considered a social problem.

However, many people in Western society find themselves giving serious consideration to Hamlet's dilemma of "To be or not to be" at some point in their lives. The majority choose to live. Social norms are, after all, on the side of life. Those who consider suicide are labelled deviant, sick, or abnormal in some way.

Society is particularly appalled when a teenager attempts suicide. It is difficult to understand why a young person with many years of life ahead wants to die. Self-destructive behaviour, though, appears to be quite common in this age group (McKenny, et al., 1983; 166). One cannot help but speculate on the teenagers' view of what others call the best years of their lives. It is difficult to believe that a 17-year-old girl described by others as beautiful, popular, and loved, would choose to end her life. To understand, one must attempt to look at her life from her perspective.

STATISTICAL OVERVIEW: SUICIDE

Statistical evidence on teenage suicide rates paints a depressing picture. It does not, unfortunately, reveal an understanding of these suicides. People between the ages of fifteen and nineteen years seem to be killing themselves in epidemic proportions. Between the years 1966 and 1977, teenage suicide rose by 185% (Berman and Cohen-Sandler, 1982; 5). From 1961 to 1981, suicide rose from the fourth to the second leading cause of death for males in their teens (Lapierre and Aylwin, 1985; 80). In 1961, suicide was not even listed as a cause of death for females in this age category. Twenty years later, however, it is the third leading cause of death for teenage girls (Lapierre and Aylwin, 1985; 80). Of every one hundred thousand teenagers, four females and twenty-one males will successfully commit suicide (Lapierre and Aylwin, 1985; 49). In Canada, this means that fifteen teenagers out of every one hundred thousand, kill themselves (Swartz, 1985; 143). This is a higher rate than that in the United States, which averages twelve successful teenage suicides for every one hundred thousand teenagers (Atlanta Centre for Disease Control, 1983; 1). The U.S. predicts that this rate will decrease to eleven deaths per one hundred thousand by the year 1990

(Atlanta Centre for Disease Control, 1983; 1). Canada, unfortunately, does not predict a similar decrease (Lapierre and Aylwin, 1985; 48). The most common method of suicide amongst teenagers is firearms, for both males and females (Lapierre and Aylwin, 1985; 88). For females, this is a dramatic change from traditional methods such as poisoning and overdoses which were generally less lethal.

These are frightening statistics. Rosenstock (1985; 89) claims that this age group has shown the largest increase in suicide compared with all other age groups. Within the literature, there is a debate about what these statistics mean. At one end of the continuum, Peter Eglin (1984) argues against referring to the increase as epidemic, speculating that the increase is due merely to a more lenient reporting system. He is claiming, then, that the statistics represent a phenomenon that has always been present, but is only now being publicly recognized. On the other hand, it is also argued that those statistics relating specifically to children and adolescents continue to underrepresent the epidemic proportion of suicides in our society (Davis, 1983; 11). Brown (1975; 21) claims that underreporting is especially problematic in Canada.

ATTEMPTED SUICIDE

In terms of attempted suicides, statistics are vague and inexact. Access to such statistics is difficult or impossible. Many more persons attempt suicide than actually commit suicide. Researchers have estimated that for each 'successful' suicide, there are between ten and one hundred attempts (Wilkins, 1971; 398-409).

In Canada, statistics on attempted suicides or "self-inflicted injuries" are available in only five provinces: Nova Scotia, Manitoba, Saskatchewan, Alberta, and British Columbia (Lapierre and Aylwin, 1985; 87). If actual suicides are compared to the corresponding statistics on attempted suicides for each province, the ratios of actual to attempted appear approximately as follows: Nova Scotia 1:3, Manitoba 1:10, Saskatchewan 1:3, Alberta 1:8, and British Columbia 1:17.

Females attempt suicide more frequently than males (Lapierre and Aylwin, 1985; 87). This phenomenon is common throughout all age categories. The traditional explanation for this was that males chose more lethal means for suicide and thus had less chance of surviving suicide attempts.

This explanation is refuted by current statistics, as females now appear to choose equally lethal means, such as firearms, for suicide. The most common means of attempted suicide amongst women, however, is still drugs or poison.

Marie-France Charron (1981; 96) suggests that the tendency of females to use medications in suicide attempts may be related to their use of the health care system. She suggests that, at the onset of depression which often precedes a suicide attempt, females are more likely than males to consult a physician and obtain prescriptions for medications which are subsequently on hand in moments of crisis (Charron, 1981; 97).

The quantitative difference between individuals who commit suicide and those who attempt it has given rise to a debate of how to define these groups in contemporary studies. Stengel (1966; 11) suggested that these two groups, while different, do have some commonality. It is helpful, he asserts, to think of them as overlapping populations: 1> those who attempt suicide, a few of whom go on to actually commit suicide, and 2> those who commit suicide, including many who have previously attempted suicide (Davis, 1983; 15). An important reason for distinguishing these populations is that those who survive a

suicide attempt have an opportunity to attain help, and there are many more who attempt it than those who actually succeed (Davis, 1983; 15).

Teenagers attempt suicide more often than other groups (Rosenstock, 1985; 89, Canton, 1972; 252), but only about 10% of those who attempt it go on to commit suicide (Paerregaurd, 1975; 140, Stengel, 1964; 74). Enlarging on this, Worden and Sterling-Smith (1973; 95) observed that if an attempter did not receive psychiatric treatment an escalating effect occurred in terms of increasing lethality of suicidal behaviour. Statistically, previous attempters are more likely to die than are first-time attempters (Worden and Sterling-Smith, 1973; 96).

One cannot help but wonder, in light of these statistics, how many individuals who have successfully committed suicide had made previous attempts of which no one was aware. The comments of Alice, one of the cases in this study, seem pertinent:

I was thirteen the first time. I took a bunch of sleeping pills, went to bed and woke up the next day. I was alive, but I could barely see. I managed to get through the day. I even went Christmas shopping with my mother. No one knew. The next day, I saw the gifts I bought.

RESEARCH PURPOSE

By questioning teenagers who attempted suicide, one can come to understand the symbols and meanings of interaction which are reflected in their suicide attempts. By allowing these young people to define their lives just prior to, during, and after their suicide attempts, one can endeavour to reach a deeper understanding of what such attempts mean or symbolize. Such answers can be sorted into modes of defining the situation from the actor's, rather than the researcher's viewpoint. They also can be analyzed in this way to gain knowledge of what is behind such behaviour. One of the aims of this research is to illustrate that teenage suicide attempts can be more adequately explained than they are at present through the use of such definitions from the actors point of view.

Methodologically, this is an exploratory study - an exercise in potential hypothesis-building, an assessment of the type of relevant questions to be asked from the point of view of the actor. It will, hopefully, serve as the basis for further research on the subject. Through these teenagers, researchers may discover which questions they should be asking.

CHAPTER 2
REVIEW OF THE LITERATURE

The issue of teenage suicide has recently become a popular media topic. Newspaper accounts abound. Most of the major magazines have carried accounts of the 'epidemic' numbers of teenagers killing themselves. National and local news programmes have featured the issue. 'Typical' case studies have been presented on television by almost all the major American networks.

The majority of these discussions centre on describing the problem. Media attention is largely directed toward raising the public's awareness. Such attention is useful in the sense that it discusses warning signs and remedial courses of action.

The academic can sift through this material and extract potentially relevant items, but the serious student of suicide requires a deeper analysis. Students quickly discover that the academic literature on suicide is voluminous. To make the best use of such literature means a great deal of sifting out and organizing relevant material.

Teenage suicide has not, until recently, received a great deal of attention by academic researchers. Much of the research which has been done has relied heavily on the previous, traditional literature which covers suicide as a

more general issue (Topol, 1982; 141). In order to accurately discuss teenage suicide, then, this researcher maintains that it is necessary to review the major contributions contained in this general literature on the topic of suicide.

PHILOSOPHICAL LITERATURE

Albert Camus (1975; 49) wrote that:

There is but one truly philosophical problem, and that is suicide. Judging whether life is or is not worth living amounts to answering the fundamental question. ...all the rest ...comes afterwards. ...I see many people die because they judge that life is not worth living. I see others killed for ideas or illusions that give them a reason for living (what is called a reason for living is also an excellent reason for dying). I, therefore, conclude that the meaning of life is the most urgent of questions. How to answer it?

The philosophical literature on suicide is vast. Two basic assumptions run through this body of work on suicide. The first is that the individual makes choices, and the second that the individual is responsible for these choices. More simply stated, the philosophical debate over suicide is centered around the question of whether or not individuals have a moral right to kill themselves (Douglas, 1967; 4).

The early philosophical writers of the Catholic church, such as Augustine, did not recognize suicide as legitimate, but asserted that it was, nonetheless, mandatory in some cases (Battin, 1982; 34). Suicide by martyrdom was seen as the sole exception to self-murder, because it was the will of God (Battin, 1982; 34).

The following excerpt from Augustine's The City of God (397; 143) illustrates his effort to explain the suicides of saints, and reveals his conditional approval of suicide:

And when Samson destroyed himself, with his enemies, by the demolition of the building, this can only be excluded on the ground that the Spirit, which performed miracles through him, secretly ordered him to do so. ...And so one who accepts the prohibition against suicide may kill himself when commanded by one whose orders must not be slighted.

John Donne's Biathanatos (1624) was the first English treatise written which advocated the individual's right to commit suicide (Alvarez, 1972; 31). Donne (1624) agrees with Augustine (397) that one can only commit suicide under certain circumstances, but he offers a different interpretation of what those circumstances are:

"Yet I expect not even a particular inspiration, or a new commission such as they are forced to purchase for Samson and the rest, but that resident and inherent grace of God, by which He excites us to works of moral, or higher, virtues" (Donne, 1644; 35).

Donne is referring to what the seventeenth century writers termed conscience. It was believed at this time that within the conscience lay direct access to the will of God (Battin, 1982; 35). Thus, if the individual felt it was fitting and proper to commit suicide, this belief had come from God, and the suicide was, therefore, acceptable.

David Hume's writings advocated the use of suicide even more strongly. He argued that if an individual's life was of no use to society then he or she should commit suicide:

"All our obligations to do good to society seem to imply something reciprocal. I receive the benefits of society and therefore ought to promote its interests, but when I withdraw myself altogether from society, can I be bound any longer?" (Hume, 1826; 566).

The Romantic authors related suicide to individual rights. Rousseau (1795; 167) most adequately summarized the underlying philosophical position of these authors:

The more I reflect, the more I am convinced that the question may be reduced to this fundamental proposition: Every man has a right by nature to pursue what he thinks good, and avoid what he thinks evil, in all respects which are not injurious to others. When our life, therefore, becomes a misery to ourselves, and is of advantage to no one, we are at liberty to put an end to our being. If there is any such thing as a clear and self-evident principle, certainly this is one.

Others argued that individuals may have the option of killing themselves, but that suicide was a deviant choice

because those who chose it had been delinquent in their obligations. The individual had obligations and should not, therefore, even consider suicide. Authors disagree with regard to the relative significance of various obligations.

Thomas Aquinas (1272) argued that the individual had an obligation to God. It was God, he asserted, who gave us life and it is God, therefore, who is in control of death:

"...life is a gift made to man by God, and it is subject to Him who is master of death and life. Therefore a person who takes his own life sins against God..." (Aquinas, 1272; 433).

Kant (1785; 151) argued in favour of the individual's obligation to society and to others in society:

Nothing more terrible [than suicide] can be imagined; for if man were on every occasion master of his own life, he would be master of the lives of others; and being ready to sacrifice his life at any and every time rather than be captured, he could perpetrate every conceivable crime and vice.

Different factions of society emphasize different aspects of individual obligation. The Christian church emphasized the individual's obligation to God, meaning that the person who attempted or committed suicide also committed a sin. Religious sanctions, such as the denial of sacred burial, were imposed on the individual (Battin, 1982; 34).

Individual obligation to society was imposed by the state in the form of legal sanctions imposed upon the person and family of those who committed suicide. Property was confiscated and made the possession of the state. In certain cases the body was displayed, and sometimes dragged through the streets in disgrace (Battin, 1982; 34). This position was based on an individual's responsibility for actions and the consequent punishment for such actions.

Social scientific theories vary in their explanation of suicide from viewing it as entirely socially determined to psychologically accounted for in terms of the characteristics traits or predispositions of the individual or as a combination of both psychological and sociological factors that ultimately determine the act.

PSYCHOLOGICAL LITERATURE

In today's world, someone who attempts to end his or her life usually comes to the attention of the medical profession. Treatment for physical side effects of such an attempt are most often attended to in hospital. Psychological treatment is generally the next step in care.

Suicide is usually categorized by psychologists and psychiatrists under affective disorders:

"This behaviour pattern is manifested by recurring and alternating periods of depression and elation. Periods of elation may be marked by ambition, warmth, enthusiasm, optimism, and high energy. Periods of depression may be marked by worry, pessimism, low energy, and a sense of futility. These mood variations are not readily attributable to external circumstances. If possible, the diagnosis should specify whether the mood is characteristically depressed, hypomanic, or alternating" (Statistics Canada, 1974; 37).

A variety of factors which can contribute to suicidal behaviour are recognized, but aggression is seen as playing a central role. Suicide, then, can be seen as a symptom of depression (Pohlmeier, 1980a; 1).

"Psychologists have tended to look at the phenomenon of suicide in the larger context of violence; in their examination of suicidal patients, they seem to have been most impressed by the underlying aggression. ...Aggression can be embedded in a clinical picture such as depression and can vary from other-destructive to self-destructive behaviour" (Peril and Schmidt, 1975; 147).

In psychological terms, the individual is seen as 'sick', and therefore not responsible for his or her own behaviour. Sick people are in need of treatment. The idea that suicide is linked with violence persists, but suicidal violence is aggression embedded in clinical depression (Peril and Schmidt, 1975; 152).

John E. Mack (1981; 94), a professor of psychiatry at Harvard Medical School, substantiates this view in his explanation of the suicide of a fourteen-year-old girl named Vivienne:

The suicide is an outgrowth of Vivienne's depression, while the depression in turn derives from the structure of her personality. One may move forward, so to speak, from the depression to the suicide, or backward from it to Vivienne as a person. From any perspective the depression is central.

Shneidman and Farberow (1967) have proposed another explanation for attempted suicide. They use the expression "cry for help" to describe what they believe to be the manipulative component which exists in the majority of suicide attempts. The attempt, according to them, is an effort to communicate a desire for help rather than a genuine wish to die (Shneidman and Farberow, 1967; 21). This is true, they assert, even if the attempter has expressed a wish to die (Shneidman and Farberow, 1967; 21). Their inclusion of a communication component in suicide attempts is useful for contemporary research on the subject, but this author contends that it is necessary to allow the person who has made a suicide attempt to define its meaning.

BIOLOGICAL LITERATURE

Biology has now produced evidence that the function of neurotransmitters, those chemicals such as norepinephrine and serotonin which pass through the brain and nervous system, are related to physical activities such as sleep, appetite, and energy levels (Snyder, 1967; 869). Persistent stress can lead to a decrease in these chemicals, while activity can cause an increase; drugs can also cause changes (Snyder, 1967; 869).

Tests are recently being developed to assess the levels of norepinephrine and serotonin in the brain in an attempt to determine a clinical diagnosis of depression (Goleman, 1985; E2).

There is still much to learn about the brain and how it affects behaviour. Snyder (1967; 866) cautions us not to jump to the conclusion "that human depressive states are 'caused' by, or are even associated with, a deficiency of norepinephrine in the brain." This research could lead to some interesting conclusions and thus should be reviewed in conjunction with the social and psychological material on suicide.

SOCIOLOGICAL LITERATURE

As a topic of analysis, suicide has been theoretically and methodologically instrumental in the evolution of sociological research. Emile Durkheim's Suicide (1897) laid the foundation and became the tradition for subsequent studies in sociology (Giddens, 1971; 55). The authors of the nineteenth century generally conceived of suicide as the ultimate act of individualism. Through the use of "moral statistics," Durkheim (1897) drew attention to the social aspect of suicide. Suicide (1897) served in the scientific legitimation of sociology in its time because of its methodological stance.

Durkheim (1897; 44) applied the term suicide to "all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result." He characterized suicide as falling within certain specific parameters involving the integration or lack of integration in society, regulation or lack of regulation by society. Durkheim's (1897) characterization restated in the following typology:

1. Anomic Suicide > This type of suicide occurs when the rules and regulations normally governing conduct within

a society no longer hold, and the society's equilibrium is therefore, severely disturbed.

2. Altruistic Suicide > Altruistic suicide occurs when individuals within a society are over-regulated and therefore, totally immersed in cultural values to the exclusion of personal values.

3. Egoistic Suicide > Rather than being too integrated by the society in which they live, individuals who commit this type of suicide are not fully integrated into their societies. For this reason, this type has also been termed individualistic suicide.

4. Fatalistic Suicide > Although Durkheim's discussion of fatalistic suicide is minimal, he does include it in his typology. Individuals who commit fatalistic suicide are over-integrated into their societies, and, therefore, submit to normative demands for suicidal acts imposed by the society.

To this day, Durkheim's work on suicide dominates, with few exceptions, the sociological works on suicide and much of sociological methodology.

Gibbs and Martin (1964) offered a theoretical addition to Durkheim's typology. They argue that Durkheim did not operationalize integration, thus leaving it an impractical tool of analysis (Gibbs and Martin, 1964; 14).

Gibbs and Martin (1964) offer in their book Status Integration and Suicide an alternative to the above definitional problem. They introduced the concept of status in relation to integration. Their major contention was that "the suicide rate of a population varies inversely with the degree of status integration in that population" (Gibbs and

Martin, 1964; 23). They then presented five postulates (1964; 24-27) related to status integration and suicide, which critics maintain illustrate the problem of definition in Gibbs and Martins' work. Their postulates are:

Postulate No.1: The suicide rate of a population varies inversely with the stability and durability of social relationships within that population.

Postulate No.2: The stability and durability of social relationships within a population vary directly with the extent to which individuals in that population conform to the patterned and socially sanctioned demands and expectations placed upon them by others.

Postulate No.3: The extent to which individuals in a population conform to patterned and socially sanctioned demands and expectations placed upon them by others varies inversely with the extent to which individuals in that population are confronted with role conflicts.

Postulate No.4: The extent to which individuals in a population are confronted with role conflicts varies directly with the extent to which individuals occupy incompatible statuses in that population.

Postulate No.5: The extent to which individuals occupy incompatible statuses in a population varies inversely with the degree of status integration in that population.

Anthony Giddens' (1966) theoretical attempt to move beyond Durkheim is entitled A Typology of Suicide. Like many other authors, Giddens concentrated on Durkheim's egoistic and anomic categories of suicide on the grounds that these are more applicable to modern western society (Giddens, 1966; 276).

Giddens (1976; 276) suggests that the psychological concept of depression is directly related to the Durkheimian concept of suicide. He recognized two components of depression: guilt and shame. Asserting that psycho-social overlaps exist between guilt and egoistic suicide, and between shame and anomic suicide.

Henry and Short (1971) also attempted to theoretically surpass Durkheim's work on suicide. They introduced the concept of external and internal restraint in an attempt to explain both suicide and homicide. They claimed that aggression toward the self was at the core of suicide and that this aggression was aroused by some form of external frustration (Henry and Short, 1971; 63).

It has been suggested that Henry and Short's thesis on suicide is inadequate as a result of their confusion between the definition of internal restraint as a feeling of powerlessness and internal restraint as a feeling of being prevented from doing what one wishes to do (Douglas, 1967; 140).

The remainder of the sociological literature on suicide (such as, Dublin, 1963 and Eglin, 1984) is largely statistical in nature, and serves to affirm Durkheim's Suicide. The symbolic interactionist approaches of J.D.

Douglas' The Social Meanings of Suicide (1967) and J. Jacobs' The Moral Justification of Suicide (1982) seem to be notable exceptions to the traditional sociological work on the subject of suicide.

SYMBOLIC INTERACTIONIST LITERATURE

J.D. Douglas, a sociologist at the University of California (San Diego) represents those who broke away from the traditional Durkheimian method of studying suicide. Douglas' The Social Meanings of Suicide (1967) is a criticism of the majority of sociological literature on suicide. He maintains that traditional research has made the faulty assumption that the definition of suicide is non-problematic (Douglas, 1967; 134). This assumption has led to the use of suicide rates and statistical data as the major tools of analysis. Unfortunately, he argues, there are as many official statistics as there are officials (Douglas, 1967; 135).

Douglas (1967; 235) asserts that the researcher who studies suicide must first recognize the problematic definition of suicide. To deal with this problem, he recommends that the researcher should try to get at the meanings of a suicide from the viewpoint of the individual

involved in the suicide (Douglas, 1967; 235). The researcher, he feels, must get at the "situated meanings" of suicide in this way.

Another non-traditional researcher, Jacobs (1967; 17), also advises the necessity of understanding the reality of suicide from the perspective of those involved in suicide. Jacobs (1967; 75) writes:

If it is true as Hume believed that '...such is our natural horror of death, that small motives will never be able to reconcile us to it...' it is also true that the horror of life is no small motive. I believe that most people prefer the uncertainties of life to the uncertainties of death, because in life they have defined for themselves the possibility of certain sets of events occurring and live in the expectation that 'anything can happen', i.e. 'life is full of ups and downs'. If one's view of life excludes uncertainty, i.e. life is not full of ups and downs - only downs, and anything can't happen - things can only get worse, then one might better try the uncertainties of death for its very ambiguity allows for either.

Jacobs' study, Adolescents Attempt Suicide (1982), methodologically applies this theoretical premise to cases of teenage suicide attempters in southern California. His research concentrates primarily on three issues: 1> the adolescent-parent relationship, 2> the suicidal teenager-psychiatrist interaction, and 3> a refutation of the role of broken homes in predisposing one to suicide in later life (Jacobs, 1982; 93). Jacobs (1982; 111) offers the following summary statement regarding this research:

The process whereby the adolescent comes to view suicide as the only solution is seen to result from a progression of his problems through three stages: (1) a long-standing history of problems, (2) a period of escalation of problems above and beyond those usually associated with adolescence, and (3) a final stage, a recent onslaught of problems usually characterized by a chain-reaction dissolution of any remaining meaningful social relationships. This progressive social isolation constitutes the problem and at the same time serves to prevent the adolescent from securing any possible means of resolving it.

Symbolic interactionist literature offers little more than these studies on the subject of suicide. Little has been done by symbolic interactionists, despite growing public awareness of the problem, particularly amongst teenagers.

This adds to the significance of and justification for the present study. Furthermore, symbolic interactionists have the opportunity to serve humanitarian ends through the search for such knowledge. This study strives to contribute in both ways.

CHAPTER 3
THEORETICAL ORIENTATION

Theory is an essential component of research. The researcher can collect his or her data, but in the final analysis, the data must be organized and analyzed in some systematic way. Ideally, the theory one selects will most appropriately explain the data; it is the tool of analysis.

This research was designed as an attempt to understand why a teenager would try to attempt suicide. We must examine the person, his/her life, and the attempt in order to understand the suicide. The theoretical body of knowledge termed "Symbolic Interactionism" has been utilized as most appropriate to this topic. Symbolic interactionism accepts that "both person and society are... two sides of the same coin" (Stryker, 1980: 40). It does not force the individual and society apart and treat them as separate entities, analyzing only the individual as psychology tends to do, or only social phenomena as Durkheim's (1897) classic study of suicide does.

Most theoretical texts on Symbolic Interactionism acknowledge the philosophical influence on the formation of this theory (Charon, 1985; Stryker, 1980; Manis and Meltzer, 1978). This research need only briefly mention the most notable of these influences. First, the German

Idealists, whose main progenitors were Johann Gottlieb Fichte (1762-1814), Immanuel Kant (1724-1804), and Friedrich Schelling (1775-1854). The German Idealists' main contribution to symbolic interactionism was the notion that individuals construct their worlds, and therefore to study only what one can observe would be a misinterpretation of reality.

The second recognized philosophical influence comes from the Scottish moral philosophers Francis Hutcheson (1694-1746) and David Hume (1711-1776). Their contribution to symbolic interactionism also includes the concepts of the empathetic but impartial spectator which allows the researcher to understand how the individual constructs his/her world through placing himself/herself empathetically into that individual's world.

Symbolic Interactionism was also influenced by the American pragmatists William James (1842-1910) and his student John Dewey. This influence is based on the idea that the individual's mind is active in the creation of knowledge.

Finally, Symbolic Interactionism was influenced by both evolutionist and behaviourist thought. The main tenet extracted from evolutionism by the interactionist was the

concept that society is ever changing and evolving. The individual does not behave randomly, but acts, instead, in an effort to cope with the environment. As well as this, Symbolic Interactionism adopted the behaviouristic notion that human behaviour is learned as a result of the presence or absence of gratification associated with it.

Interactionists reject the deterministic Watsonian premise of behaviour, maintaining that unobservable components contribute to the mind as a process (Mead, 1962).

This author has chosen to incorporate the individual contributions of the early symbolic interactionist Charles Horton Cooley (1864-1929) with the works of William Issac Thomas (1863-1947) and George Herbert Mead (1863-1931) with a review of the central concepts and the theoretical assumptions of the Chicago School version of symbolic interactionism.

THE CHICAGO SCHOOL

Symbolic interactionism is generally held to be founded by George Herbert Mead; although the term itself was coined by Herbert Blumer (1969). As a result of disputes over how Mead should be interpreted, a variety of schools of thought have arisen within symbolic interactionism itself (Meltzer,

Petras, and Reynolds, 1975; 54). Meltzer, Petras and Reynolds (1975; 54) describe "two major varieties, the Chicago and Iowa schools, primarily on the basis of differences in preferred methodology." This division will be the one under discussion, as this research specifically selects one camp over another to conduct its investigation.

"During the major portion of the past generation, the two leading progenitors of symbolic interactionist perspective have been H.G. Blumer and the late M.H. Kuhn... Blumer has elaborated the best-known variety of interactionism - an approach we call the Chicago school. This approach continues the classical Meadian tradition. The Iowa school developed through the work of Kuhn and his students at the State University of Iowa, and...represents a more eclectic form of interactionism" (Meltzer, Petras, and Reynolds, 1975; 55).

Simply stated, Blumer emphasized a qualitative methodological approach, specifically advocating the researcher to "take the role" of the individuals under study. The researcher should see, and in turn interpret, the situation from both the actor's and others' positions. Kuhn (Meltzer, Petras, and Reynolds, 1975; 55) advocates a quantitative approach, following the rules of scientific research. He emphasizes a structured approach, looking for a cause-and-effect relationship. The Chicago school closely follows the Meadian traditions, and is thus the perspective recognized in this research.

"Mead's ideas continue to influence sociological theory and research because, more than any of the early American social thinkers, his ideas penetrated to the core of social reality" (Turner and Beeghley, 1981; 514).

G.H. Mead actually published very little, especially by comparison with his colleague and friend Dewey. Most of Mead's material was extracted from his collection of class notes for his course in Social Psychology. These notes are Mead's major contribution to Symbolic Interactionism, and are found in Mind, Self and Society(1962).

Turner and Beeghley (1981; 441) have claimed that it was Mead who made a synthesis of all the contributions and theoretical notions, laying the basis for the theory of Symbolic Interactionism. It is this which justifies naming Mead the founder of this theory, which he labelled "Social Behaviorism" (Meltzer, 1978: 15).

The theory one holds tends to frame the methodological approach one will utilize. The aspects of symbolic interactionism which follow the Meadian tradition are most useful for this research. A researcher must realize that he/she is looking at the reality of the teenager-who-attempts-suicide, not at an interpretation of that reality from an investigator's viewpoint. Certain concepts from symbolic interactionism will thus be used as

guidelines, but the actor's words will be analyzed in and of themselves.

Mead placed a heavy emphasis on the concept of society, stressing that self and mind are products of society (Meltzer, 1978: 16). Thus his conceptions of "Society, Self and Mind", not only gives a general overview of Mead's philosophy, but also provides an understanding of the basic premises of Symbolic Interactionism. In order to adequately understand the version of symbolic interactionism that specifically pertains to this research, a more detailed discussion of these assumptions is necessary.

Society

No person is an island. This modified statement is simple, but nonetheless captures the essence of what is meant by the term society. Society is composed of individuals, but society existed before and survives after the individuals who make it up.

A person may live alone, believing he/she has no friends. The family may be deceased, and he/she may be suffering from fear of other people. Nevertheless, this person is still part of society. Society recognizes this

person as one of those individuals who may need psychiatric care, a friend, or simply one for whom we feel sympathy. This individual may not consciously recognize him/herself as part of society, but nevertheless is. Even alone, one is still in a group. One is still part of society through thought.

Human beings, like many other creatures, live in groups. A collectivity of human groups constitutes a society. A society is maintained through communication or symbolic interaction between the individuals who make it up.

Human beings as animals have aspects common to all creatures, i.e. all creatures communicate on a level of "conversation of gestures" (Meltzer, 1978: 16). Mead's (1962; 133) own example of this deals with dogs: two dogs about to fight spend an elaborate amount of time conversing in snarls, growls, teeth-baring, etc.. Humans, according to Mead, also communicate in this fashion, but due to our ability to use language we also use a "conversation of symbols" (Meltzer, 1978: 17). It is through the use of common symbols that humans are able to establish that objects have 'meaning', and it is this shared meaning which is communicated in the use of symbols in interaction.

"Human society rests upon a basis of consensus, i.e., the sharing of meanings in the form of common understandings and expectations" (Meltzer, 1978: 17).

Symbols are "social objects used by the actor for representation and communication" (Charon, 1985; 40). Typically, a distinction has been made between significant and insignificant symbols. This distinction is made on the basis of meaning. Significant symbols have intended meaning on the part of the actor (Charon, 1985; 40). As well, there is a consensual meaning amongst those using them. Insignificant symbols, on the other hand, may be interpreted as having meaning, but not meaning intended by the actor. Interaction is implied in and through the use of symbols. Without signs and symbols, one would be unable to interact, and without interaction one could not utilize symbols.

Self

"Self and society are twin born" wrote Cooley (1962: 5). This is the major theme throughout his writings. His major contributions to symbolic interactionism are his works on the self in relation to society.

Through the concept of role models, Cooley developed his "looking-glass self." Simply stated, the individual sees others reacting to him or her in specific ways and internalizes those reactions as the consequences of his or her own actions. This idea of the self, according to Cooley (1978b; 169), has three elements: the imagination of our appearance to others, the imagination of the judgment about that appearance by others, and some sort of self-feeling, such as pride or mortification, about that judgment. He described the looking-glass self as follows:

"As we see our face, figure, and dress in the glass... so in imagination we perceive in another's mind some thought of our appearance, manners, aims, deeds, character, friends, and so on, and are variously affected by it" (Cooley, 1964; 184).

This concept was later expanded by Mead, first, by emphasizing the prior existence of society to the individual; and, second, in explaining that "self" is a social process. One can and must act socially toward oneself in order to act socially towards others.

The self is a central concept in Symbolic Interactionism, and has two basic aspects - object and process. The first aspect, object, refers to the fact that a human being has a conception or picture of himself or herself which is his or her self-image. An actor develops a

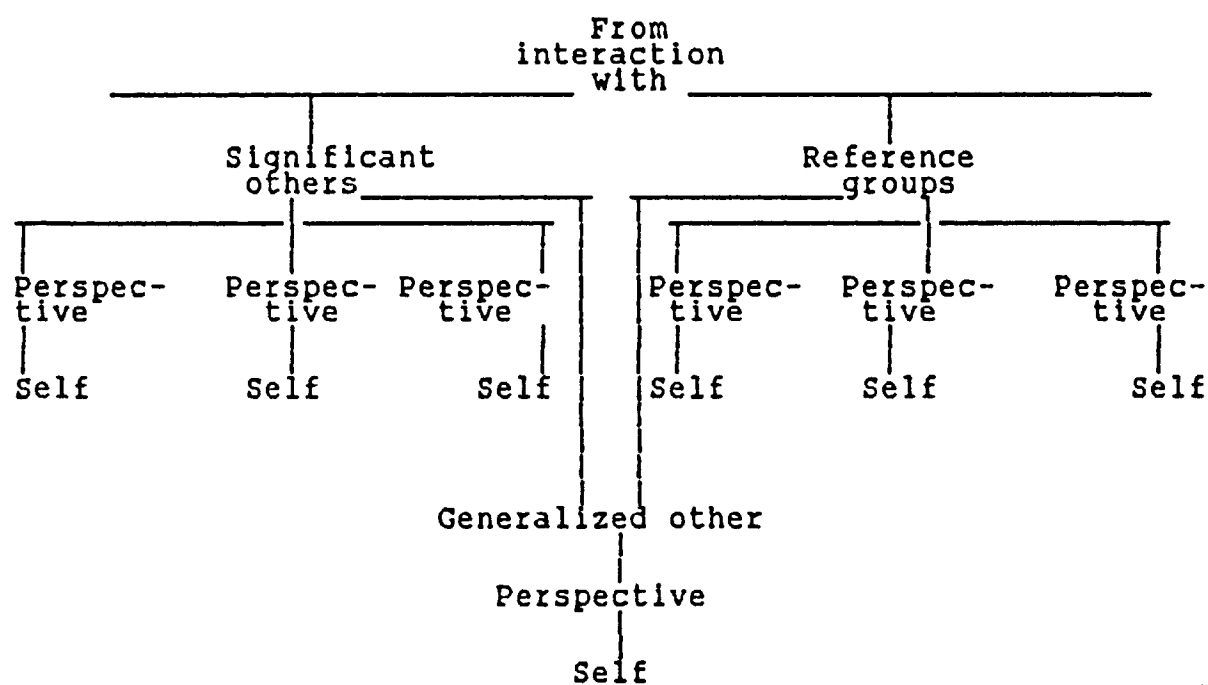
self image by looking at himself/herself and then judging what he or she sees. One can neither directly see nor judge oneself, but can only indirectly do so from a standpoint outside of oneself. The only way an actor can see and judge himself/herself from outside is by taking the role of others and addressing himself/herself from their standpoints.

According to Mead, human beings act socially toward themselves, and role-taking is the mechanism through which this is possible (Meltzer, 1978: 18). Through "role-taking", the individual is able to imagine an interaction (Meltzer, 1978: 17). In order to have a complete picture of the interaction, the actor must be able to see the interaction from the others' point of view. The individual must objectively imagine himself/herself as participating in the possible interaction. Through placing oneself in the role of the other, one is able to communicate and thus establish a course of action.

The second aspect of the self, process, refers to the fact that a human being interacts with himself/herself. He/she carries on this self-interaction by making further self-indications. Self-indications are made by an actor whenever he/she points out or indicates something to himself/herself. The self-indication process has two

essential features: first, the actor makes these indications to himself/herself as if making them to someone else, except in a more abbreviated and rapid manner, and second an actor is always role-taking or indicating something to himself/herself from the standpoint of another person, group of persons, or generalized others when making self-indications.

The following diagram summarizes what is meant by the self in symbolic interactionism:



(Charon, 1985; 83)

Mind

The "mind", like the self, is a social process. One thinks because one must communicate to be understood and interact. The mind is social both in origin and function (Meltzer, 1978: 20). The mind is only present when significant symbols are being used by the individual. By internalizing various definitions through interaction with members of his or her group, the individual learns to assume the perspective of others, and in so doing acquires the ability to think and make choices for his/her interaction (Meltzer, 1978; 20). The individual continually indicates to him/herself the roles of others, and controls his or her activity with reference to the definitions provided by others within this activity; thus, when the individual defines the situation, the mind is active (Meltzer, 1978; 21).

W. I. Thomas (1931) made a significant theoretical contribution to Symbolic Interactionism with his formulation of the "Definition of the Situation." Thomas, like Cooley, recognized the family as the primary agent for establishing pre-set definitions for individuals. The community is also seen as a defining agent. Which gives the individual many

possible definitions of any particular situation. This implies that the individual must make choices from all the available definitions. Mind and definition of the situation are not the same thing, but are intimately connected. To define the situation an individual needs a mind. The process of the mind involves the individual's choice of how to define his or her situation during interaction. Thomas (1978; 254-255) argues that:

[p]reliminary to any self-determined act of behavior there is always a stage of examination and deliberation which we may call the definition of the situation. ... There is therefore always a rivalry between the spontaneous definitions of the situation made by the member of an organized society and the definitions which his society has provided for him. The individual tends to a hedonistic selection of activity, pleasure first; and society to a utilitarian selection, safety first.

This postulate has been used for empirical research by Robert Stebbins. Stebbins (1978; 260) offered the following two fundamental research questions in relation to the definition of the situation:

1. What cultural or habitual definitions are available to those in a given social identity for use in one or more specified kinds of recurring situations?

2. For classes of actors within an identity, what common predispositions are activated by elements in the ongoing setting that influence the selection of one of these definitions instead of another?

Stebbins (1978; 259) defines culturally shared definition of the situation as being consensual, but also recognizes that the definition need not be consensual as in the case of habitual personal definitions of the situation, which he defines as those

regular meanings employed by categories of actors in specific kinds of periodic situations that for one reason or another ... are not communicated. ...

Stebbins goes on to point out that the

non-consensual sharing characteristic of the habitual personal definition refers to the circumstances in which the same category of situation holds roughly the same meaning for a particular class of actor participating in it, but in which each individual participant is more or less unaware that people like him who are having the same kind of experiences elsewhere define them in the same way.

From Stebbins research (1978) this study makes use of the following four operationalized definitions of teenage attempted suicide:

- 1> How the teenager evaluates the situation
- 2> The teenager's plans of action
- 3> The teenager's justification/s of the plans
- 4> The teenager's perception/s of the evaluation of the situation imputed to them by others.

- 3> The teenager's justification/s of the plans
- 4> The teenager's perception/s of the evaluation of the situation imputed to them by others.

BASIC ASSUMPTIONS OF SYMBOLIC INTERACTIONISM AND SUICIDE

Herbert Blumer (1969; 2) has attempted to summarize the basic position of symbolic interactionism in the form of three propositions - which he refers to as three "simple" premises. First, he writes, "human beings act toward things on the basis of the meanings that the things have for them". Second, "the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows". Third, "these meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he encounters".

These propositions are "simple", but deceptively so, for they, in fact, summarize a complicated set of ideas about the nature of the human world and how people act within it. These ideas rest on a foundation of assumptions. The theory which was utilized in our study represents the Chicago school of symbolic interactionism. Thus, the above premises and all of the following assumptions (Manis and Meltzer, 1978; 5-8) are accepted.

1. Distinctively human behaviour and interaction are carried on through the medium of symbols and their meanings.

A teenager who attempts suicide is communicating meaning through such an attempt. The attempt, then, is a symbolic gesture of communication in relation to how the teenager reacts to certain interactions.

2. Human society is most usefully conceived as consisting of people in interaction.

The teenager who attempts suicide is not cut off from the world, no matter how lonely he or she may feel. A suicide attempt could be considered a method of terminating interaction which is not gratifying in some significant way.

3. Human beings are active in shaping their own behaviour.

The teenage suicide attempter makes a conscious choice of such a behaviour.

4. Consciousness, or thinking, involves interaction with oneself.

The teenager is able to imagine him/herself as performing the act of suicide before the actual performance of the behaviour.

5. Human beings construct their behaviour in the course of execution.

This proposition might be most appropriately applied to the teenager who alters his or her suicidal behaviour while performing that behaviour; the teenager, for example, who ingests a large quantity of drugs or medications and then telephones someone for help.

It is not really possible, either practically or ethically, to examine the covert behaviour involved in actual suicide attempts. It is necessary, rather, to get at the teenagers' perceptions of their behaviour.

To fully analyze attempted suicide, then, one needs to discuss the teenagers' perceptions of the definition of situation and how these definitions relate to their self-concepts and the communicational aspects of their attempted suicides. This analysis consists of both the teenager's own self-perceptions and the teenager's perceptions of how generalized others and/or reference groups view him or her.

CHAPTER 4
METHODOLOGY

Symbolic interactionism utilizes inductive reasoning. One does not, therefore, begin with a hypothesis and make deductions; one begins, instead, with observations and then analyzes those observations. As Wallace and Wolf (1985; 236) observe:

Symbolic interactionism is committed to an inductive approach to the understanding of human behaviour, in which understanding or explanations are induced from data with which the investigator has become thoroughly familiar.

This research endeavours to discover how teenagers perceive their suicide attempts. They are the experts. If they are given the opportunity to speak, we can, hopefully, move one step closer to understanding their behaviour. Common sense dictates that teenagers should want to live, but the teenagers' reality seems to contradict this notion. Douglas (1967; 237) referred to the need to get at the situated, rather than the abstract, meanings of suicide, and advises a re-orientation toward description and analysis of individual cases of suicide.

In a more general sense, Lofland (1971; 13) contends that both social inquiry and social theory can be reduced to the following questions:

1. What are the characteristics of a social phenomenon, the forms it assumes, the variations it displays?
2. What are the causes of a social phenomenon, the forms it assumes, the variations it displays?
3. What are the consequences of a social phenomenon, the forms it assumes, the variations it displays?

Lofland (1971; 14) asserts that the search for the characteristics of a social phenomenon is the domain of qualitative research, whereas the pursuit of causes and consequences is the sphere of quantitative research. The only exception allowed for by Lofland (1971;62) is that qualitative research should produce hypotheses or theoretical statements about causes, recognizing always that these statements must still be verified.

More specifically, Blumer (1969; 23) has argued that qualitative research is a wrongly neglected form of research. This author agrees, at least to the extent that qualitative methodology is the beginning of all research. It is, as Lofland (1971; 1) writes, the essence of "knowing" as opposed to "knowing about".

METHODOLOGICAL PRINCIPLES

Denzin (1978; 8-21) proposes seven principles which he feels symbolic interactionists should utilize in the evaluation of methods and sociological activity:

- 1 > Symbols and interactions must be combined before an investigation is complete.

One must analyze the symbols of suicide in relation to their corresponding interactions, rather than concentrating on only the symbols or the interaction.

- 2 > The investigator must take the perspective or role of the 'acting other' and view the world from the subjects' point of view; but in so doing the investigator must maintain the distinction between everyday and scientific conceptions of reality.

This principle serves as the methodological basis of this study. One would not, of course, attempt suicide in order to take the role of the teenagers in this study, but the ability to empathize with them is of paramount importance in this research.

- 3 > The investigator must link the subjects' symbols and definitions with the social relationships and groups that provide those conceptions.

In analyzing the symbols and definitions described by the teenagers who have attempted suicide, the research must account for the provision of these symbols and definitions through significant and generalized others.

- 4 > The behaviour settings of interaction and scientific observation must be recorded.

This research was largely conducted within a hospital setting, although the actual settings of the suicide attempts differed. The settings of the attempts themselves must be taken into account.

- 5 > Research methods must be capable of reflecting process or change as well as static behavioural forms.

This study takes into account the teenagers' perceptions immediately prior to, during, and after their suicide attempts, reflecting the changes which occur over this period of time.

- 6 > Conducting research and being a sociologist is best viewed as an act of symbolic interaction. The personal preferences of sociologists (definitions of methods, values, and ideologies, etc) serve to shape fundamentally the activities as investigators, and the major way in which they act on the environment is through their research methods.

The issue of personal bias is relevant to all social science research. This author has expressed a humanitarian bias in terms of the value of preserving life, but this bias does not affect the research in terms of actual investigation and reporting.

- 7 > The proper use of concepts is first sensitizing and then operational: the proper theory becomes formal and not grand or middle-range; and the causal proposition more properly becomes interactional and universal in application.

This study was designed as a potential base for further investigation. It is an attempt at understanding the situated meanings of teenage suicide. Hopefully, it will generate research which will be able to more closely approximate a universal statement on the subject.

METHODOLOGICAL PRACTICE: GAINING ACCESS

In the community in which this research was conducted, three of the four hospitals have psychiatric wards. For the three relevant hospitals, the heads of the psychiatric wards were approached with the research proposal.

Hospital A informed this researcher that it possessed an 'Educational Centre', which would have to approve the study. This approval was obtained through the head of the psychiatric department, and the only condition was that hospital consent forms be used in conjunction with this researcher's consent forms.

Hospital B was also approached through the head of the psychiatric department. This department not only gave its permission, but also made the nursing staff of the appropriate ward aware of the researcher's occasional presence. The only reservation that this department head

expressed was the fact that he very rarely saw people who would fit into this research. He suggested, therefore, that the researcher contact the other two full-time psychiatrists on the hospital's staff individually.

Hospital C was the most reluctant to grant access for the study. The head of the psychiatric department expressed both interest in and approval of the research, but felt he was not in a position to grant permission to conduct it. He informed the researcher that she should contact the administration. The researcher was originally refused access to administration due to the fact that "They were not interested". A registered letter of introduction and a copy of the research proposal were, nevertheless, sent to the administrator. Within two weeks, the researcher was informally told by a staff psychiatrist that the department had received a memo of approval from the administration. No official recognition, however, was ever received by this researcher.

Following these permissions, individual psychiatrists were approached. Hospital A has one full-time and one part-time psychiatrist on staff. Permission was obtained from both these doctors. Hospital B, at that time, had two full-time psychiatrists, and after many attempts, permission

was obtained from one of them. The other psychiatrist was not approached. Hospital C had one full-time and one part-time psychiatrist, and a general practitioner who specialized in psychiatry. Permission had previously been obtained from the full-time doctor, but the part-time doctor was not approached, and the general practitioner refused on the basis that he does not see teenagers. Co-operation was obtained from a total of seven psychiatrists.

DATA COLLECTION

Denzin (1978; 30) asserts that the researcher who uses a life history/historical or participant observation method will achieve the best possible results in relation to his or her principles of interactional method. Using Denzin's somewhat limited categorization of major sociological methods, this research can be most appropriately categorized under the life history method.

Unstructured interviews were deemed to be the most productive method of attaining information in this study. Through unstructuredness and the accompanying absence of formality, the researcher has attempted to gain the trust and confidence of the subjects, making it easier for them to discuss sensitive issues arising within this context.

Each teenager was under the care of a psychiatrist and was hospitalized for his or her attempted suicide. The patient was first approached by the psychiatrist, who briefly explained the research. The psychiatrist then asked if each would be willing to talk to this researcher. If such permission was granted, this researcher was contacted and saw the teenager immediately. There was only one refusal, which came from a fifteen-year-old male. He said he thought the study sounded interesting, but he had to worry about his own problems and did not, therefore, want to participate.

The first interviews with the teenagers were structured around an explanation of the research and their part in it, if they chose to be involved. They were asked to sign consent forms, and made aware of this author's moral stance with regard to further suicide attempts. This stance consisted of the researchers breaking of confidentiality in the event that she became aware of an ongoing or future suicide attempt. This knowledge allowed the teenager the choice of withholding such information if he/she so desired. Subsequent interviews were as unstructured as possible, with some leading questions on the part of the researcher in order to begin discussion or reorientate it.

The interviews ranged in length from one hour to two and one-half hours and were conducted either in the patient's room or in an available empty room. They were conducted mainly with only the teenager and the interviewer present. Three interviews, at separate times, with different teenagers were conducted in groups of two as there were two teenagers in Hospital B at the same time.

A total of ten teenagers participated in this research. More hours were spent with some of them than with others, due simply to the varying lengths of their hospitalizations. The length of a hospital stay depended entirely on the attitudes of individual psychiatrists toward the advantages or disadvantages of hospitalization to their teenage patients. Four of these teenagers were in hospital for only a few days, and follow-up discussions were held with these four at the author's home. A minimum of five hours was spent with any one teenager. The researcher made extensive use of both field notes and tape recordings, according to the preferences of each subject. A total of approximately one hundred hours was spent with these teenagers.

MEET 'MY TEENAGERS'

This author has chosen to follow the format used by Howard Becker in The Marihuana User(1953). Becker's format entails a recognition that the statements presented need not be attributed to any specific teenager in the study. It is sufficient to identify the subjects by age, sex, and/or pertinent background information relevant to the study without providing further identification. This decision was made in order to avoid a case study presentation, which might be said to follow a journalistic format.

This limited sample was never intended to be representative of the entire population, but was meant instead to get at understanding teenage suicide from the teenagers' perspective. This author, therefore, will present only the necessary social and demographic picture of my teenagers.

AGE:

These teenagers ranged in age from 15 to 18 years.

SEX:

There were seven females and three males involved in this study.

FAMILY BACKGROUND:

Six of these teenagers came from broken homes, while the other four lived in two-parent families. Of the teenagers who came from broken homes, one lived in a foster home, three lived with relatives other than their parents, and two lived with their mothers. This fact is directly related to Jacobs' (1982; 93) third point which was mentioned earlier. This author would agree with Jacobs' that a broken-home background does not result in suicide attempts amongst teenagers, but, instead, is a contributing factor, in that it represents a high possibility of poor adolescent-parent relationship.

BIRTH ORDER:

There was one oldest child, one youngest child, and one only child. The remainder were middle children.

PREVIOUS ATTEMPTS:

Two of the teenagers had attempted suicide for the first time. Five of them had made one previous attempt. One had two previous attempts, and the remaining two had made more than three attempts.

MEANS OF ATTEMPT:

In all the attempts with which this researcher dealt, a drug overdose was the means used.

LOCATION OF ATTEMPT:

One attempted suicide in a park, one on a city street, one at school, and the remainder at home.

MISCELLANEOUS:

All of these teenagers were attending high school at the time of their attempts. Two quit school after their attempts. Two of these teenagers admitted to heavy drug and alcohol use.

INTRODUCTION TO THE ANALYSIS

Many adults in our society envy youth. They view teenagers as possessing the health and beauty that time has not yet had a chance to damage. Many parents wish they were young again, and call the teenage years the best years of life. They believe that the problems encountered in the teenage years are not as serious as those encountered in adulthood.

Society has made suicide a taboo. Generally, people do not wish to discuss it, fearing that such discussion may give someone the 'idea'. Academics call it deviant, classifying it with topics like murder and rape.

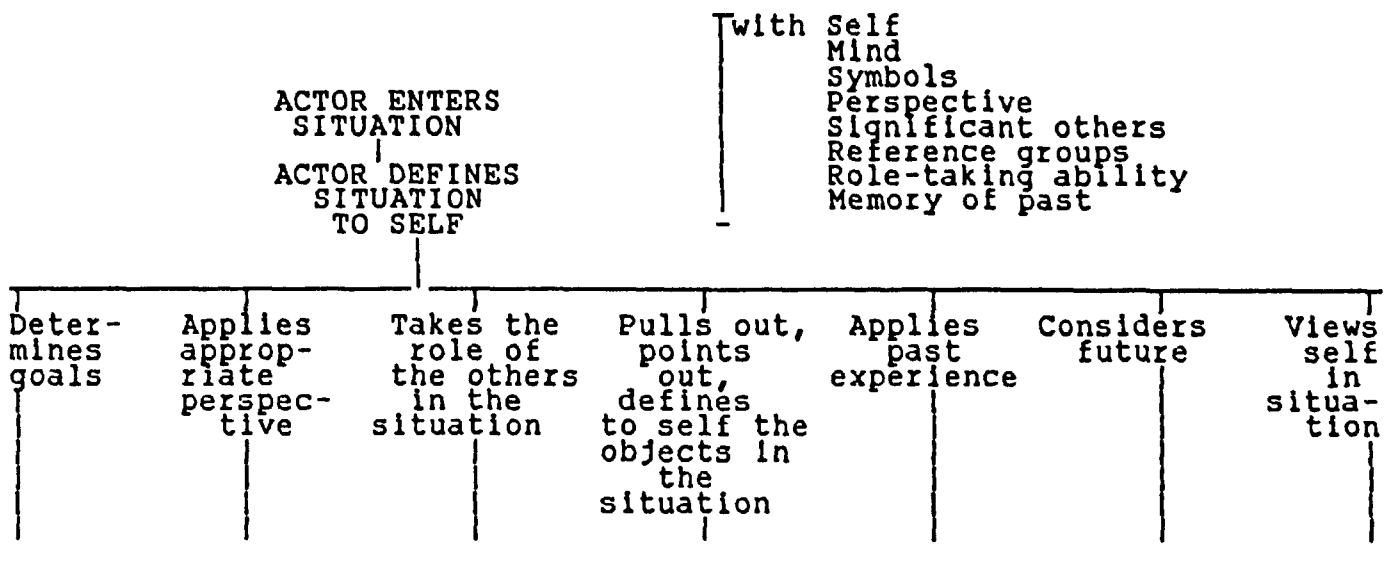
Academically, teenage suicide is seen as a social problem. The most significant aspect of this categorization is the removal of responsibility from the teenage attempter and the subsequent placement of blame on the society or social system in which the teenager was raised. As discussed throughout this research, it is important to recognize society's responsibility for a teenager who attempts suicide. It is equally important, however, to

recognize the teenager's point of view in order to fully understand such an attempt.

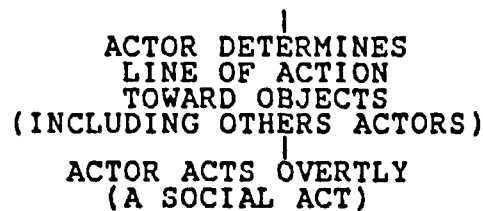
Symbolic interactionist concepts were used only as guidelines in these interviews. The teenagers themselves determined the real substance of the concepts used. It became clear, in the course of conducting these interviews, that three phases exist in the act of attempted suicide: an initial phase of thought and planning; a phase of action during the attempt and, because these teenagers lived, a third phase of both thought and action.

Symbolic interactionism stresses that the individual plays an active rather than a passive role in interaction. This refers to the fact that past interaction influences the individual in present interaction, but the individual also makes choices in and at the time of present interaction. One chooses from a set of definitions when interacting in any situation. The following diagram (Charon, 1985; 138) is presented as a summary of what is meant by interaction in relation to the phases of these teenagers suicide attempts. It will be utilized in the analysis of the cases that have been collected for this study.

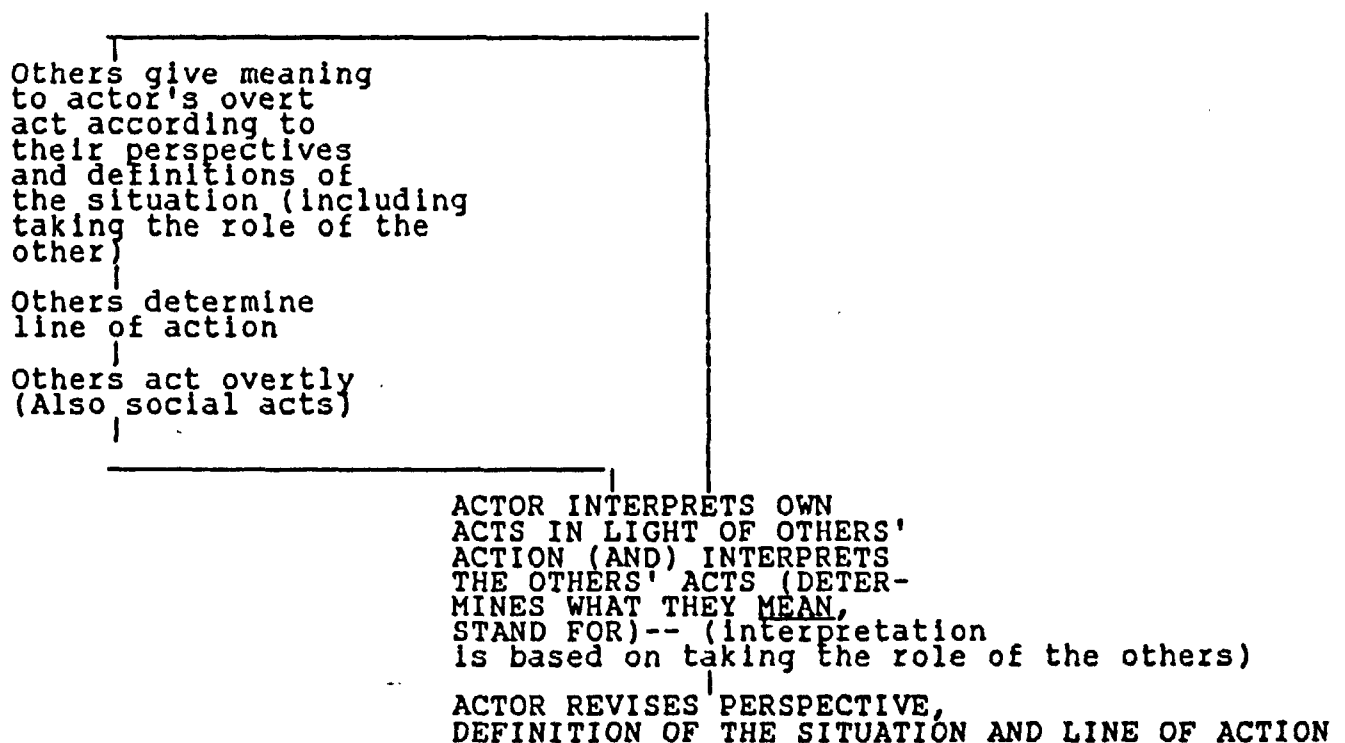
PHASE ONE: PREMEDITATION



PHASE TWO: INITIATION



PHASE THREE: CONSUMMATION AND RESOLUTION



The categorizations which are employed in this analysis, however, are based on the modes of definitions of the situation underlying the attempts as expressed by these teenagers. This author has chosen the following terms to label those definitions:

1. Suicide as gaining control
2. Suicide as attention-seeking
3. Suicide as problem-solving

The analysis will begin with these definitions, examining each through the three phases of the attempt. By analysing each definition through each of these phases, a picture, that will hopefully allow one to fully understand the analysis, will be presented.

Qualitative research has been called the most difficult to conduct and analyze. Amongst other reasons, conducting such research involves creativity, a constant analysis of ethics and values, and the connection of abstract to otherwise unrelated concepts. It lays a foundation, if done adequately and correctly, which may shed light on an otherwise confusing and vast amount of literature and serves as an orientation for future researchers.

CHAPTER 5
SUICIDE DEFINED AS GAINING CONTROL

Many teenagers seem to believe that society does not allow them a great deal of control over their own lives. Generally parents are held responsible for the health and welfare of their children until their children reach the age of eighteen. If, for any reason, parents or other related adults are unable to fulfil such responsibility, society must fill the role of parent until adulthood is reached.

The first definition of suicide attempt discussed in this research is based on a teenager's desire to gain control over his or her life. These teenagers feel that their life is regulated in an undesirable manner by others. Through suicide, teenagers, such as Fay, have a sense of power over the direction in which their life would take.

Of the teenagers involved in the study, only one very clearly fit into this category. It could fairly be asserted that this is primarily due to the fact that this particular definition translates itself into a very high level of lethality. These teenagers want to die. They appear to work very hard to achieve that end.

PHASE ONE: PREMEDITATION

The teenagers, who define their suicide attempt as a form of control, expressed the view that their lives were not simply bad, but uncontrollably so. Things always appear to get worse despite their best efforts. Unlike the person who is simply having a bad day, these teenagers perceive every day as the worst he/she has lived so far.

This state of mind is probably created from the teenager's perception of how others view him/her, and is reinforced in the same way. These teenagers perceive that the significant others in their lives hold negative views and opinions about them. They feel they have been told, explicitly or implicitly, that they are worthless, unloved, and considered nuisances. In other words, the significant others in the teenager's life maintain control over his/her life but at the same time do not really care for him/her. To state this in Cooley's terminology, significant others function as a "negative looking-glass self" resulting in the feeling of mortification on the part of these teenagers.

Generalized others, such as the teenager's peer group, are perceived as less supportive of his/her negative self-image. This same group, however, is less capable of

providing assistance, either to gain a measure of control over his/her life, or in knowing how to deal with a suicide threat.

Fay:

I've been in a group home since I was twelve. My parents got divorced when I was really young, and my mother moved away and then my father got remarried. She had kids and my father had us. It was like we were only his kids. My stepmother, she didn't like having kids around from another marriage. She's a real bitch. Anyway, the first chance they got, out I went. They don't give a shit what happens to me. They'd be happy if I was dead.

It was clear that Fay defined the situation surrounding her suicide attempt differently from the other teenagers involved in this study. Once again, these teenagers' perceptions determined each of these definitions of attempted suicide; this author has merely attempted to express them in sociological terminology.

Fay is fifteen years old. Since the age of twelve, she has been moved from one group home to another, and from one foster home to another. She has never lived with her mother, and feels her father would much rather forget her as part of a bad marriage. She remembers the instances of child abuse which led to her original removal from his home.

Because of constantly being moved from one home to another, Fay has few friends. This author observed that she seeks caring from relative strangers by placing her trust in them very quickly.

PHASE TWO: INITIATION

This phase of suicide may either be planned or impulsive. The teenager may decide he/she can tolerate no more and make a suicide attempt immediately, or such feelings may build more slowly, allowing time for planning such an attempt.

The attempt is other-directed, i.e. made for the purpose of proving to others that he/she is in control of life through having made the decision to end it. Suicide for a teenager in this type of emotional state, then, is the only means through which control can be expressed. Death is individual choice and accomplished in isolation.

This perception exists regardless of whether the attempt actually ends in death. If the teenager dies, he/she has died by choice and, therefore, expressed control. If he/she does not die, the significant others in his/her life are forced to recognize and acknowledge the control

expressed by the attempter and relinquish some of the power over the teenager's life to him/her.

Basically, however, teenagers, who define their suicide in this manner, do not expect to survive. They are serious about death. They want to die.

Surviving the attempt, then, is an unfortunate possibility for this group. This perception leads to the use of highly lethal means. These teenagers will use the mixing of drugs in combination, and they will also choose more isolated settings in which early discovery is less likely to interrupt the attempt. They often survive attempts due to a bad judgment about such settings, or merely by accident. The actual lethality of the method used does not necessarily translate into this definition of attempted suicide. The teenager may use objectively less lethal means, but he/she may have believed them sufficient to cause death. These teenagers see suicide as a means of control, and death is welcome.

Fay:

They say it is better for me to live, but they are going to put me in a group home far away from what little family I have, and my friends, and they tell me there isn't anything I can do about it. Yes there is - I can kill myself! Next time I'll do it right.

Fay ingested a large quantity of various drugs on a Sunday afternoon, while she was alone in her current foster home. No one was expected home for several hours. The foster parents returned home unexpectedly minutes later, and knew what had taken place when confronted with the sight of several empty pill bottles. Fay was rushed to the hospital, where her stomach was pumped. Although Fay's attempt turned out far from lethal, then, Fay herself intended to die and planned her behaviour around that intention. In this sense, the level of lethality of this attempt was very high.

PHASE THREE: CONSUMMATION AND RESOLUTION

Teenagers who attempt suicide in order to gain control over their lives need to be given some measure or means of control in their lives. This might appear to be an obvious solution, but is more difficult than it first appears. Parents or other responsible adults whose children have just attempted suicide can become more reluctant than ever to hand over such control. If they are not given such control, teenagers such as Fay will, most likely, make further attempts on their own lives.

Handing over control to teenagers need not be viewed as a type of reward for their behaviour. Some young people see nothing for which to live, and gaining some control over their lives will, at the very least, serve as a temporary distraction from suicide. They need a reason to stay alive for now. Only after they have such a reason will they be receptive to therapy which can work on changing their attitudes for the longer term.

Although only one of the subjects clearly defined her suicide as a means of gaining control, this author speculates that the younger the teenager attempting this type of suicide, the more difficult it will be for a therapist to treat him or her. To speculate further, this author would suggest the above is due to the younger teenager's inability to imagine a future for him/herself. Fay, and others like her, need to feel they have a future. They need to be assured that they will have some control over what happens to them in their life. They need to feel that someone really cares about what happens to them. Most of all, they need to learn that death is not the solution to a bad life.

Fay:

When I grow up, if I live, I'm going to buy a farm up north and have teenagers who can't stand their lives come and live there. They can work the farm for food and live there. At least, they would have a decent place to live and someone who cares.

At the time of these interviews, Fay was receiving psychiatric treatment. She felt she was gaining little or nothing from this therapy. The length of her stay in hospital was governed by the search for a therapeutic foster home by the Children's Aid Society. She had no visitors during the entirety of her hospitalization. She was not allowed out on temporary leave at any time. Her life was even less under her own control than it had been before her suicide attempt. She knew this, and she wanted to die.

CHAPTER 6
SUICIDE DEFINED AS ATTENTION-SEEKING

In his critical analysis of contemporary sociologists' answers to the Hobbesian question, Dennis Wrong (1961) examined their conceptualization of man as a seeker of status or a positive self image. Although deliberate manipulation of other people in an effort to get attention is, in principle, considered inappropriate behaviour for adults in Western society, in reality, this manipulation does frequently take place. The seeking of attention through the manipulation of others is, nevertheless, tolerated more in children and teenagers who have not yet mastered the art of seeking attention by utilizing various strategies.

The second definition discussed in this research to explain why teenagers attempt suicide is suicide defined by the hope of gaining attention. For these teenagers, attempting suicide is a way of getting others to notice them. They hope that people will regard them with greater concern after such behaviour.

This definition differs from the previous definition of gaining control, in that these teenagers do not feel that their life is completely out of their hands; instead, they

feel that those significant and generalized others in their life need to show they care.

Although, during the course of this research, it appeared that the majority of adults with whom the researcher came in contact considered attention-seeking the only reason behind teenage suicide attempts, only three of the ten teenagers involved in the study clearly defined their suicide attempts in this way. This may be due to the fact that this researcher only interviewed teenagers whose suicide attempts resulted in hospitalization. Teenagers who define their suicide attempt as a means of seeking attention often use less lethal means in the attempt, and are not as likely to come to the attention of hospital authorities.

PHASE ONE: PREMEDITATION

These teenagers often questioned themselves about whether or not death was actually final. They seemed to view death as somewhat unreal, or magical. They believed that if their suicides were to actually result in death, they would be able to see the effects of the death on those who survived them. They believed that even in death they would retain the ability to interact. They speculated about whether people would cry, or if anyone would miss them.

These thoughts of significant others often caused a teenager to seek help or to make an attempt in an area where securing help was guaranteed.

Diane:

I never really thought about suicide before I tried it. I just took the pills. But I thought about death a lot. I wondered what it would be like if I was dead. You know, would anyone come to the funeral, if anyone would cry. I also thought a lot about whether I would know after I was dead what was happening. Like, would I know who was at the funeral. Like, I thought, after you die are you able to look down and see what's going on or are you just dead. I think that's what made me get help. Not knowing for sure.

Diane is seventeen years old, and the child of divorced parents. She claims to have difficulty getting along with the parent with whom she lives.

Her view of death, like the other teenagers who define their attempts as attention-seeking, made the decision to attempt suicide acceptable, and often these attempts are very impulsive. Teenagers in this category direct their suicide attempts toward significant others. Significant others are viewed as implicitly contributing to their negative self-images.

PHASE TWO: INITIATION

This phase of attempt is very often an impulsive one, and happens very quickly. The teenager spends very little time thinking about suicide itself. On the other hand, they admitted that they had spent time thinking about death.

Suicide is not perceived as final. They will often think about death, but do not appear to connect these thoughts directly with their suicide attempts. These teenagers do not actually expect to die at all, in spite of the fact that they attempt suicide.

These teenagers have a "magical" view of death which makes the decision to attempt suicide acceptable. Suicide and death are connected only in that they can be used to test significant others, and thus determine if these others really care about them.

Emma:

My mom and I had a fight and I went upstairs and took some pills. She came up and saw the empty bottle and asked me where the pills were. And I said "In my stomach." She didn't believe me and asked me again. I said "In my stomach!" Then she took me to the hospital and they made me drink this chalk stuff so I would throw up and then I came up here.

Andrew:

I had a fight with my brother, and went up to the bathroom, and I thought I locked myself in. I guess not because they got in. Anyways, I saw the pills in the cabinet and I thought "I'll show you, you'll be sorry!" and I took the pills.

Emma and Andrew are fifteen and sixteen, respectively. They also come from divorced families, and live with at least one significant other, not necessarily a parent. Like Diane, they both identify themselves as having difficulty getting along with others in the household.

These teenagers do not want to die. They only want to get attention. It is for this reason that they will usually use less lethal means to attempt suicide than those who attempt for other reasons. For the same reason, they will often arrange the attempt so that someone will become aware of it before serious harm can befall them.

Emma:

I had read this book where the daughter had a fight with her mother, then she attempted suicide. After she had attempted suicide, her and her mother solved all their problems and got along really good. I just thought the same thing would happen with me and my mom.

I never thought I was going to really die, I guess that sound really dumb, but its true. I just thought my mom and I would start to get along, and not fight so much.

Andrew:

I didn't think I was going to die. I thought I'd get real sick or something. I knew I hadn't taken enough pills to kill myself.

Diane:

I don't know why I did it this time. My aunt and I weren't getting along. We were fighting a lot. I hadn't been at school for a week. I don't know. I just wanted somebody to notice me.

It is interesting to note that Emma, Andrew, and Diane all attempted suicide in their own homes immediately following an argument with a significant other who was in the home at the time of the attempts. Clearly, these suicides are acts of impulse.

PHASE THREE: CONSUMMATION AND RESOLUTION

Generally, the teenagers who attempt suicide to seek attention for the first time are young. More often these teenagers will survive their attempts, but go on to attempt again if they do not receive some form of recognition. Significant others must be cautious under these circumstances about giving too much attention to the suicide. Such attention is interpreted as legitimizing the attempt, because the attempt then accomplishes what it set out to do. Instead, these teenagers need to be taught that suicide is an unacceptable method of gaining attention and

be made aware of the seriousness of their actions. By reminding these teenagers that death is final and offering other methods by which to gain attention, the therapist will often eliminate future attempts.

Andrew:

I've tried it before. Once I tried to hang myself, but I didn't like how the rope felt around my neck, so I stopped, and told my mother what I did.

Another time I tried cutting my wrists, but the knife was too dull. But I made a mark.

This last time I took an overdose, I've tried that before, but this time I ended up here and had to get my stomach pumped, and then they moved me to the psych. ward.

I don't know but things always seem to get better for awhile after I'd do it. Not this time. I hate it up here. The other times, but then things would get real bad again anyway.

Diane:

I wouldn't do it again, ... I think, anyway, I don't know, you never know, I doubt it.

Emma:

No way, no how will I try that again. I hate it here. They won't give me my clothes, and my mother, I think she's even madder at me.

Emma, Andrew, and Diane were each hospitalized following their suicide attempts. Emma and Andrew both felt that they did not belong in a psychiatric ward because they

were not crazy. Because their suicide attempts had resulted in hospitalization on this ward, however, they felt their attempts were crazy. Unlike Emma and Andrew, Diane felt she belonged in the psychiatric ward.

CHAPTER 7
SUICIDE DEFINED AS PROBLEM SOLVING

It is generally expected that individuals who have major problems will express their concerns and, if necessary, seek assistance. One cannot expect that others are able to guess at such problems and provide assistance based on such guesses.

It is also reasonable to expect that problems be handled as they arise. Most people do not allow troubles to accumulate indefinitely to be solved at a later date. The teenagers who attempt to communicate problems through suicide attempts, however, are doing exactly this.

The final definition of suicide attempts to be examined in this research is a desire to solve problems. Unsettled issues, both trivial and intricate, have grouped together to form a "mega" problem. These teenagers are unable to express these problems to others, with the result being a lack of communication, which in turn becomes the immediate problem. Suicide becomes, literally, a do or die situation: either they express their inability to communicate and receive help, or they die.

Six of the ten teenagers in this study perceived their attempts in this way. These teenagers differ from the previously discussed teenagers in that suicide was a way of

communicating the fact that there were major problems in their lives which they were unable to solve alone. This group used suicide as a means of communication when other efforts had failed them. Death, for them, was accepted only as an unfortunate consequence of that communication.

PHASE ONE: PREMEDITATION

These teenagers view their lives as problem-ridden. They have collected both large and small problems over a number of years. Unable to express these problems at any point over the years, they are finally overwhelmed by them.

Suicide, for this group, is an option. If they are unable to solve their problems or to express them in a meaningful way to someone who can help, suicide becomes an alternative. This means that suicide is acceptable although not necessarily inevitable for them.

Significant others observe positive traits in and ascribe positive characteristics towards these teenagers which contradict their own views of themselves. They accept any negative observations or expressions far more readily than positive ones, giving much more weight and significance to negative images of themselves. The teenagers consider it impossible to tell significant others of such thoughts as

those expressed by Bob: "My parents say they love me, and I'm an alright person, but they're wrong. I hate myself and I know I'm no good."

The teenagers feel there is no other way to tell significant others that they have problems. They also feel, however, that if others were to become aware of their intentions that they would certainly try to intervene for the purpose of preventing such attempts. The people around these teenagers are viewed, then, as unknowing, but not necessarily uncaring. The teenagers are unable to communicate effectively with these people, and, therefore, decide to attempt suicide.

Barbara:

I had been planning, well not really planning, thinking about it. It was an option in my mind. Like, "If this didn't work out, I can always do that. I can always go out and kill myself."

Bob:

I couldn't feel my family's love, and I couldn't give it to them. That was one of my problems.

Carol:

You keep all of this well hidden. For me, outwardly, I went through the actions of the day: I smiled, I laughed. I would hide everything.

If someone said something that bothered me, I'd laugh it off. Well, in the meantime, I would go to my room that night and mull over that thing. I would never go to that person and say "Hey, what you said really bothered me." Something that could have been taken care of in five minutes and never thought of again, I would think about for days, giving it several different meanings, never the meaning it was meant to have.

PHASE TWO: INITIATION

Once these teenagers have decided to commit suicide, there is often a delay of days, or even weeks, before the attempt actually occurs. Suicide ceases, at this point, to be an option, and becomes a plan of action. It becomes the method of communication necessary to solve their problems.

This period of delay is used as a final effort to seek help in other forms. They attempt, this time, to communicate their desperation through attempting to communicate suicidal intent.

These teenagers are actually undecided about whether they wish to live or die. They gamble with death, leaving it to others to save them. They attempt to communicate suicidal intentions, but such communications are often misperceived or misunderstood. For these teenagers, then, the act itself becomes the ultimate form of communication. Attempting suicide, then, serves to alert significant others that something is really wrong, and that these teenagers

really think of themselves as worthless, underserving, and generally bad people.

All of these teenagers gave some type of warning of their intentions. Verbal communication of intentions was employed by some. Society appears to believe, however, that those who threaten to kill themselves will not make actual suicide attempts (See Appendix A). People seem to disbelieve or discount such statements and, frequently ignore them.

Often less overt forms of communication are attempted by teenagers. These more subtle forms of communication are most often not received at all, or are interpreted incorrectly. These teenagers perceive these symbols as significant and do not accept the fact that they were just not received by significant others. Instead, these teenagers define the lack of response as proof of their significant others' lack of caring. Alice, for instance, felt her mother should have known she was planning to attempt suicide because she had left a bottle of pills on the bathroom counter for a week, and took a sleeping bag to school with her the day of the attempt.

If their attempts end in death, these teenagers will have solved their problems. If they survive their attempts,

significant others will be made aware of the seriousness of their problems and their obvious need for help.

These teenagers do not necessarily want to die. Nevertheless, they accept death as a possibility. This perception leads them to the use of relatively lethal means, but they often make their attempts in ways which will allow them to come to the attention of others who can rescue them.

Gayle:

One of the main thoughts of someone who attempts or commits suicide is loneliness. You feel so alone in the world. No one cares for you and you don't care about yourself, so you can understand why no one cares for you. You feel there is nothing good about yourself. There is so much loneliness. You feel you wouldn't be hurting anyone; only helping yourself.

Suicide is a very selfish act. I realized that afterwards. When I was doing it I didn't have any thoughts of anyone else; not of my family, not of my friends, not of anyone I cared about or anyone who cared about me. I didn't think how they would feel when I was gone.

I just knew I would be relieved. The pain wouldn't be there anymore. I wouldn't have to face all these problems. It was mostly myself that I thought about.

I wasn't fearful. I had accepted the thought and the idea. During the action, it was mostly relief that I felt. It was really confusing.

But afterwards, while I was doing it, I realized I didn't want to die. I did go and call someone and got help. I saved my own life. By doing that, I knew I didn't really want to die. I was just asking for help.

Alice:

Death and suicide were a part of my life. Ever since, or even before I attempted suicide that first time, I'm sure no one knew.

My parents knew I wasn't happy, so they sent me to see a social worker about six months ago. I think they thought I was just having the normal teenage problems, you know, school and boyfriends, stuff like that. Nothing really serious.

I told my social worker that I had been thinking about suicide a lot. She just looked at me and said "Well, we can't talk about that, because if you're dead I can't help you. So don't talk about it."

I never mentioned it again. I still thought about it all the time, but I only talked to my social worker about bullshit, stuff that didn't really matter.

Bob:

I did give signs, but not signs that most people could pick up. I have a problem with expressing myself to other people. The way I felt I was expressing myself to them, I felt they could pick it up. Which obviously they couldn't, it wasn't well expressed at all.

I was a very sad and depressed person. I had a lot of pain inside of me. I thought that everyone else should obviously know that I was hurting. Since they didn't know, they didn't care. I shouldn't have to tell them that I was hurting. They should pick it up on their own.

PHASE THREE: CONSUMMATION AND RESOLUTION

Herbert Blumer (1969) applied the name Symbolic Interactionism to a group of concepts established in an attempt to understand human behaviour. His title utilizes

the two concepts of the theory itself... symbol and interaction.

Symbol and interaction are intimately connected. In order to interact, one must make use of symbols. Symbols are defined as arbitrary signs of objects that stand in place of the objects themselves and have the unique property associated with whatever they signify solely by virtue of consensus among those using them (Hewitt, 1985; 32). Whether they are verbal or not, symbols are chosen by an actor as the means through which communication is attempted. Symbols are the fundamental prerequisites for human interaction and communication.

Communication is the underlying basis of a suicide attempt; to discover what is being communicated was the purpose of this analysis. The teenagers in this study have used their suicides as symbols of interaction. If they die, the suicides are viewed as a form of self-interaction. If they live, they view their attempts as interaction which will invoke responses from significant others.

The not-so-simple fact that these teenagers survived their suicide attempts means that the communicational component of their suicides should be recognized and answered. These teenagers need to know that significant

others understand they have serious problems, and that help will come. Beyond this, these teenagers need to learn that suicide is not the most adequate means through which one can communicate.

Carol:

In my situation there was a dramatic effect afterwards. If it was forgotten, put aside, so that no one would ever bring it up again; "That happened, okay, we'll never bring it up again." But it wasn't. I am getting professional help. I spent a month in the hospital, and I got a lot of help that way.

I tried it once before, when I was younger, and that time it was put to the side, and nothing happened with it. So my problems weren't solved. They were still there. Nothing happened with it.

I know some other people who have tried it. This one girl in particular, she took an overdose and she went to the hospital and they pumped her stomach, and then she was taken home. She did it three times in one week before they put her in the hospital in the psychiatric ward. Then she changed, and she hasn't tried it since. She had a dramatic effect. She had her help brought to her.

If nothing is changed the problems are still going to be there. They are not going to go away by ignoring them. They are still going to be there.

Calvin:

If there was a place where I could have gone and talked about these problems with other teenagers, and knew I wasn't the only one going through this, it would have probably helped me. I don't know if I would not have tried it. I know it would have helped me. I know it would help a lot of people. Knowing there is a place

they could go, and just sit there and talk to people.
And know they understand what you are going through.

Each of the teenagers quoted in this chapter have attempted suicide previously. None had received professional help, however, until these attempts. They all appeared to be learning to express themselves more fluently, and learning to like themselves more.

CHAPTER 8
CONCLUSION

SUMMARY OF ANALYSIS

It was through teenagers such as Fay, Gayle, Alice, and Calvin that I came to a better understanding of how and why their suicide attempts were made. Through talking with teenagers, I came to understand the symbols and meanings of interaction which were reflected in their suicide attempts. By allowing these young people to define their lives just prior to, during, and after their suicide attempts, I was able to reach a deeper understanding of what such attempts mean. Such answers were sorted into modes of defining the situation from the actor's, rather than the researcher's, viewpoint. They were also analyzed in this way to gain knowledge of what was behind such behaviour. Calvin gave a statement which, in a way, summarizes how each of these teenagers felt about their suicide attempts.

First of all, it had nothing to do with that particular day. I didn't pick a special day. It had been building up for a long time.

It's not that way in all cases. Some people have something dramatic happen to them, and they decide to do it.

For me, it was different. It had been building up for weeks, months, years. Everything just came to a head.

You asked me why. That is not simply answered. There is no one reason. For myself, I didn't know all of the

reasons. There are several reasons why. But it is impossible to narrow it down to say, my parents got on my nerves, or my girlfriend broke up with me, or something like that. No, it was several things.

It was mostly me. It was myself. I wasn't happy with myself. I couldn't handle ... the way I am. I couldn't accept myself.

I couldn't express myself to the people around me. I couldn't tell somebody that I loved them. I couldn't tell myself that I loved myself. That was the main reason. I couldn't handle that any more.

The teenagers involved in this research all perceived themselves negatively. Their negative self-image played a central role in their suicide attempt. They viewed the image in the mirror as the object of the suicide. Prior to the attempt, these teenagers perceived their negative self-image as implicitly or explicitly confirmed by their significant and generalized others.

To generate an understanding of how these teenagers viewed their suicide attempt, one must analyze first, the teenagers perception of how significant and generalized others influence their negative self-image, and second, what meaning death has for these teenagers. The suicide attempts of the teenagers involved in this study were analyzed and placed in three definitions of the situation.

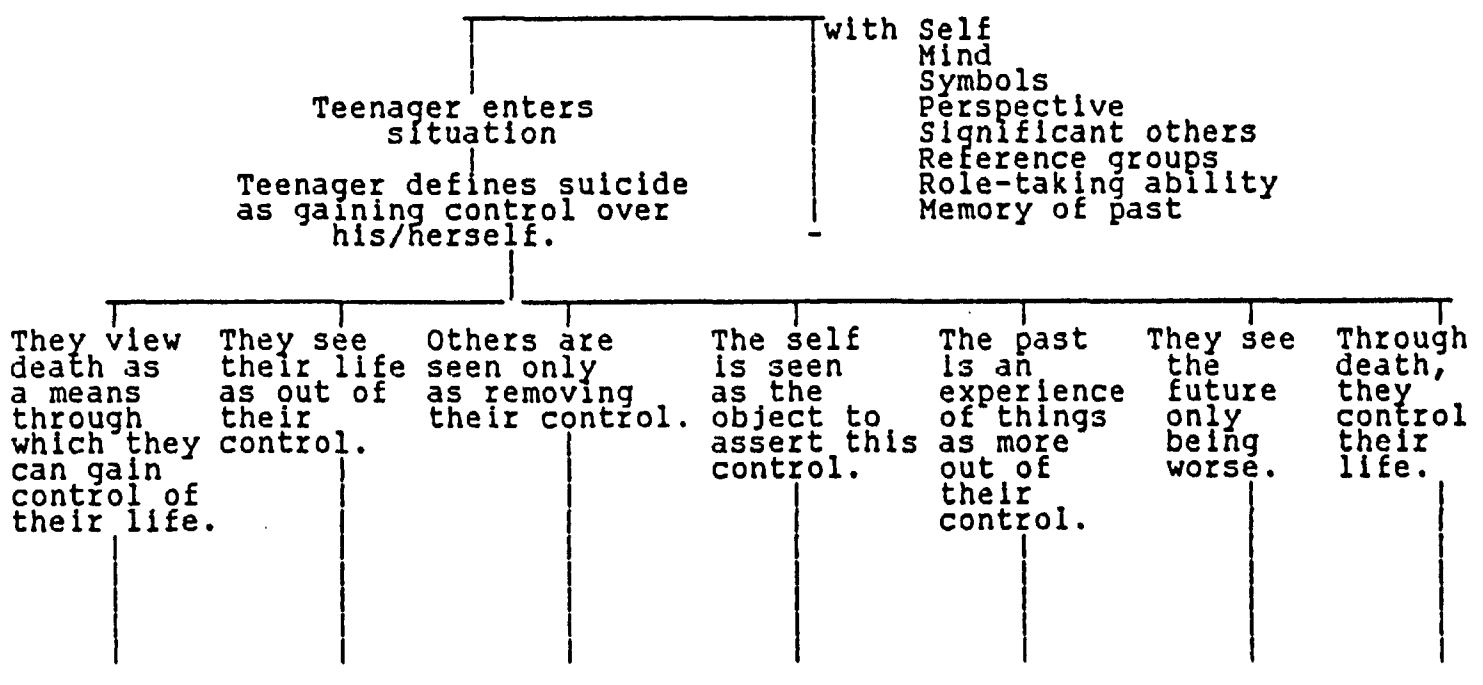
Perceived explicit confirmation of negative looking-glass self.	---->	Suicide defined to gain control	<----	Death is welcomed and preferred over life.
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Perceived implicit confirmation of negative looking-glass self. -----> Suicide defined to seek attention <-----Death is viewed as not final, but 'magical'.

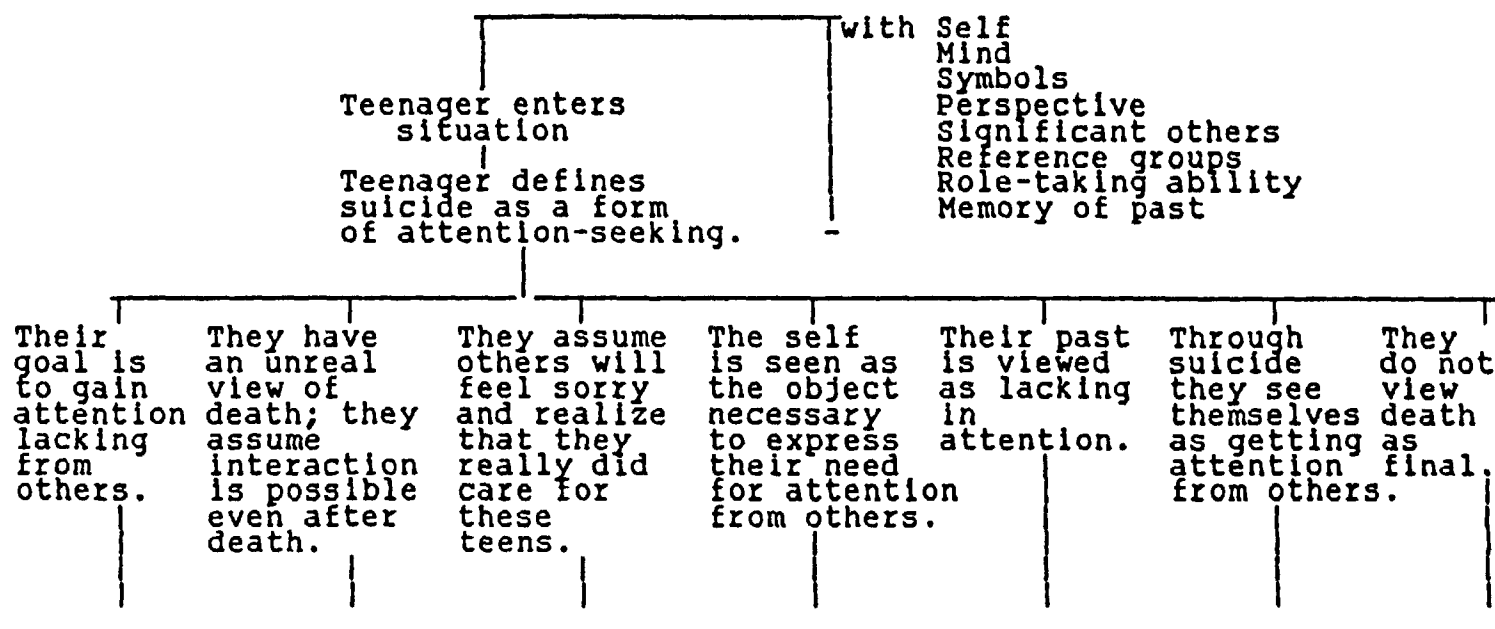
Perceived implicit and explicit confirmation of negative looking-glass self. -----> Suicide defined to solve problems <-----Death is a solution and an option.

As Stebbins suggested (see p.39), definitions of the situation need not necessarily be consensual. The actor may not be aware of the fact that other people are expressing themselves in a similar manner. The following three diagrams are adopted from Charron's (1985) theoretical diagram of interaction (see p. 58). These diagrams summarize the three definitions of the situation which were expressed by the teenagers involved in this study.

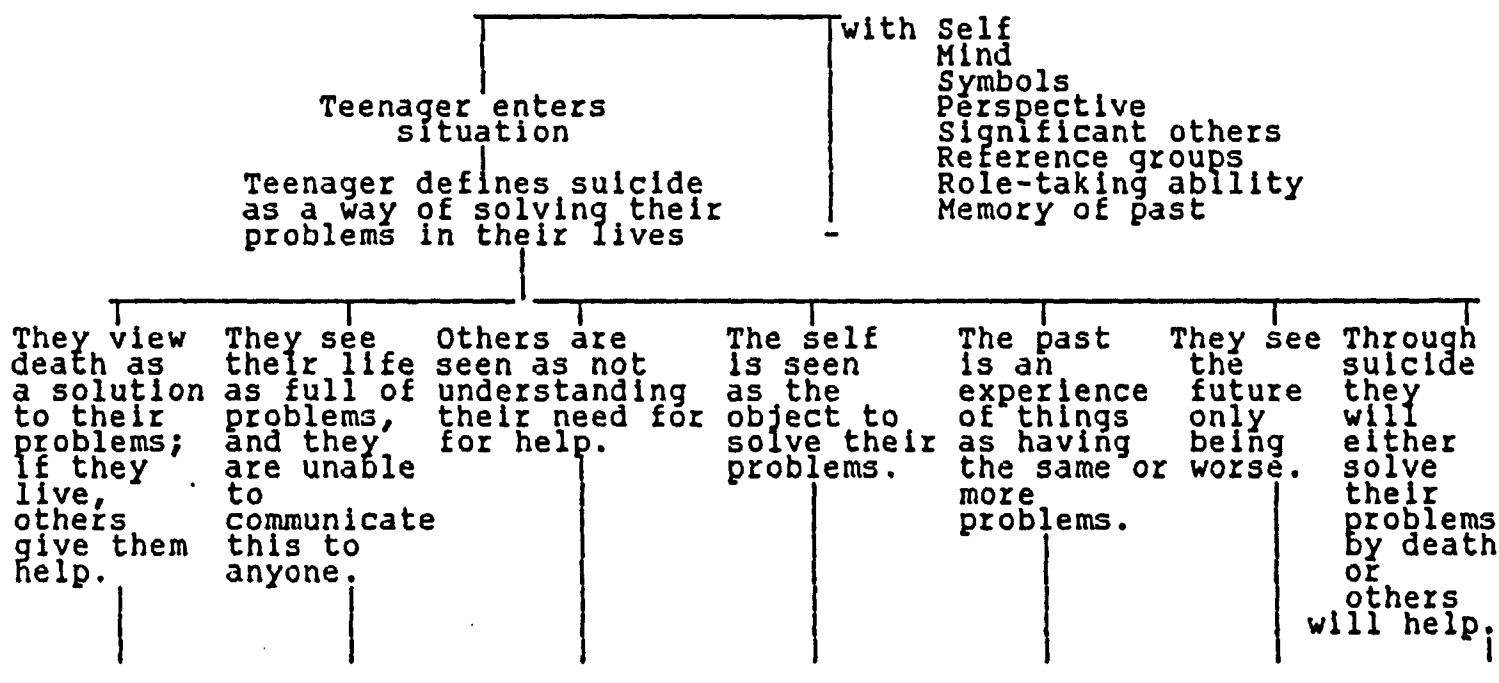
SUICIDE DEFINED AS GAINING CONTROL



SUICIDE DEFINED AS ATTENTION-SEEKING



SUICIDE DEFINED AS PROBLEM SOLVING



After a suicide attempt, a teenager's perception of significant others and their reactions to the attempt play a major part in how they themselves perceive the act. Worden and Sterling-Smith (1973; 95) assert that an individual who does not receive professional treatment after a suicide attempt will probably begin escalating the seriousness of attempts with each new attempt. This author also observed that a decreasing length of time was devoted to prior thought or communication of intent on the part of the teenager in later attempts.

The following diagrams show how the self is central in suicide attempts. Confirmation of a negative "looking glass self" by significant and generalized others leads to a circular event of repeated and escalated suicide attempts (see Diagram A). On the other hand, (see Diagram B) confirmation of a positive self image by significant and generalized others could arrest this process. The teenager would no longer define him/her self as the object for which to harm in situations.

DIAGRAM A

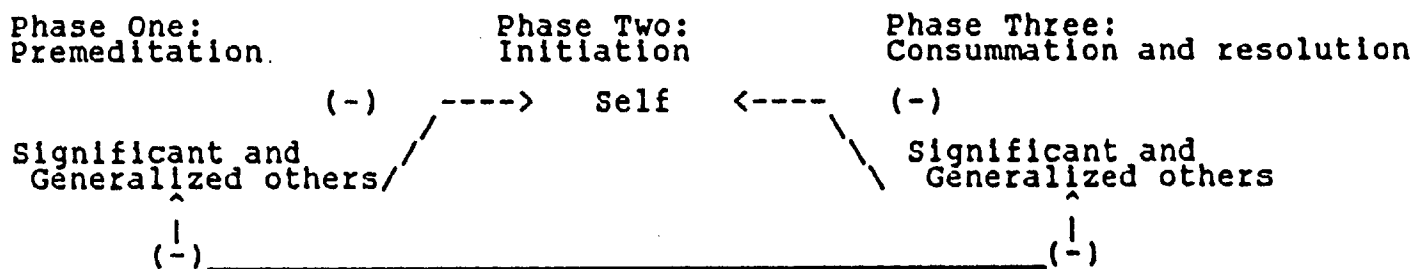
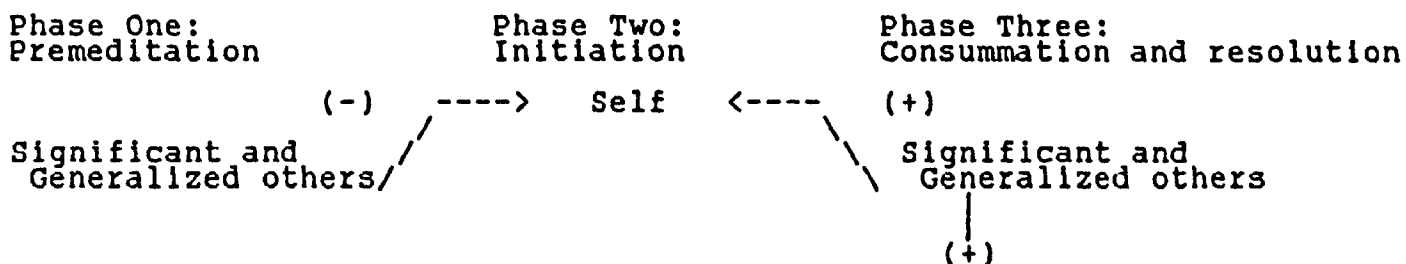


DIAGRAM B



Methodologically, this was an exploratory study - an exercise in potential hypothesis-building. It will, hopefully, serve as a basis for further research on the subject. Through these teenagers, researchers may discover which questions they should be asking and which contributing factors are of greater significance than others in specific situations involving suicide.

RESEARCH SUGGESTIONS

In the course of this study and analysis, several possible future research topics arose indirectly. The first and most obvious is an analysis of the categories developed within this research using a larger and more generally representative sample and a somewhat more structured means of data collection. Such a sample could then be compared to a control group of non-suicidal teenagers.

Another possible study could compare this analysis with other individuals, children, as well as adults, who have attempted suicide. Arising from this might be a comparison, based on age, of case studies of individuals who completed suicide with those who have only attempted.

Research might also be conducted on other forms of self-destructive behaviour, especially amongst teenagers. One could hypothesize that these research results may be applicable to other forms of self-destructive behaviour, such as excessive alcohol or drug use, or even proneness to accidents.

SOME CONSIDERATIONS FOR "HELPING" PROFESSIONALS

This research was mainly conducted in hospital settings, and the teenagers involved were all under the care of psychiatrists. This researcher was able to observe the care and portions of the treatment that these teenagers received from a variety of sources.

Psychiatrists subscribe to various therapeutic techniques. Each hospital follows a different schedule, and hospitals differ in physical layout and atmosphere. One hospital has its psychiatric ward on the eighth floor, while another locates it on the third floor near cardiac care, and

another isolates it in a separate section of the hospital. In the course of the research, this author was exposed to a variety of hospitals and psychiatrists, and their respective practices. Such differences, and the effects of such differences, might prove to be an interesting research topic.

It is due to such exposure that this author wishes to note the following observations for the professional who comes into contact with teenagers who have attempted suicide:

1. There should be a hospital stay in order to emphasize the seriousness with which a suicide attempt is taken.
2. All teenagers who attempt suicide should be placed under psychiatric care.
3. The lethality of an attempt for the purpose of psychiatric treatment should not solely be based on arbitrary objective criteria as defined from the outside by a professional, such as number of pills ingested, but also the attempter's view of lethality.

A NOTE TO SIGNIFICANT OTHERS

The most difficult part of this research was the effort to understand why these teenagers attempt suicide. If the parents of these teenagers asked what they might have done to prevent a suicide attempt, it would not be possible to provide an objective answer. The best answer, perhaps, was provided by one of the teenagers:

Dear Mom:

I guess first and most the important thing is to tell you that I love you! And the thing I did was my decision to do, because I couldn't say that to anyone and most importantly to myself. It wasn't that I wanted to hurt, but it was the only way I knew for sure that I could cry out for help. Now I am learning that I can do that crying out without having to go to such steps. I never before could get myself to start the change within myself but now I have to and I want to do it. I also have others there to give me the help I needed a long time ago. I just don't want you to feel you did or didn't do something to have stopped me. No one could have done anything, except me and I did the only thing I knew how to do. I have a lot of work ahead of me and I need to know you are there, now more than ever before. I want to be honest with myself and others now - no more hiding away and acting fake. I also would like you to help me by being honest with your feelings too. I want you to know I also felt your love for me, and that I could depend on you more than I did for a lot of others. I feel really scared and lonely, but I am beginning to know I am not alone, but I guess I just have to be sure. I know you want a "why", but I can't give you one, except that the problems around it may lead us to it or we may never know.

Alice

A FINAL WORD

This research examined teenagers who had attempted suicide, and analyzed interviews using concepts from symbolic interactionism. Such research would have been impossible from a strictly objective viewpoint. In order to truly understand these suicide attempts from the teenagers' perspective, it was necessary to empathize with each of them. Under such circumstances, objectivity must be maintained as far as possible. This was not always easy.

It is very difficult to conduct research in which the subjects are hurt and the researcher is not in a position to be of any real help. This author spent many sad hours during the course of conducting interviews. This unsought emotional response led this researcher to adopt the generic reference 'My Teenagers' for those involved in the study.

It is difficult not to respond emotionally to an eighteen-year-old who has miscarried a child as a result of a suicide attempt, and doesn't inform anyone but a researcher. It is difficult, as well, to display the required amount of Christmas cheer with one's family knowing that a fifteen-year-old suicide attempter has been

restricted to hospital for the day and has no one to visit her but a researcher.

These two events are not uncommon examples of things which can occur when someone conducts research of this nature. Confidentiality must be maintained. One is unable to turn to friends or family with details about such research and reactions to it. The most difficult part of this type of research is getting involved without fairly being able to express that involvement. One is not a psychiatrist, there to help these teenagers, but merely a researcher who wants information about them.

Nevertheless, it is important to do research of this type in the hope of understanding and, possibly, helping others. The following quotation from Kierkegaard (1845) is a culmination of this author's reasoning behind writing her master's thesis on teenagers who attempt suicide:

The whole age can be divided into those who write and those who do not write. Those who write represent despair, and those who read disapprove of it and believe that they have a superior wisdom - and yet, if they were able to write, they would write the same thing. Basically they are all equally despairing, but when one does not have the opportunity to become important with his despair, then it is hardly worth the trouble to despair and show it. Is this what it is to have conquered despair?

APPENDIX A

Television programmes, helping organizations, and those involved in this study list the following as some of the most common signs in suicidal behaviour.

1. Emotional Behaviour
 - a. Crying easily or for no apparent reason.
 - b. Rowdy behaviour or physical fighting.
 - c. Looking only at the negative/hopeless side of life or a focus on death.
 - d. Verbal expressions such as "I can't take it anymore", "I just want to die", "You won't have to worry about me anymore", "I wish I was never born", etc..
 - e. Greater irritability and intolerance.
 - f. Frequent daydreaming.
 - g. Talking about joining someone who is already dead.
2. Getting Things in Order
 - a. Accomplishing tasks previously put off (eg. cleaning up room, getting haircut, catching up on homework).
 - b. Giving away things - usually valued objects.
 - c. Making plans to donate body.
 - d. Paying debts/getting finances in order/taking out insurance policy.
 - e. Visiting old friends/relatives - apologizing for old (often forgotten) arguments.
 - f. Giving a note to a friend to give a family member "in a couple of days" or "if anything happens to me".
 - g. Circling or writing down songs or poems that talk about suicide, death, or afterlife.
 - h. Arranging to have pets taken care of.
3. Eating Problems - either too much or too little.
4. Sleeping Problems - sleeping too much or too little, waking up too early.
5. Social Withdrawal

- a. Less participation in classes.
 - b. Dropping out of extra curricular activities.
 - c. Less "hanging out".
 - d. Quitting part-time job.
6. Decrease in Self Care
- a. Appearance looks messier/school work is carefully done.
 - b. Increased tardiness and/or absence from school.
 - c. Failing grades.
7. Increased Frequency of Drug (including alcohol) Abuse.
8. Buying a Gun, Razor, Rope, or Pills.
9. Sudden Drastic Improvement After a Period of Depression or Serious Problems.
10. Recent Loss
- a. Death (natural, accidental or suicide) of a family member or friend, or anniversary of death.
 - b. Failure at school.
 - c. Health problems and complaints - (eg. frequent headaches, stomach aches, visits to school nurse).
 - d. Break up of a relationship with a boy or girlfriend.
 - e. Argument with parent/other family members or friends.
 - f. Divorce of parents.
11. Previous Suicide Attempts/family history of Suicide.

APPENDIX B

LETTER OF MY DEATH

As I sit here with nothing to do
I think of all the things I am going through.
I don't have a figure or good looks
not like those models in all those books.
I don't have a boyfriend
but that's nothing new
when you like someone
he never likes you.
I guess my life is useless
there's nothing to live for
I couldn't go through this not
even once more.
I had some pills hidden away
hoping it would never come to this day
don't try to help me
it is already too late
I am full of madness
full of hate.
I am not planning a funeral
no one would be there
I doubt if my friends would really much care.
I feel so drowsy
I can't open my eyes
but don't worry mom
everyone dies.
I can't hold the pen
it's slipping away.
Go on with your fun
there's no need to stay.

INFORMED CONSENT TO BE READ TO INTERVIEWEE

I am a sociologist and would like to interview you. A sociologist is a person who is interested in the scientific study of human interaction. Your interview would be a part of a research project to learn more about the relationship between the social environment and teenagers who attempt suicide.

If you consent to take part in this project, I would interview you, using a tape recorder to record the interview. In no way is this interview meant to change the treatment of which the doctor is in charge.

It is up to you to decide whether you want to take part in this project and you can stop the interview at any time, if you wish. The hope is that results may come from these interviews which will aid in understanding and helping teenagers.

Other members of your family may also be interviewed. All of the information given is confidential.

I will be glad to answer any questions about the project.

INFORMED CONSENT TO BE SIGNED BY INTERVIEWEE

I am freely taking part in this project and the purpose of the study has been explained to me. I am aware that these interviews will not change in any way the treatment prescribed by the doctor and that I can, if I wish, withdraw from the study at any time. I also realize that all the information I give is confidential.

Interviewee

Signature

Date

Patient Number

Social Insurance Number

Witness Name

Relationship to subject

INVESTIGATOR STATEMENT

I have offered an opportunity for further explanation of this study to the individual.

Name of Investigator

Signature

Date

APPENDIX D

(for Hospital A)

DOCTOR'S APPROVAL FOR RESEARCH STUDY

Dear Dr.

A student from the University of Windsor is conducting a research study utilizing the psychiatric patient.

If you have any objections to your patient being involved, please indicate below:

PATIENT'S NAME: _____

DO YOU WANT THIS PATIENT INVOLVED: YES NO

STUDENT MAY REQUEST DATA FROM THE PATIENT: YES NO

STUDENT MAY REVIEW PATIENT'S CURRENT HOSPITAL FILE: YES NO

.....

Signature of Physician

Date

It is the student's responsibility to return this form completed to Room 125. The above named patient cannot be interviewed before this approval is signed.

APPENDIX E

(for Hospital A)

PATIENT CONSENT FOR RESEARCH STUDY

I understand the research study will be conducted by a student in the Psychology Department, University of Windsor.

I give my informed consent to participate in this confidential research study.

Yes

No

I give my informed consent to allow the student access to my current hospital file.

Yes

No

Signature:
(Patient)

Date: _____

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V I T A E P A G E

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